Hampshire County Council

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 6th October, 2022 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION
This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting held on 16 June 2022.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. HAMPSHIRE COUNTY COUNCIL PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025 (Pages 11 - 154)

To review the final Pharmaceutical Needs Assessment ahead of publication.

7. STRATEGIC LEADERSHIP: INTEGRATION AND BETTER CARE FUND PLAN 2022/23 (Pages 155 - 174)

To consider recent developments associated with Better Care Fund Plan, Hampshire integration and links to the Place Board.

8. STRATEGIC LEADERSHIP: JSNA UPDATE AND WORKSHOP (Pages 175 - 178)

To receive an update on the Joint Strategic Needs Assessment programme of work and upcoming workshop.

9. HEALTHIER COMMUNITIES: HEALTH PROTECTION ANNUAL REPORT (Pages 179 - 196)

To receive the Health Protection Annual Report.

10. FORWARD PLAN (Pages 197 - 200)

To consider the Forward Plan for topics at future meetings of the Board.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Thursday, 16th June, 2022:

Chairman:
* Councillor Liz Fairhurst

* Dr Barbara Rushton
* Councillor Roz Chadd
* Graham Allen
* Simon Bryant
* Steve Crocker
* Dr Gareth Robinson
* Councillor Anne Crampton
* Julie Amies
* Ron Shields
* Dr Rory Honney
* Dr Matt Nisbet
* Councillor Michael Hope
* Terry Norton

*Present

34. APOLOGIES FOR ABSENCE

Apologies were received from Alex Whitfield, Penny Emerit, Jason Avery, Donna Jones (Terry Norton attended as the substitute member), Dr Nicola Decker (Dr Rory Honney attended as the substitute member), Gill Kneller and Dr David Chilvers.

35. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

36. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 17 March 2022 were agreed as a correct record and signed by the Chairman.

37. DEPUTATIONS

There were no deputations.

38. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman shared a video from Park Community School, in partnership with Energise Me, entitled ‘Journey to Health’. Having been awarded Government funding to make use of school facilities outside of school hours, the School had worked with members of the local community to develop their fitness, confidence and overall health and wellbeing.

The Chairman also noted the upcoming changes to the way in which health care was due to be commissioned with the introduction of Integrated Commissioning Boards and the removal of Clinical Commissioning Groups. Members noted that this required a change in membership on the Health and Wellbeing Board as set out within the County Council’s Constitution. The Chairman reported that a report was being prepared for Cabinet and would then go on to Council to agree this Constitutional update.

The Chairman was pleased to announce that a welcome event would shortly be held for Afghan evacuee families, both those permanently resettled and those who remained living in bridging hotels in Hampshire.

It was with regret that the Chairman announced that Dr Barbara Rushton, the Vice Chairman, would be stepping down from the Board. The Chairman noted the outstanding contribution that Dr Rushton had made in her time on the Board and Members echoed her thanks and noted how Dr Rushton would be missed.

39. **ELECTION OF VICE CHAIRMAN**

The Chairman suggested that the election of a Vice Chairman be deferred to the next meeting of the Board to allow for expected membership changes. The Board agreed to defer this item to the next meeting.

40. **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

The Board received the report of the Director of Public Health with an update on Hampshire's Joint Strategic Needs Assessment considering the current and future health and wellbeing needs and inequalities within the population.

In particular, the report focused upon inclusion health groups across Hampshire and how these groups are identified and what challenges they may have to accessing healthcare. It was noted that health groups were more likely to experience poor health outcomes.

In response to Members’ questions, it was noted that:

- The Core20PLUS5 programme (a national NHS England approach to support the reduction of health inequalities) had proven particularly useful in enabling and encouraging conversations within health settings.
- Building trusted relationships with health groups, specifically within traveller communities, was very important as there remained scepticism and anxiety about accessing health services.

The Director of Public Health encouraged members to share the report within their respective organisations.

RESOLVED:

That the Health and Wellbeing Board note the report and that Members take information and actions within their own organisations and sections that they represent.

41. **LIVING WELL THEME FOCUS**

The Board received the report of the Board sponsor for the Living Well theme providing an update on the priorities and progress of the Living Well strand of the Health and Wellbeing Strategy.

The report covered topics including post Covid pandemic updates, actions taken to reduce smoking, self-management of health needs and co-production. The report also outlined the importance of digital tools in delivering care and the focus on early intervention and prevention.

Members discussed the topic of self-management in relation to hypertension patients and empowering individuals to monitor their own health needs. It was noted that Frimley CCG (North East Hampshire) had the highest figures nationally for patients with high blood pressure and was working within the community to increase awareness of the available services.

In response to Members' questions, it was noted that:

- It was worth being mindful of the opportunity to promote health services in different settings. In particular, it was anticipated that footfall within libraries would increase through the winter period and that could provide an opportunity to reach out to a different part of the population regarding health and wellbeing.
- The 2025 'switch to digital' would mean that all analogue devices would be unusable. This national rollout would be a significant campaign and that it would be important to consider the impact on residents and the messaging and communication around this.
- Whilst the Council's Children's Services department and HC3S strongly encouraged healthier meal choices and locally sourced produce, the Board heard that schools were autonomously managed and therefore made their own decisions linked to meal choices and the promotion of healthy lifestyles within their settings.
- The existing community pantries across the County could provide a valuable opportunity for use as health hubs, enabling conversations and providing some services such as blood pressure testing.
- When considering planning permissions/town planning (in particular linked to permissions for fast food outlets), District and Borough Authorities did have a duty to consider health and wellbeing in developing healthy places. It was noted, however, that there was only so much that could be achieved by Local Authorities alone and that influencing the way that developers create new places was a more challenging factor.

- In response to a question regarding public play areas and installing fitness equipment, the Board heard that seeking to influence everyday behaviours to incorporate regular exercise was more valuable and sustainable than creating destinations for exercise alone.

RESOLVED:

That the Health and Wellbeing Board:

i) note the reduction in the numbers smoking at delivery but the need to keep focus on this area.

ii) note that although two thirds of people set a smoking quit date after 4 weeks there is always more that could be done and more targeted interventions are being employed.

iii) support and promote the Healthy Weight strategy within their organisations including working collaboratively through a whole system approach.

iv) ensure their organisations are sighted on and contribute to the Hampshire Physical Activity Strategy implementation.

v) note the various self-management tools open to clinicians and the public to support them in their conditions.

42. HEALTH AND WELLBEING BOARD ANNUAL UPDATE 2021-22

The Board received the report of the Director of Public Health providing an update on the progress of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy.

The report provided a performance review of each theme of the Strategy and some of the key updates were set out as below.

Starting Well theme

The Board noted the post pandemic pressure on children and young people's mental health with a significant increase on referrals to CAMHS. Members discussed their collective concern regarding this mental health crisis and noted how this was affecting not only acute services and hospital bed availability but also the range of services provided by Local Authorities. It was agreed that the Board would write to the ICS to strongly set out their concerns and request that this be urgently reviewed as a priority. It was suggested that other local Health and Wellbeing Boards also be contacted to ensure that the ICS received a joint message.

Ageing Well theme

The Board noted the post pandemic relaunch of the falls prevention programme and supporting better continence initiative. Members received an update on technology-enabled care and digital enablement for older people including the cobots programme. It was also noted that the Hampshire Fire and Rescue Service 'Safe and Well' visits (free fire safety home visits) had proven valuable

opportunities to visually check on the wellbeing of older residents at the same time as conducting the fire check within their homes.

Dying Well theme
The Board heard how workstreams were progressing for both Frimley and Hampshire and Isle of Wight ICS's on end of life care. In particular, updates were received on community engagement; adopting a multicultural understanding and working with groups with learning disabilities. Members heard how hospice services would be reviewed in response to the pending Health and Care Bill.

Healthier Communities theme
Members heard that the Healthy Homes working group were taking forward their recommendations which had included a successful workforce development programme on healthy homes. Work had been conducted with town and transport planners towards more healthy environments. The Board also noted the ongoing recovery work with District and Borough Authorities post pandemic.

The priorities and progress under the Strategic Leadership and Living Well themes were covered under other business items on the agenda.

RESOLVED:

That the Health and Wellbeing Board:

i) note the update, progress, and upcoming priorities of the Board's work.
ii) actively share the report with constituent members' boards and committees to ensure further engagement and development of the plan for 2022/23.
iii) agree for all Board Members to share progress on areas of priority to include in the final report for the Health and Adult Social Care Scrutiny Committee.

43. INTEGRATED CARE SYSTEMS UPDATE IN HAMPSHIRE AND ISLE OF WIGHT

The Board received the report of the Hampshire and Isle of Wight and Frimley ICS's providing an update on their development and implementation.

Members discussed the distinction between the different boundaries and how it would be important to have a whole Hampshire focus despite the geography of the county being split across the two ICS's. It was noted that North East Hampshire and Frimley had appointed a Director of Healthier Communities with the aim to 'blur' the governance boundaries to enable enhanced and improved health outcomes.

It was noted that having two ICS's covering one Hampshire area meant a slight risk that the population may be considered differently and there was a need to ensure consistency of care across Hampshire. Members discussed the opportunity for the Board to support the development of both ICS's and possibly creating a strategic Hampshire assembly whereby messaging can be transferred to both ICS's preventing a duplication of work.

The Board noted the statutory appointments for the ICB's and ICP's but that there was no representation from the voluntary sector. There was consensus among Members that further clarity was required as to the membership and also on the issues that would need ICS consideration. Members recognised the important part that the Board would play in supporting the ICS's as they continued to develop. The JSNA for Hampshire, identifying health and care needs, was also noted as a key document.

RESOLVED:

That the Health and Wellbeing Board:

i) receive the report and note the direction of travel and ongoing development work ready for 1 July 2022.
ii) work with other key partners to ensure the role of the Health & Wellbeing Board is clearly defined in the emerging governance framework.

44. HAMPSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

The Board received the report of the Director of Public Health with an update on the Hampshire Pharmaceutical Needs Assessment - a statement of the needs for pharmaceutical services of the population in the county.

It was reported that, following a public consultation and survey of Hampshire pharmacies, data was currently being analysed with findings will be presented in the final report and emailed to Members for final approval and publication.

Members also noted that further information was required on hearing services to enable individuals to see where they could access services. It was noted that pharmacy, optometry and dentistry services would be transferring to the ICSs from NHS England.

RESOLVED:

That the Health and Wellbeing Board consider the update and support the work programme.

45. FORWARD PLAN

The Board received and noted the Forward Plan outlining the future agenda items for upcoming meetings.

HAMPSHIRE COUNTY COUNCIL

Covering Report

Committee:	Hampshire Health and Wellbeing Board		
Date:	6 October 2022		
Title:	Hampshire County Council Pharmaceutical Needs Assessment 2022-2025		
Report From:	Simon Bryant, Director of Public Health		
Contact name:	Jenny Bowers		
Tel:	0370 779 2612	Email:	Jenny.Bowers@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to sign off the Pharmaceutical Needs Assessment 2022-2025 following public consultation.

Recommendation(s)

2. That the Hampshire Health and Wellbeing Board approve the Pharmaceutical Needs Assessment 2022-2025 prior to publication.

Background

3. Since April 2013 every Health and Wellbeing Board in England has a legal 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 (PNA). The PNA looks at existing provision of community pharmacy services across Hampshire, whether this meets the current and future needs of the population and identifies any gaps in current or future provision.

4. The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations and the latest guidance published in the information pack for local authority health and wellbeing boards in October 2014. The current Hampshire PNA has been in development since September 2021.

5. The purpose of the pharmaceutical needs assessment is primarily to be used by NHS England and the ICB to make market entry decisions. It will be used when applications are received to enter or amend the pharmaceutical list within the Hampshire HWB area. It may also be used by local authorities and clinical commissioning groups when commissioning services from pharmacies and dispensing appliance contractors, ensuring that services are targeted to areas of need.

6. The consultation ran for a period of 60 days from 4 April closing at 11.59pm on 3 June 2022.

7. The report and appendix are part of this paper including changes that have taken place since the publication of the draft PNA.

Headline findings of the consultation

8. The consultation findings can be found in appendix 3

9. A total of 33 responses were received via the online form. Over half (n=19) were from members of the public.

In what capacity are you responding to this questionnaire?	**Count**
In another capacity not listed above	3
Personal view as a member of the public	19
Personal view as a pharmaceutical professional working in a community pharmacy	4
Representing the views of an organisation such as a Health and Wellbeing Board, Local Pharmaceutical Committee, Local Medical Committee, CCG etc	5
Unknown	2
Total	33

10. Overall the responses were positive with the majority of responses stating;
    - The purpose of the PNA had been explained (87% agreed/strongly agreed)
    - Draft PNA reflected the current provision in the area (77% agreed/strongly agreed)
    - Draft PNA identified gaps in service provision if appropriate (64% agreed/strongly agreed)

- Draft PNA reflected the needs of the area's population (56% agreed/strongly agreed)
- The draft PNA provides information to inform market entry decisions (83% agreed/strongly agreed)
- The draft PNA provides information to inform how pharmaceutical services may be commissioned in the future (100% agreed/strongly agreed)
- The draft PNA provides enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors. (75% agreed/strongly agreed)
- There are gaps in pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted (50% disagree/strongly disagree)

Further considerations

11. The complexity of pharmacy contracts does lend itself to quite a technical document, the scope of which is defined by national guidance which can be challenging to read.

12. The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. This legislation does not require specific local data such as staffing and prescribing problems to be considered.

13. A number of changes have occurred since the consultation of the draft PNA a supplementary statement will be published as an addendum the final report.

Conclusion

14. Following public consultation, the conclusion of the assessment is that the number, distribution, and choice of pharmaceutical services meets the current needs of Hampshire's population and future needs within the lifetime of this PNA. There are no identified needs for additional pharmaceutical services or improvements to current arrangements across the county.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
Title	Date
Hampshire Pharmaceutical Needs Assessment	16 June 2022

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionally low.

2. Equalities Impact Assessment:

Please see Items 6-9.

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Hampshire Pharmaceutical Needs Assessment 2022-2025

1. Executive Summary

Since April 2013 every Health and Wellbeing Board in England has a legal 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 (PNA). The PNA looks at existing provision of community pharmacy services across Hampshire, whether this meets the current and future needs of the population and identifies any gaps in current or future provision.

This document outlines the purpose of the PNA and the processes undertaken in its production. It details the demography and health needs of the population of Hampshire within the main document. These are examined in more detail in supplementary document one, including consideration of sections of the population who may have specific needs for pharmaceutical services.

The PNA defines the different types of pharmacies and pharmaceutical services available across the county. The provision of pharmaceutical services across Hampshire is considered, both in terms of geographical accessibility and opening hours, within the main document. Current and future provision are assessed in more detail, at district level, in supplementary document two.

This information is then used to conduct a gap analysis which examines current provision and future growth, based on anticipated development over the coming years. This includes cross border provision in other health and wellbeing board areas.

The conclusion of this assessment is that the number, distribution, and choice of pharmaceutical services meets the current needs of Hampshire's population and future needs within the lifetime of this PNA. There are no identified needs for additional pharmaceutical services or improvements to current arrangements across the county.

This is based on the following

- There is a good geographical spread of community pharmacies across the county (Section 7)
- A pharmacy in Hampshire is accessible to the majority of the resident population (98%) within a 5-mile drive of a pharmacy located within the county. The more urban population are able to access a pharmacy within a 2.5-mile drive. The vast majority of the population outside of the 5-mile drive zone are resident in areas classified as rural village and dispersed (section 7.2)

- Housing development is examined at district level in supplementary document two. Examination of provision for areas of expected growth suggests that the needs of the associated increases in population can be managed by existing providers.
- There are 16 pharmacies per 100,000 population in Hampshire, broadly in line with the national average (section 7.3)
- The number of items dispensed per pharmacy across Hampshire annually is similar to the national average (section 7.4)
- There are 27 100-hour pharmacies in the county. These pharmacies provide 100 core hours per week of pharmaceutical services, extending opening hours both in the morning and late into the evening and weekends. Ten of Hampshire's eleven districts have at least two 100-hour pharmacies operating within its borders. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton (section 6.2)
- All 224 community pharmacies provide the full range of face-to-face essential pharmacy services (section 5.7)
- There is good provision of advanced services across the county, with provision in each of its constituent eleven districts (section 5.8)
- There are a range of locally commissioned and enhanced services delivered across Hampshire (section 5.9 and 5.10)
- Of those community pharmacies that responded to the questionnaire, the majority provide collection of prescriptions from GP practices and a delivery service to patients as well as services in a variety of languages (section 5.10.6 and 5.10.7)

2. Introduction

2.1 Definition and purpose of the Pharmaceutical Needs Assessment

A pharmaceutical needs assessment (PNA) is a statement of the pharmaceutical needs of the population within the local area. Its aim is to understand if pharmacy services are currently being offered in the right places to meet the needs of the local communities they serve and if they will continue to do so in the future.

The NHS Act 2006, amended by the Health and Social Act 2012, sets out the requirements for health and wellbeing boards (HWBs) to develop and update pharmaceutical needs assessments. This assessment should determine whether there are any gaps in provision or if these are likely to occur in the future. The HWB should then publish a statement of its findings including recommendations as to how any gaps identified should be filled[1].

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development[2].

The purpose of the pharmaceutical needs assessment is primarily to be used by NHS England to make market entry decisions. It will be used when applications are received to enter or amend the pharmaceutical list within the Hampshire HWB area. It may also be used by local authorities and Clinical Commissioning Groups when commissioning services from pharmacies and dispensing appliance contractors, ensuring that services are targeted to areas of need.

Hampshire's Joint Health and Wellbeing Strategy has been developed by Hampshire's Health and Wellbeing Board to improve health across the county. One of the purposes of this document is to ensure that the right services are delivered where and when they are needed the most, this includes pharmaceutical provision.

This PNA replaces the assessment undertaken by Hampshire County Council Public Health in 2018.

2.2 Health and Wellbeing Board duties in respect of the PNA

Since April 2013, Health and Wellbeing Boards (HWBs) have had the duty to develop and publish PNAs. The Health and Social Care Act 2012 brought about major reforms to the NHS, abolishing Primary Care Trusts (PCTs), and transferring the responsibility for developing,

[1] National Health Service Act 2006 (legislation.gov.uk)
[2] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (legislation.gov.uk)

updating, and publishing local PNAs from PCTs to HWBs. At the same time responsibility for using the PNAs as the basis for determining market entry to a pharmaceutical list also transferred from PCTs to NHS England[3].

The HWB must publish revised statements on a three yearly basis. It should also publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent. This could be due to changes in population size, demography or risks to the health and wellbeing of the population.

The HWB should also produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

2.3 Structure of the PNA

The first section of this document is an overview of the process of developing the PNA. This includes the establishment of a steering group and the governance of the document, data collection and analysis, collation of pharmaceutical services information and engagement with both contractors and the general public.

The PNA then defines the different types of pharmaceutical services and the provision of these across the county. Access is then considered in terms of opening hours and geographical access.

The need for pharmaceutical services across Hampshire is then assessed using a range of data from the Joint Strategic Needs Assessment (JSNA) and other sources. This covers demographic, economic and health data including known housing development or regeneration projects that are current or will occur within the lifespan of the PNA.

A summary of this information is included in the main document, but the more detailed analysis is contained within two separate supplementary documents. One contains an analysis of health needs of the county including population groups with protected characteristics and Inclusion Groups, the other contains a detailed analysis of current and future need for pharmacy services in the eleven constituent districts of the county.

Finally, all the information gathered in the pharmaceutical needs assessment contributes to a ‘gap analysis’ which covers current provision of pharmaceutical services and how this is likely to change in the future based on anticipated levels of housing development and associated population growth.

2.4 Maps within the PNA

All maps are produced under the full OS Crown copyright below.

[3] Health and Social Care Act 2012 (legislation.gov.uk)

otherwise make available the Licensed Data to third parties in any form. Third party rights to enforce the terms of this licence shall be reserved to Ordnance Survey.

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3. Development of the PNA

3.1 Local development of the PNA

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations and the latest guidance published in the information pack for local authority health and wellbeing boards in October 2021[4].

The Hampshire PNA has been in development since September 2021. The document has been written with assistance from partners in neighbouring local authorities, NHS England and Community Pharmacy South Central (Local Pharmaceutical Committee) which is gratefully acknowledged.

3.2 Governance

As recommended in the PNA information pack, a steering group was established to support the PNA process in Hampshire and to oversee the production of the document in accordance with the regulations. The group has representation from key stakeholders including Community Pharmacy South Central and NHS England.

3.3 Gathering of health and demographic data including locality definition

The JSNA for Hampshire has been used to produce an overview of the demography and health needs of the county. Other sources of information including data related to new housing developments and related population growth have been supplied by other departments within the council.

PNA guidance states that sub localities of the health and wellbeing board may be considered to give a more detailed assessment. Given the relatively large geography and population of Hampshire, the PNA has used localities that match district council boundaries, namely:

- Basingstoke and Deane
- East Hampshire
- Eastleigh
- Fareham
- Gosport
- Hart
- Havant
- New Forest
- Rushmoor

[4] Pharmaceutical needs assessments: Information pack for local authority health and (publishing.service.gov.uk)

- Test Valley
- Winchester

The required information can be sourced on this geographical basis. These localities are at a suitable size to give a meaningful assessment whilst also being small enough to relate to population communities within Hampshire.

3.4 Public and contractor engagement

All community pharmacies in Hampshire (224) were invited to complete a brief questionnaire about their services to inform the development of the PNA. This survey was open from 13 December 2021 until 17 January 2022. Response was initially low due to seasonal winter pressures and additional pressures placed on pharmacies by the accelerated COVID-19 booster roll-out and lateral flow test distribution. As a result, the deadline was extended but response was still relatively low, resulting in 38 responses (a response rate of 16.5%).

3.5 Pharmaceutical service information

NHS England provided data on pharmaceutical provision locally including opening hours, addresses and the delivery of advanced services. Further national information was sourced from the NHS Business Services Authority website and local services commissioned by public health were sourced from within the county council.

Advice and expertise have also been provided by NHS England, Community Pharmacy South Central and from Hampshire County Council's Public Health and Spatial Policy, Strategy and Research departments.

3.6 Analysis and drafting

Health, demographic, pharmaceutical service provision and all other information were collated to examine how the health needs of the population can be met by current provision of pharmaceutical services. Those who share a protected characteristic as defined in the Equality Act[5] as well as any other groups with specific needs that exist within the area such as university students and offenders, were identified in the PNA.

National and local statistics have been used to determine levels of activity in delivering current services and to examine any gaps in the future provision of pharmaceutical services. The Steering Group agreed that living within 1.6km travel distance would be a key criterion for the gap analysis; this distance was deemed appropriate as it is used to decide whether a GP can dispense prescriptions. Given the rural nature of large parts of Hampshire, it was decided to use two further travel distances of 2.5 miles and 5 miles travel distance. Opening hours and services provided were also included in the gap analysis.

Following the analysis, a draft consultation document was completed in line with national guidance.

[5] Equality Act 2010 (legislation.gov.uk)

3.7 Review and sign-off

The document was then reviewed by the Director of Public Health and the Public Health Senior Management Team.

3.8 Consultation

The health and wellbeing board consulted with relevant organisations about the contents of the pharmaceutical needs assessment in line with statutory requirements. The consultation ran for a period of 60 days from 4 April closing at 11.59pm on June 3 2022.

Following public consultation, the conclusion of the assessment is that the number, distribution, and choice of pharmaceutical services meets the current needs of Hampshire's population and future needs within the lifetime of this PNA. There are no identified needs for additional pharmaceutical services or improvements to current arrangements across the county. Headline findings and a summary are available on the Council PNA web pages.

4. Hampshire context

4.1 Population

Hampshire is a county in the South East of England, bordered by Berkshire to the north, Dorset and Wiltshire to the West, Surrey and West Sussex to the East and extending to the coast in the south. The population of Hampshire in 2022 is estimated to be 1.43 million people and just under 621,900 households, according to Small Area Population Forecasts produced by Hampshire County Council[6]. This makes Hampshire the third most populous county in England after Kent and Essex.

Hampshire has an older population structure than the national average, with a greater proportion of the population aged 50 years and over and a lower proportion of younger working age, 20 to 44 years.

The population of the county is expected to increase by 4.6% from 2022 to 2027, this equates to an increase of just over 66,400 people. The population of Hampshire is ageing with increases predicted mainly amongst the older population, aged 75 years and over. This ageing population will have an increasing impact on the demand for health and social care services in the area.

Hampshire's population density is lower than that of England, 378 people per square kilometre compared to 434 per square kilometre in England. Population density varies greatly across the county, with higher population density generally correlated to the urban rural classification of the area.

Hampshire is amongst the least deprived authorities in England according to the Index of Multiple Deprivation (IMD) 2019, although there are pockets within Hampshire that fall within the most deprived areas in the country.

The population of Hampshire is less diverse than that of England as a whole, with 95% of resident describing themselves as belonging to White ethnic groups compared to the national average of 86%. The diversity of the area's population is increasing, 5% of the population described themselves as belonging to an ethnic minority group in 2011, up from 2.2% in the previous census.

Overall, the White population of Hampshire has higher proportions of people in the older age groups. The demographic of the population who are from an ethnic minority group tends to be younger.

[6] Population estimates and forecasts | Hampshire County Council (hants.gov.uk)

4.2 Population health

Hampshire's population health is better than England. The latest life expectancy figures published for Hampshire based on 2018 to 2020 are longer than the national average, 81.4 years for men (two years longer) and 84.6 years for women (one and a half years longer). Life expectancy across Hampshire has been increasing over time, however improvements have slowed, and this has been particularly noticeable for women and in the most deprived areas of the county.

Life expectancy varies with deprivation across the county, the most recent figures show a difference of 7.5 years between males living in the least deprived areas of Hampshire and those living in the most deprived and a difference of 5.3 years amongst these two groups for females.

The proportion of residents with a limiting long-term illness or disability is comparable to England. However, the size of the Hampshire population means that the absolute numbers of people experiencing ill health or disability are large. Approximately 6.7% of the population said that they had a long-term health problem or disability which limited their day to day activities a lot, this represents nearly 88,000 people. Four percent of the population reported their health to be bad or very bad, this equates to a little over 53,000 individuals across the county.

Certain lifestyle behaviours are known risk factors for chronic diseases and premature mortality. While Hampshire compares well to national and regional averages for participation in physical activity, obesity, alcohol-related health and social harm and smoking, these lifestyle behaviours still equate to high numbers of people across the county. A quarter of Hampshire's adult population are thought to be physically inactive, nearly 146,000 people are estimated to smoke, over 705,000 residents are overweight and 283,300 people drink above the recommended safe levels for alcohol every week[7]. These lifestyle behaviours may be influenced by wider determinants of health such as deprivation and poor living circumstances.

Much of the data used to inform the PNA is from the JSNA published by Hampshire County Council and is included in supplementary document one. Some of the data in this PNA is presented at a county-wide level. However, given the large geography covered by the county of Hampshire as well as the size of its resident population, the majority of the PNA has been conducted at district level. The required information can be sourced on this geographical basis. These localities are at a suitable size to give a meaningful assessment whilst also being small enough to relate to population communities within Hampshire and the results of the district analysis are presented in supplementary document two.

[7] Living well 2016 to 2019 | Health and social care | Hampshire County Council (hants.gov.uk)

4.3 Local health services

Other NHS services can affect the need for pharmaceutical services, including hospital and community services.

Hampshire has two main hospital sites, located within the county. Resident may also access many hospitals across its borders including Royal Surrey County Hospital and Frimley Park Hospital in Surrey, Salisbury District Hospital in Wiltshire, St Leonards Community Hospital, Christchurch Hospital, Poole Hospital and Royal Bournemouth Hospital in Dorset, Southampton General Hospital and Royal South Hants Hospital in Southampton and Queen Alexandra Hospital and St Mary's Community Health Campus in Portsmouth.

Basingstoke and North Hampshire Hospital is located in the town of Basingstoke, to the north of the county. The hospital has around 450 beds and provides a full range of planned and emergency services. These includes specialist services for rare or complex illness for patients across the UK, including liver cancer, colorectal cancer and pseudomyxoma peritonei (a rare lower abdominal cancer).

Royal Hampshire County Hospital is located in the city of Winchester, central to the county of Hampshire. The hospital provides a full range of general hospital services including accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, out-patient clinics, and paediatric care.

In addition, the Trust operates a small site, **Andover War Memorial Hospital** located in the town of Andover in Test Valley. The hospital provides in-patient rehabilitation, maternity services, a day surgery unit and a minor injuries clinic.

The pharmacy departments at Hampshire Hospitals Foundation Trust provide several services: a clinical pharmacy service, dispensing of medications, medicines information, technical services, and clinical trials. There is a pharmacy in Winchester at the Royal Hampshire County Hospital and in Basingstoke at the Basingstoke and North Hampshire Hospital. There is also a pharmacy office at Andover War Memorial Hospital[8].

Southern Health NHS Foundation Trust provides health services at a number of sites across the county including Alton Community Hospital, Andover War Memorial Hospital, Fareham Community Hospital, Fordingbridge Hospital, Gosport War Memorial Hospital, Hythe Hospital, Lymington New Forest Hospital, Parklands Hospital (located in Basingstoke), Petersfield Hospital and Romsey Hospital.

Lymington New Forest Hospital is the largest site and is located in the New Forest in the southwest of Hampshire. The hospital has four inpatient wards including a stroke rehabilitation unit and medical admissions unit. The hospital has an onsite pharmacy[9].

[8] Home :: Hampshire Hospitals
[9] Lymington New Forest Hospital :: Southern Health NHS Foundation Trust

NHS Hampshire, Southampton and Isle of Wight CCG had 96 GP practices located within the county boundaries as of November 2021. As of January 2022, there were 232 NHS dental practices in Hampshire[10].

5. Current pharmaceutical services

5.1 Definition of pharmaceutical services and overview of Hampshire provision

Section 126 of the 2006 Act places an obligation on NHS England and NHS Improvement to put arrangements in place so that drugs, medicines, and listed appliances ordered via NHS prescriptions can be supplied to persons. The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24 was agreed by the Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a joint vision for how community pharmacy will support delivery of the NHS Long Term Plan[11].

Pharmaceutical services is a collective term of a range of services commissioned by NHS England. In relation to PNAs it includes:

- Essential services
- Advanced services
- Enhanced services
- Local pharmaceutical services (LPS) contracts that are the equivalent of essential, advanced, and enhanced services,

NHS England is responsible for preparing, maintaining, and publishing a list of pharmacies on the HWB Pharmaceutical List. As of February 2022, there are 231 pharmacies (including 7 distance selling pharmacies) and 2 dispensing appliance contractors in Hampshire. The residents of Hampshire can also access pharmacy services across the border in Portsmouth, Southampton, Sussex, Surrey, Berkshire, Wiltshire, and Dorset as well as distance selling pharmacies across the country.

There is a separate list for dispensing doctors. As at March 2022, there are 22 dispensing practices in Hampshire.

A description of the different types of pharmacies, the pharmaceutical services provided and details of the current provision of these across Hampshire follows.

[10] Data supplied by NHSEI
[11] Community Pharmacy Contractual Framework : PSNC Main site

5.2 Pharmacy Contractors

Nationally there were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020/21. 236 new pharmacies opened over the course of the year, while 451 closed. This is the lowest number of active contractors since 2015/16.

1.03 billion prescription items[12] were dispensed by community pharmacies and appliance contractors in England in 2020/21. This is a decrease of 1.79% from the number of items dispensed in 2019/20 but still a 2.35% increase in items dispensed since 2015/16.

As of February 2022, NHS England South East Region has 231 pharmacy contractors on its list in Hampshire. Of these, 7 are Distance Selling Pharmacies not specifically serving the local population but available to anyone within England.

The remaining 224 are pharmacy contractors operating on 100-hour contracts or standard 40-hour contractors.

Since 2017 the number of pharmacy contracts has fallen slightly, there are 12 fewer contracts in 2022, a fall of 1.6%. The breakdown of contractor types and the changes since 2010 are shown in table 1.

Table 1 - Change in pharmacy provision across Hampshire by contractor type

Pharmacy contract type	Description	2010	2015	2017	2022
Standard 40 hour contract	Pharmacies open for 40 core contractual hours which cannot be amended without the consent of NHS England, together with supplementary hours which may be amended by giving three months notice.	201	205	208	197
100 hour opening	Pharmacies open for 100 core contractual hours and have opened under the former exemption from the control of entry test.	16	27	27	27
Essential Small Pharmacy LPS	A pharmacy contracted in a location where a 40 hour pharmacy would not be commercially viable. These contracts were terminated in March 2015.	6	4	0	0
LPS	Services provided under a local pharmaceutical services (LPS) contract and must include dispensing as a minimum.			1	0
Distance selling	Pharmacies receiving prescriptions either via the electronic prescription service or through the post, which are then dispensed and then delivered to the patient. The 2013 regulations do not allow these pharmacies to provide essential services to people on a face-to-face basis.	4	5	7	7
Total		**227**	**241**	**243**	**231**
Dispensing practices	GP practices which dispense prescriptions to patients living in controlled localities, more than 1.6km from a pharmacy and where the practice has approval for their premises and the appropriate consent for the area the patient lives in.			28	22

[12] https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021

Across England there are 11,600 community pharmacies which equates to 17.3 pharmacies per 100,000 population (2020/21). Hampshire's provision is slightly lower at 16.14 pharmacies per 100,000 population. This varies between 20.29 pharmacies per 100,000 population in Havant to 11.38 pharmacies per 100,000 population in Winchester. The number of pharmacies per head of resident population in Hampshire and its constituent districts is discussed further in section 7 of this document.

Nearly 90% of pharmacies in Hampshire open on a Saturday and there is good 'out of hours' availability across all areas. There are 27 pharmacies across Hampshire providing a 100-hour pharmacy service and 56 services (24%) are open on a Sunday. The distribution of community pharmacy by number of contracted hours is discussed further in section 6 of this document.

5.3 Distance selling pharmacies

Whilst distance selling premises (internet pharmacies) are pharmacies, the 2013 regulations do not permit them to provide essential services face-to-face. Distance selling premises are required to dispense prescriptions for patients anywhere in England. Distance selling premises receive prescriptions either via the electronic prescription service or through the post. These are then dispensed at the pharmacy for delivery to the patient.

As of February 2022, there were 7 distance selling pharmacies located within Hampshire, 2 in the New Forest, 2 in Rushmoor and 1 in each of the districts of East Hampshire, Eastleigh and Gosport. In 2020/21, these 7 distance selling pharmacies dispensed a total of just over 456,700 items. The Pharmaceutical Journal estimates that the number of items dispensed by distance selling pharmacies in England increased by 45% between 2019 and 2020. Hampshire based distance selling premises have, in line with many other internet-based services, seen an increase of activity during the COVID-19 pandemic. Distance selling premises dispensed 12.5% more in 20/21 compared to 2019/20, an increase of a little over 50,000 items. In 2020/21, approximately 75% of items dispensed by Hampshire based distance selling pharmacies were to Hampshire residents.

In addition, Hampshire residents may choose to have their prescriptions dispensed from a distance selling pharmacy anywhere in the country. Distance selling pharmacies dispensed a total of just under 1.5 million items to Hampshire residents in 2020/21. Approximately a quarter of these were dispensed by pharmacies located within the county.

5.4 Dispensing doctors

Dispensing doctors are general practitioners (GPs) who provide primary healthcare to patients who live in controlled localities. These are areas that have been determined to be 'rural in character' by NHS England and NHS Improvement. A range of factors will be considered when determining whether an area is controlled locality including population density, the presence or absence of facilities, employment patterns, and the availability of public transport.

For the purposes of the PNA only the dispensing services they provide are included. The dispensing doctors are allowed to dispense the medicines they prescribe for these patients. The provision for doctors to provide dispensing services in certain circumstances has been made in various NHS Acts and Regulations. The eligibility criteria are in summary:

- a patient is on the GP register of a practice that is a dispensing practice.

- a patient is resident in an area which is rural in character, known as a controlled locality, and at a distance of more than one mile (1.6 km) from pharmacy premises (excluding any distance selling premises). The pharmacy premises do not have to be in a controlled locality.
- the practice has approval for the premises at which they will dispense to the patient and the practice has appropriate consent for the area the patient lives in.
- a patient can apply to be a dispensing patient if they live nearer to a pharmacy but meet the conditions of the regulations i.e., that they would have difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist by reason of distance or inadequacy of means of communication (often known as the “serious difficulty” test which can apply anywhere in the country.

As at March 2022, there were 22 dispensing doctor practices in Hampshire. Many serve rural communities where there is limited access to pharmacy, see table 2 below. These will enhance the pharmaceutical dispensing provision by community pharmacies, see map 1 below.

Map 1 - Map showing locations of dispensing GP practices in Hampshire as at March 2022

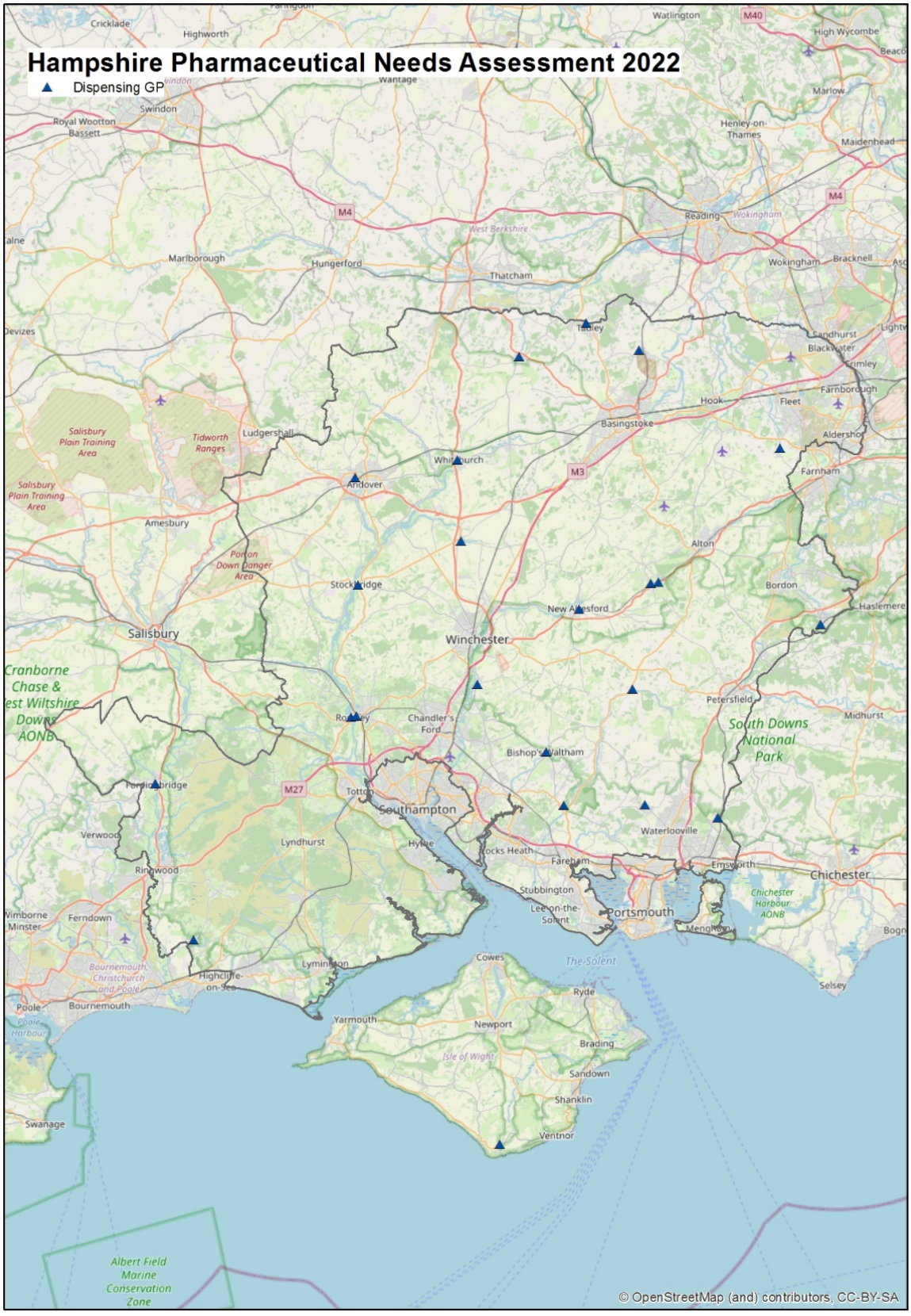


Table 2 – Number of dispensing GP practices by Hampshire district as of March 2022

Local authority area	Number of dispensing GP practices
Hampshire	**22**
Basingstoke and Deane	4
East Hampshire	4
Eastleigh	0
Fareham	0
Gosport	0
Hart	1
Havant	0
New Forest	2
Rushmoor	0
Test Valley	4
Winchester	7

5.5 Local Pharmaceutical Services

A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services than is possible under national pharmacy arrangements set out in the 2013 regulations. The contract must include an element of dispensing as a minimum.

As of February 2022, there are currently no LPS in Hampshire.

5.6 Dispensing Appliance Contractors

Dispensing appliance contractors (DACs) can only dispense prescriptions for appliances and not for drugs. They are not required to have a pharmacist and their premises do not have to be registered with the General Pharmaceutical Council.

These contractors tend to operate remotely, receiving prescriptions via the electronic prescription service or through the post. There are two dispensing appliance contractors located in Hampshire as of February 2022, one in Basingstoke & Deane and one in Winchester.

Hampshire residents may choose to have their appliances dispensed from a dispensing appliance contractor anywhere in the country. A large proportion of patients who are regular users of appliances will have them delivered.

5.7 Essential services

All pharmacies, including distance selling premises, with NHS contracts are required to provide essential services. As of October 2021, there are seven essential services. These include the dispensing of prescriptions, dispensing of repeat prescriptions, disposal of unwanted medicines returned to the pharmacy, promotion of healthy lifestyles, signposting to other health or social care services, support for self-care and provision of a discharge medicines service.

Dispensing appliance contractors have a narrower range of services that they must provide. These include dispensing of prescriptions, dispensing of repeat prescriptions, signposting to alternative providers when necessary and for certain appliances they should provide delivery, a supply of wipes and bags, and provide access to expert clinical advice.

5.7.1 Dispensing medicines and repeat dispensing

In 2020/21 there were approximately 23.6 million items prescribed by Hampshire GPs dispensed across England at 1,880 sites. 98.7% of these items were dispensed by 200 contractors.

85.5% of these were dispensed by community pharmacy, 83% of items by pharmacies with Hampshire contracts. The majority of the remainder of items dispensed to Hampshire residents by community pharmacies were from contractors in surrounding areas including Southampton, Dorset, Portsmouth, Surrey and Bournemouth, Christchurch & Poole.

Of the remainder, 7.6% of items were dispensed by dispensing doctors, 6% by distance selling premises and 0.8% by dispensing appliance contractors.

NHS Digital reports that two-thirds of prescriptions issued in primary care are repeat prescriptions[13]

5.7.2 Disposal of unwanted medicine

All pharmacies have to provide a service for the disposal of unwanted medicine returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

5.7.3 Public Health promotion of healthy lifestyles

All pharmacies provide the essential service of the promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke, or are overweight, and all will participate in six health campaigns when requested to do by NHS England.

5.7.4 Signposting customers to appropriate services

All pharmacies should provide a sign-posting service for people who require advice, support, or treatment that the pharmacy cannot provide and direct to another provider of health or social care, where the pharmacy has that information.

[13] Electronic repeat dispensing for prescribers - NHS Digital

5.7.5 Support for self-care

All pharmacies should provide support for self-care which may include advising on over the counter medicine or lifestyle changes.

5.7.6. Discharge Medicines Service

This service was introduced in 2021, becoming part of the Community Pharmacy Contractual Framework (CPCS). Under this service, a pharmacist will review a person's medicines when they are discharged from hospital and ensure that any changes are actioned accordingly. It aims to reduce the risk of medication problems on discharge, ensuring patient safety, improved outcomes, and readmission reduction[14].

5.8 Advanced services

Advanced services are those services that pharmacy and dispensing appliance contracts may choose to provide if they meet the required standards. As of October 2021, the following services may be provided by pharmacies, new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, community pharmacy hepatitis C antibody testing service and hypertension case-finding service.

The Smoking Cessation Advanced Service (SCAS) was launched on 10 March 2022 for patients who started their stop-smoking journey in hospital.

There are two further advanced services that pharmacies and dispensing appliance contracts may choose to provide, appliance use reviews and stoma appliance customisation.

Advanced services commissioned nationally but available in Hampshire are;

5.8.1 New Medicine Service (NMS)

The service provides support for people, with long-term conditions and who have been newly prescribed a medicine. The aim of the services is to help improve medicines adherence and enhance self-management. From September 2021, the following conditions are covered by the service: asthma and Chronic Obstructive Pulmonary Disease (COPD), diabetes (Type 2), hypertension, hypercholesterolaemia osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/retention, heart failure, acute coronary syndromes, atrial fibrillation, long term risk of venous thromboembolism/embolism, stroke/transient ischaemic attack; and coronary heart disease.

Non-adherence to appropriately prescribed medicine is a health problem of major relevance to the NHS. It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments.

Research has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The service consists of three stages, which are: patient engagement, intervention and follow up. Engagement takes places following the prescribing of a new medicine for the management

[14] B0366-discharge-medicines-toolkit.pdf (england.nhs.uk)

of a long-term condition when the patient will be offered the opportunity to use the NMS. If the patient is in agreement, the pharmacist and patient will have a discussion and the pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The pharmacist will then agree a time for the follow up after the intervention.

All stages of the service provide an opportunity for healthy living advice to be provided, as appropriate to the individual.

As of February 2022, there were 216 pharmacies in Hampshire providing an NMS service, providing good coverage across the whole population. The data presented in table 3 covers the financial year 2021/22 and suggests there is good uptake of the NMS service across the county.

Table 3 - Number of pharmacies providing NMS and NMS activity in 2020/21 by Hampshire district

Local authority area	Numbers of pharmacies providing NMS	Number of NMS (2020/21)
Hampshire	**216**	**24,915**
Basingstoke and Deane	26	2,701
East Hampshire	18	2,037
Eastleigh	23	2,953
Fareham	15	1,927
Gosport	14	1,483
Hart	16	708
Havant	24	1,752
New Forest	33	6,447
Rushmoor	19	2,236
Test Valley	14	1,311
Winchester	14	1,360

5.8.2 Community Pharmacy Seasonal Influenza Vaccination

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September to March, the NHS runs a seasonal flu vaccination campaign. It aims to vaccinate all patients who are at risk of developing more serious complications from the virus.

From September 2020 to March 2021, NHS England data show that 201 of the 224 pharmacies (excluding distance selling premises) in Hampshire delivered flu vaccinations. A total of just over 80,500 vaccinations were delivered across the county over the flu vaccination period, an average of 400 per pharmacy.

5.8.3 Community Pharmacist Consultation Service (CPCS)

This service was launched across England in October 2019 and is available all the hours a pharmacy is open. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulation. The CPCS manages a referral from NHS 111 and 111 online to a community pharmacy where a patient has contacted NHS 111 for low acuity conditions / minor illness or for urgent medicine supply. The service enables appropriate access to medicines or appliances via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP Out of

Hours (OOH) providers to community pharmacy. CPCS has been expanded to enable GPs to refer patients to pharmacies.

As of February 2022, 219 of the 224 pharmacies (excluding distance selling pharmacies) in Hampshire provided Community Pharmacist Consultation Services (CPCS), providing good coverage across the population, see table 4.

Table 4 – Number of pharmacies providing CPCS and CPCS activity for 20/21 across Hampshire districts

Local authority area	Numbers of pharmacies providing CPCS	CPCS Activity (2020/21)
Hampshire	**219**	**7,039**
Basingstoke and Deane	24	1,090
East Hampshire	18	520
Eastleigh	23	687
Fareham	16	882
Gosport	15	734
Hart	16	353
Havant	25	661
New Forest	34	610
Rushmoor	18	510
Test Valley	15	494
Winchester	15	498

5.8.4 Community Pharmacy Hepatitis C Antibody Testing Service

This new Advanced Service was introduced in September 2020, instead of its planned introduction in April because of the COVID-19 pandemic. The service is focused on provision of point of care testing (POCT) for Hepatitis C antibodies to people who inject with drugs but who have not yet moved to the point of accepting treatment for their substance use.

5.8.5 Hypertension Case-Finding Service

The Hypertension Case-Finding Service was commissioned as an Advanced service from 1st October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement. The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

The service received a soft launch and uptake has been relatively slow due to pressures related to the COVID-19 pandemic. It is anticipated that more local pharmacies will sign up to provide this advanced service over the lifetime of this pharmaceutical needs assessment.

5.8.6 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service (SCAS) is for patients who started their stop-smoking journey in hospital. This service will allow NHS trusts to refer patients to a pharmacy of their choice so they can continue receiving treatment, advice, and support with their attempt to quit smoking when they are discharged. It is expected that this service will continue to develop over the lifetime of this pharmaceutical needs assessment.

5.8.7 Stoma Appliance Customisation

The Stoma Appliance Customisation Service involves the customisation of stoma appliances, based on the patient's measurements or a template. The aim of the service is to ensure proper

use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service is provided predominantly by dispensing appliance contractors in Hampshire and over 98% of this activity was provided by DACs in Hampshire. Three other community pharmacy recorded small amounts of stoma appliance customisation activity in 20/21.

5.8.8 Appliance Use Reviews

The aim of Appliance Use Reviews is to improve the patient's knowledge and use of any specified appliance. This service is also provided predominantly by dispensing appliance contractors in Hampshire.

5.9 Enhanced services

Only NHS England can commission enhanced services. The following enhanced services which may be commissioned by NHS England from 1 April 2013 in line with identified health needs are:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- Needle and syringe exchange
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support
- Schools service
- Screening
- Stop smoking
- Supervised administration
- Supplementary prescribing service

5.9.1 Wessex Pharmacy Urgent Repeat Medicines (PURM) Service

There is one enhanced service which is locally commissioned in Hampshire, Wessex Pharmacy Urgent Repeat Medicines (PURM) Service. This service allows participating pharmacies to make emergency supplies (which are usually private transactions) at NHS expense out of hours, at weekends and bank holidays. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. The pharmacist will only make a supply where they deem that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay. This service is currently under review as it has been superseded by the

Community Pharmacist Consultation Service with the exception of walk-in provision. The number of pharmacies offering this service continues to decrease as a result.

5.10 Locally commissioned and other non-NHS services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams. In Hampshire, the CCG commissions services including on demand availability of drugs for palliative care primary care service and a community dressing primary care service. Some other relevant non-NHS services are also described below as, although they are not defined as pharmaceutical services, they do add context to the overall provision across the county.

Services commissioned by Public Health Hampshire are detailed below.

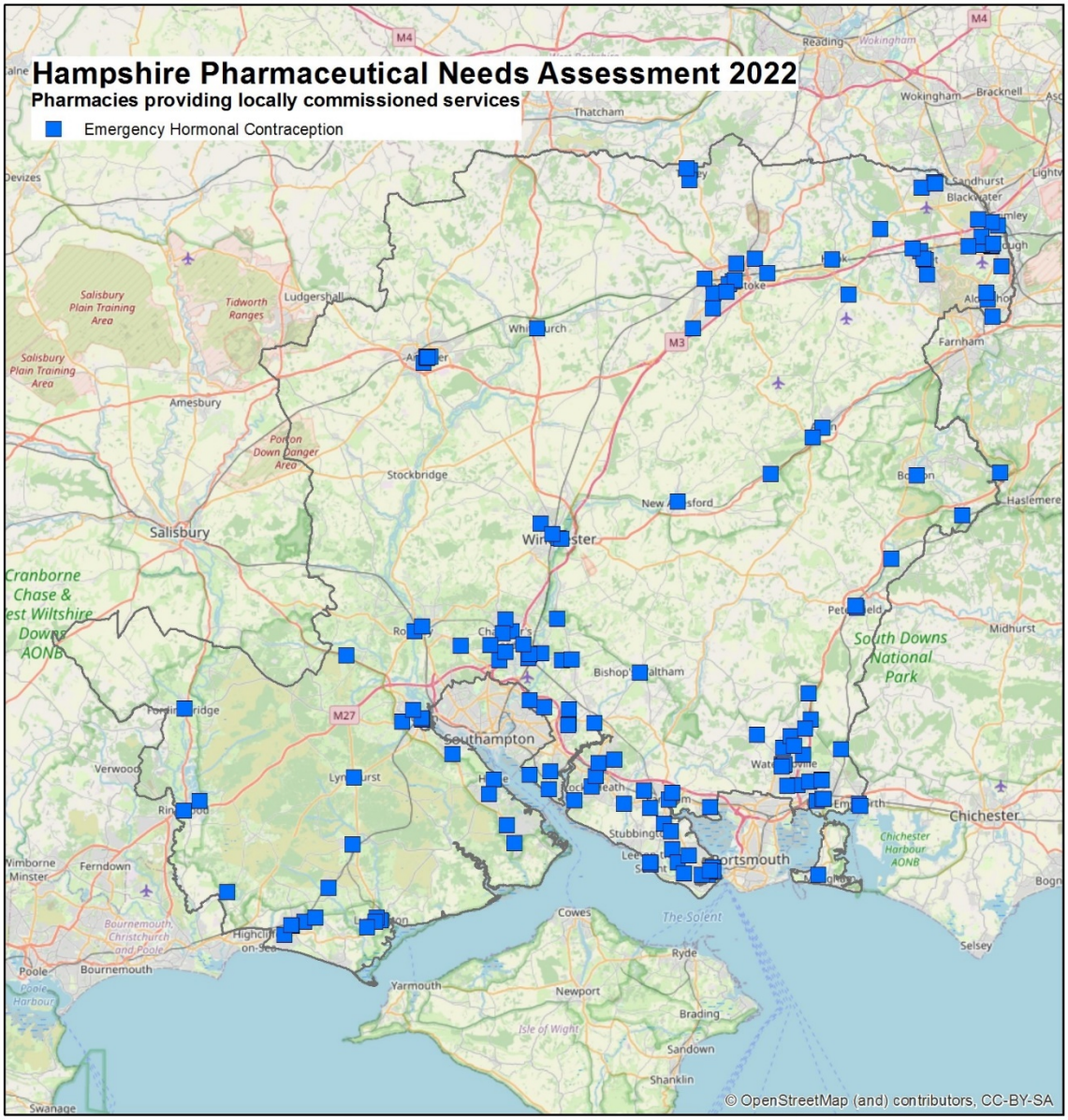
5.10.1 Emergency Hormonal Contraception

Local authorities are mandated to provide or secure the provision of open access sexual health services which includes access to contraception over and above contraceptive services provided as an "additional service" under the GP contract. The emergency hormonal contraceptive service works to improve sexual health by:

- Providing good local access to emergency contraception and sexual health advice for women who have had unprotected sex in order to reduce unintended pregnancy.
- Increasing knowledge, especially among young people, of the availability and effectiveness of emergency contraception.
- Referring clients, especially those from groups with poorer sexual health outcomes, into mainstream contraceptive services for regular contraception advice and services.
- Increasing the knowledge of risks associated with sexually transmitted infections (STIs) and signposting young people under the age of 25 to local sexual health services, including the availability of STI home-sampling services and free condoms.
- Strengthening the local network of contraceptive and sexual health services in order to provide improved access to local services.

As of October 2021, 164 pharmacies are signed up to provided emergency hormonal contraception, see map 2. There are fluctuations in the number that provide, due to availability to trained pharmacists due to leave or changes in staff.

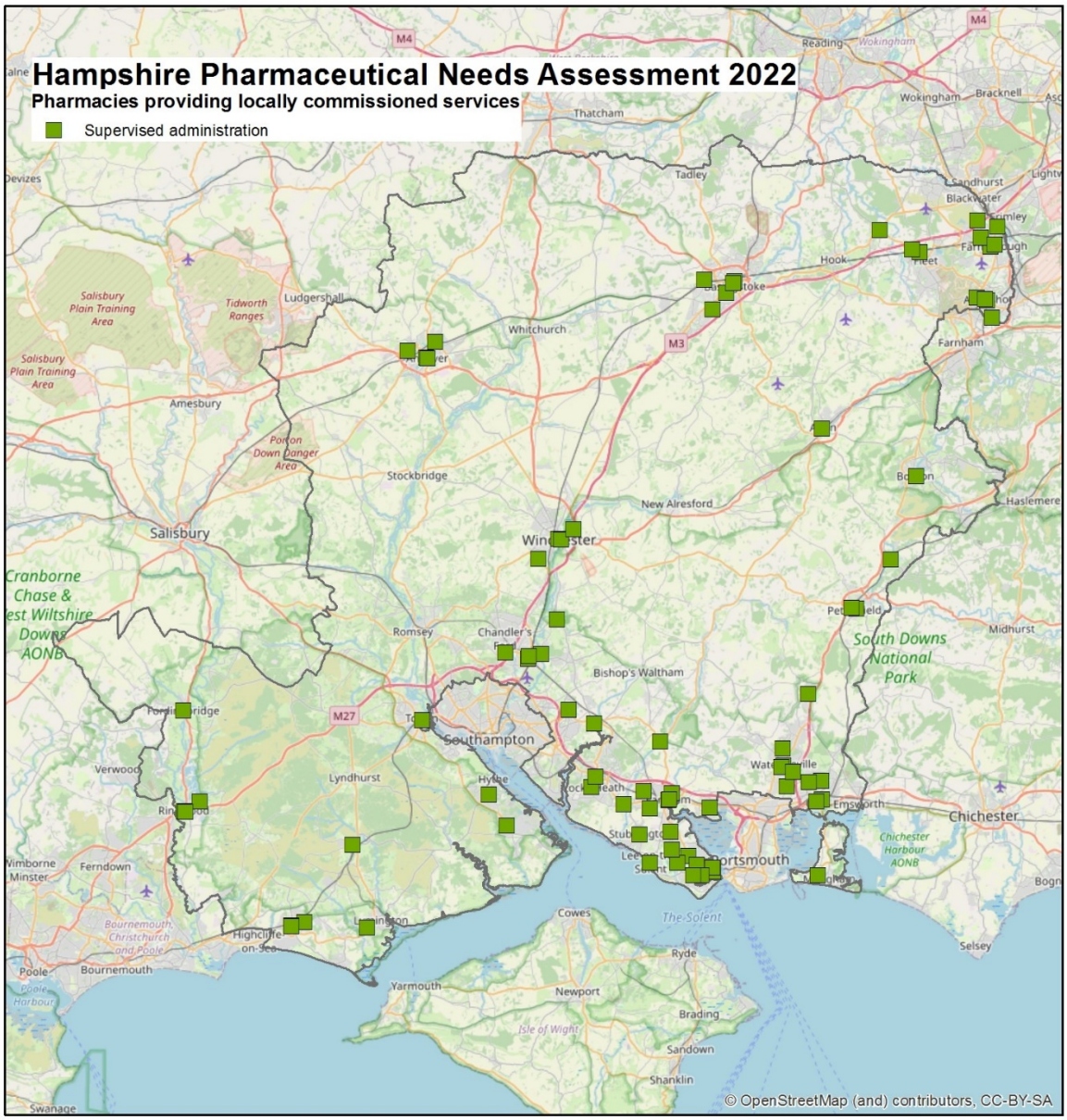
Map 2 - Map showing locations of pharmacies providing EHC in Hampshire as at October 2021



5.10.2 Supervised Administration Programme (SAP)

The SAP programme is currently delivered through community pharmacies. This requires the pharmacist to supervise the consumption of oral methadone, buprenorphine and other drugs that may be used in the management of drug dependency / misuse; ensuring that the dose has been administered to the patient where the prescriber has indicated that supervised consumption is appropriate. Pharmacists will also provide support to service users collecting their dispensed prescriptions for methadone and other drugs used in the management of drug misuse / dependency where supervised consumption is not indicated. As at January 2022, 82 pharmacies delivered the SAP programme, see map 3.

Map 3 - Map showing locations of pharmacies providing the supervised administration programme

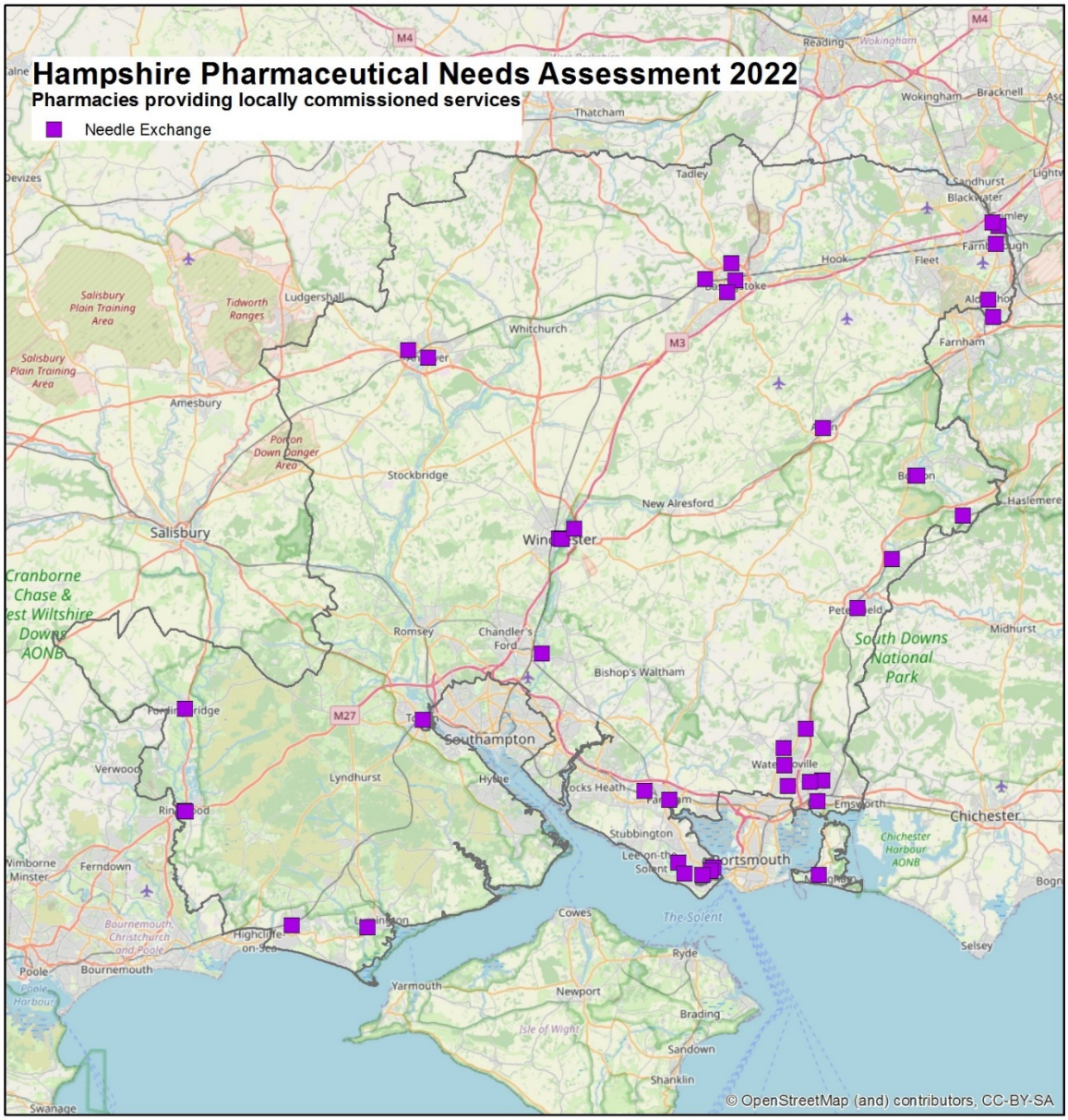


5.10.3 Needle Exchange

Community pharmacies offer a needle exchange service for injecting drug users. A targeted approach to harm minimisation is taken, with a small number of pharmacies (14 across Hampshire in areas of high need) offering in addition take-home Naloxone, referrals to community substance misuse services, Blood Borne Virus testing and mini-health-checks. Pharmacies currently offer 'pick and mix' (bespoke) injecting equipment plus health promotion advice.

As at January 2022, 42 pharmacies offered a needle exchange service, see map 4.

Map 4 - Map showing locations of pharmacies offering a needle exchange service

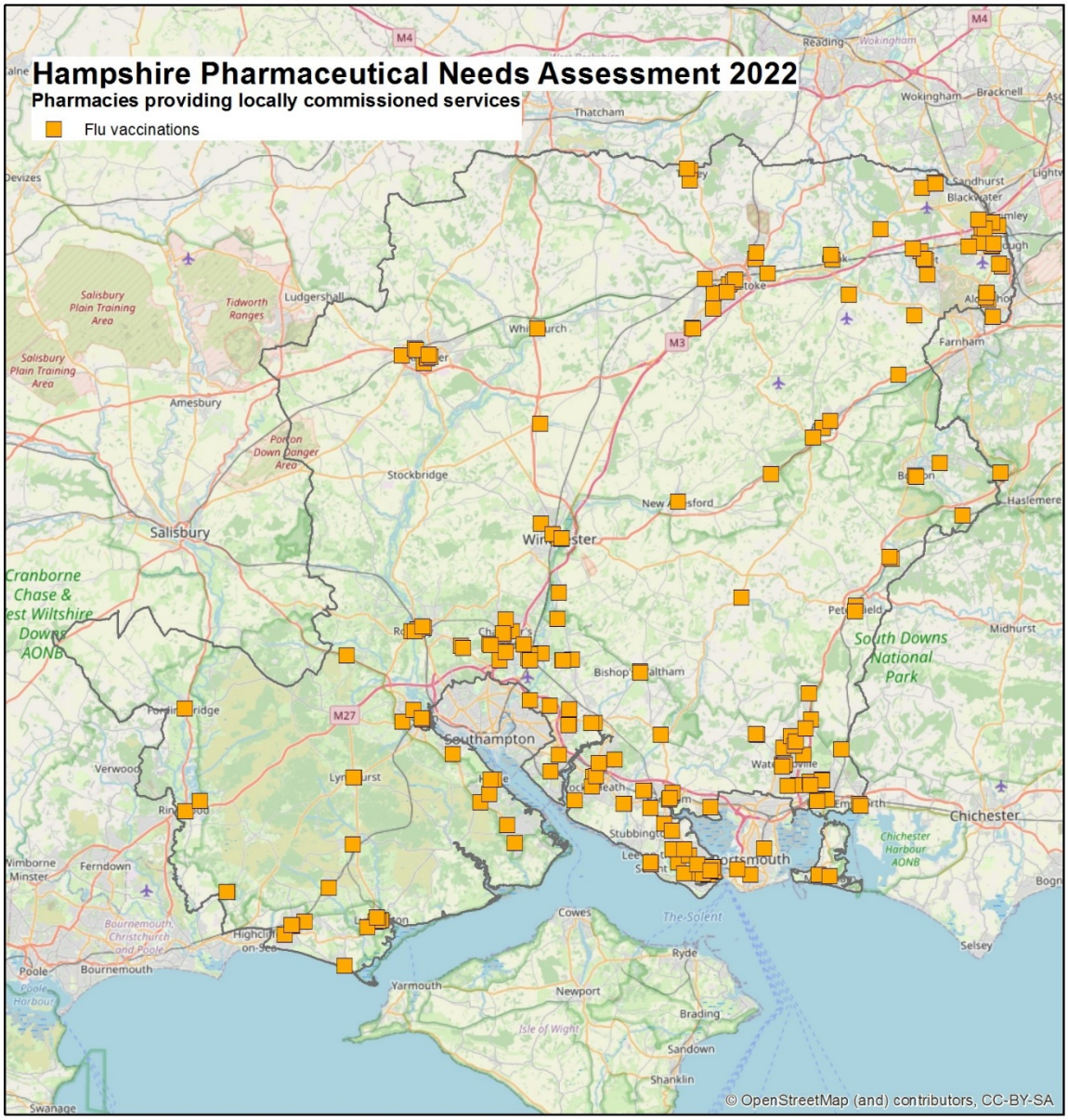


5.10.4 Flu vaccinations for eligible Hampshire County Council staff

Public Health commission flu vaccinations for eligible staff. This service aims to increase uptake of the influenza vaccine in eligible Hampshire County Council staff, especially amongst those working with vulnerable and at risk clients.

As of October 2021, 152 pharmacies across the county offered flu vaccinations, see map 5. At the beginning of each flu season pharmacies have to sign up again to offer the flu vaccinations and therefore the number of pharmacies offering this service may change year on year.

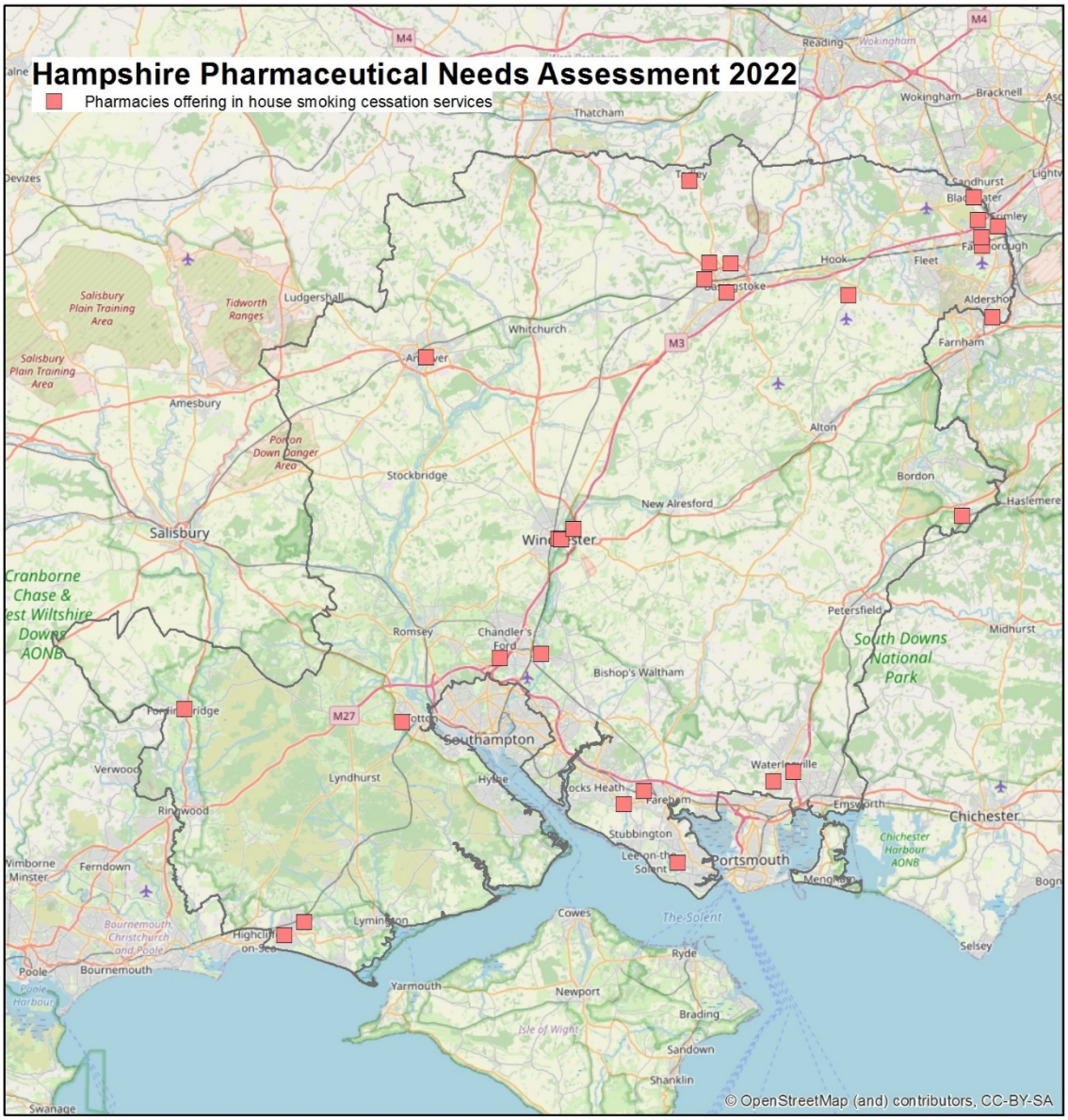
Map 5 - Map showing locations of pharmacies providing flu vaccinations for HCC staff



5.10.5 Smoking cessation service

Smoking cessation services helping people who want to stop smoking (not just those who start their stop smoking journey in hospital) are offered in house, stop smoking services with nicotine replacement therapy (NRT) are available at 28 pharmacies across the county, see map 6.

Map 6 - Map showing locations of pharmacies offering an in-house smoking cessation service with NRT



5.10.6 Delivery services

Many pharmacies provide a delivery service. This may be provided for free or charged for. As these are private services, there is no data is available to ascertain the level of provision. Results from the contractor questionnaire showed:

- (92.1%) 35 out of 38 community pharmacies who responded collected prescriptions from GP practices
- (63.9%) 23 out of 36 community pharmacies who responded deliver dispensed medicines – free of charge on request
- (54.8%) 17 out of 31 community pharmacies who responded deliver dispensed medicines – for a charge
- (48.5%) 16 out of 33 community pharmacies who responded deliver dispensed medicines to selected patient groups (for example those receiving end of life care, in a care home, housebound, or those who require support with compliance)
- (46.9%) 15 out of 32 community pharmacies who responded deliver dispensed medicines to selected geographical areas (for example within a five-mile radius or within postcode sector)

5.10.7 Access languages

A range of nationalities and cultural backgrounds are represented amongst the pharmacy workforce across Hampshire. It is not unusual for residents who are from other countries and cultures to seek out services from a pharmacy that speaks their native language.

The 21 languages identified across the 38 community pharmacies that responded to the contractor survey were:

- Arabic
- Bengali
- Cantonese
- Filipino
- French
- Gujarati
- Hindi
- Italian
- Nigerian
- Polish
- Punjabi
- Romanian
- Russian
- Spanish
- Turkish
- Urdu
- Estonian
- Greek
- Nepalese
- Norwegian
- Malay

5.11 COVID-19 services

Since the beginning of the COVID-19 pandemic, pharmacies have played a key role in the provision of COVID-19 related services including vaccination, the distribution of COVID-19 Lateral Flow Devices and supervised testing.

5.11.1 COVID-19 vaccinations

As of December 2021, around 1,500 pharmacies across England were providing a vaccination site under the terms of an Enhanced service. NHS Digital data shows that seven pharmacies across the county provided COVID-19 vaccinations, administering nearly 69,000 vaccines in 2020/21.

6. Temporal access to pharmaceutical services

6.1 Opening hours

Please note that more detailed geographical access analysis at locality level is provided in supplementary document two.

Pharmacies and dispensing appliance contractors have two different types of opening hours- core and supplementary.

In general, pharmacies will have either 40 or 100 opening hours per week. Many pharmacies that provide ’40 core hours’ of NHS pharmaceutical services extend these and provide supplementary opening hours, opening into the evening or over the weekend.

6.2 100 hours pharmacies

There are 27 100-hour pharmacies in the county which opened using the ‘necessary or expedient’ test under the 2005 exemptions to the market entry system. These pharmacies provide 100 core hours per week of pharmaceutical services, extending opening hours both in the morning and late into the evening and weekends.

Ten of Hampshire’s eleven districts have at least two 100-hour pharmacies operating within its borders, see map 7 and table 5. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton.

Map 7 – Map showing locations of 100hour pharmacies across Hampshire as at February 2022

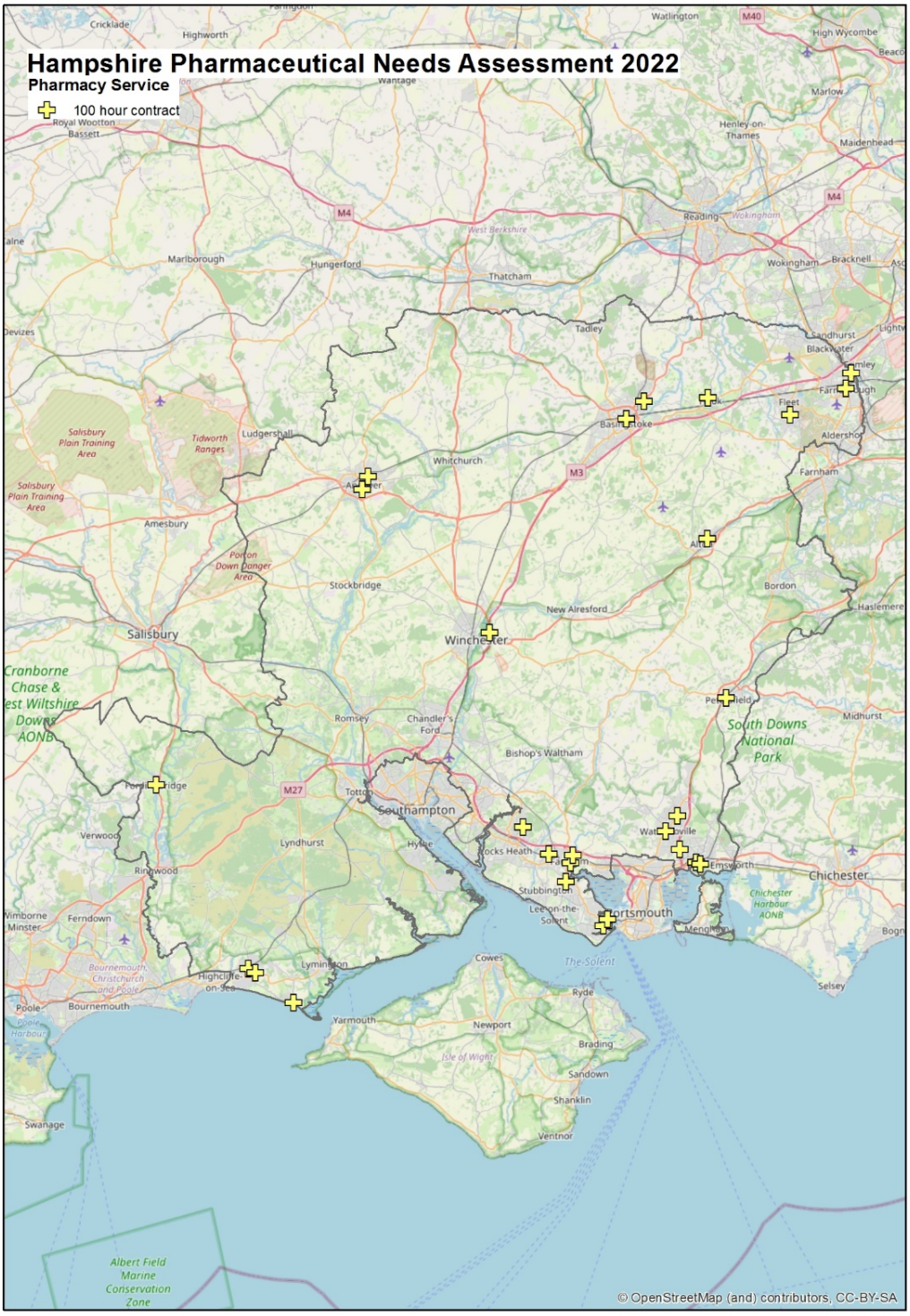


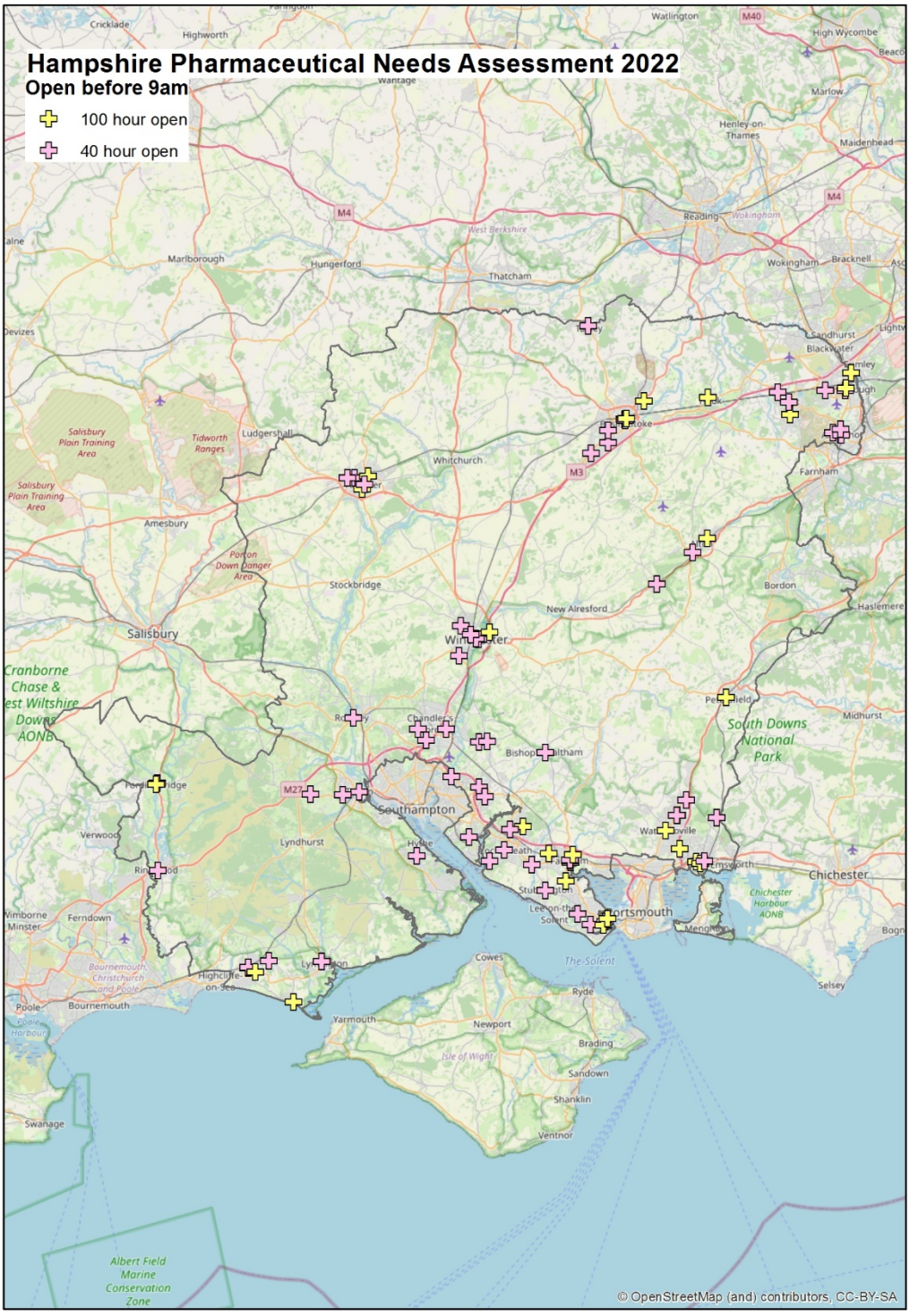
Table 5 – Table showing contract type of pharmacy by district as of February 2022

Local authority area	100 hour contract	40 hour contract	Distance selling	Total
Hampshire	**27**	**197**	**7**	**231**
Basingstoke and Deane	2	24	0	26
East Hampshire	2	16	1	19
Eastleigh	0	23	1	24
Fareham	4	12	0	16
Gosport	2	13	1	16
Hart	2	15	0	17
Havant	5	21	0	26
New Forest	4	30	2	36
Rushmoor	2	16	2	20
Test Valley	2	14	0	16
Winchester	2	13	0	15

6.3 Early morning opening hours – weekdays

As at February 2022, 89 pharmacies across Hampshire are open before 9am on weekdays. There is fair geographical spread across the county, with each of the eleven Hampshire districts having 5 or more pharmacies opening before 9am on a weekday morning. The majority of pharmacies opening before 9am on weekdays are located in urban areas with higher population densities, see map 8.

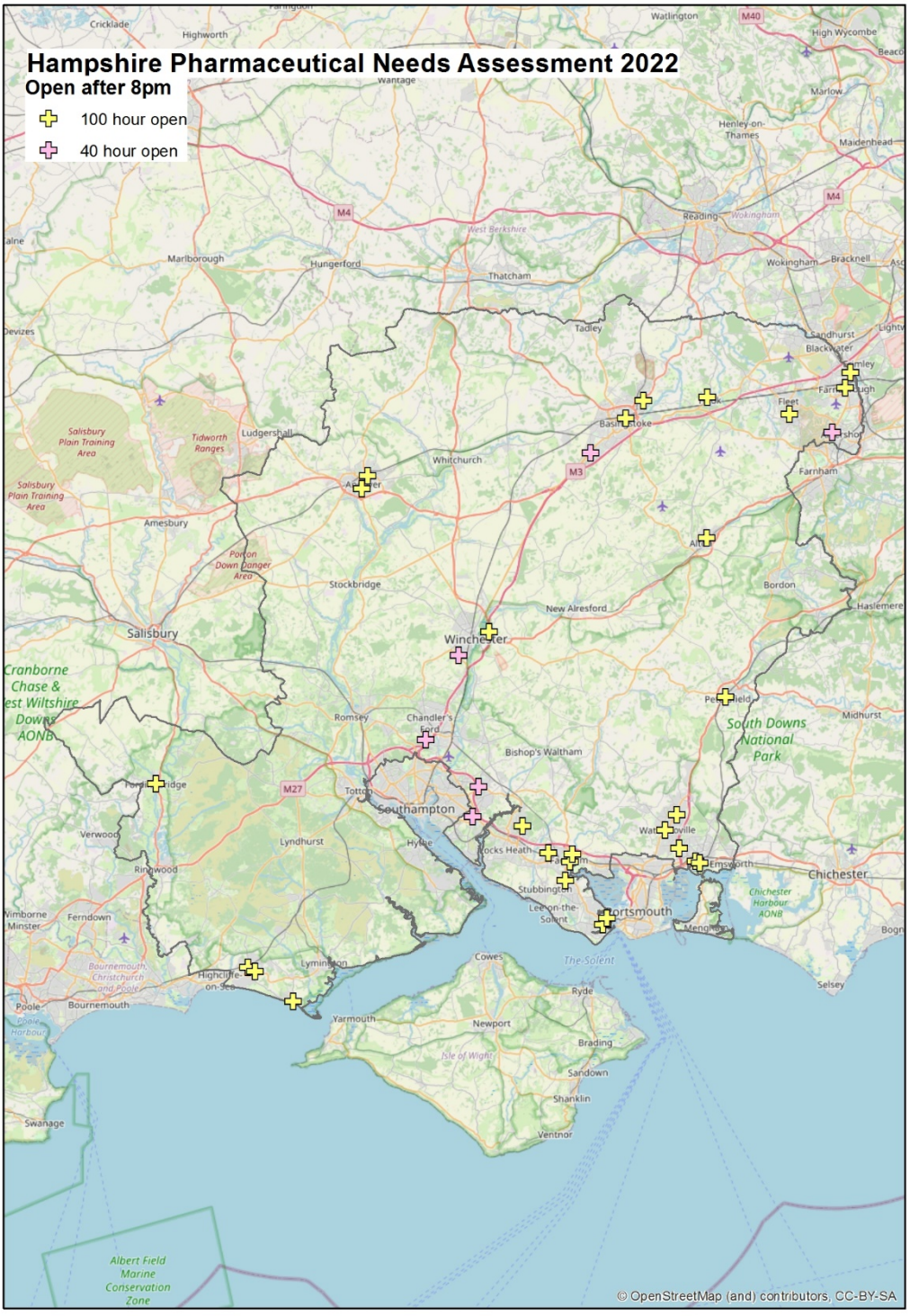
Map 8 - Map showing geographical location of pharmacies opening before 9:00 am as at February 2022



6.4 Late evening opening hours - weekdays

As at February 2022, 33 pharmacies across Hampshire are open after 8pm on weekdays. There is fair geographical spread across the county, with each of the eleven Hampshire districts having 2 or more pharmacies opening after 8pm on a weekday evening. The majority of pharmacies opening after 8pm on weekdays are located in urban areas with higher population densities, see map 9.

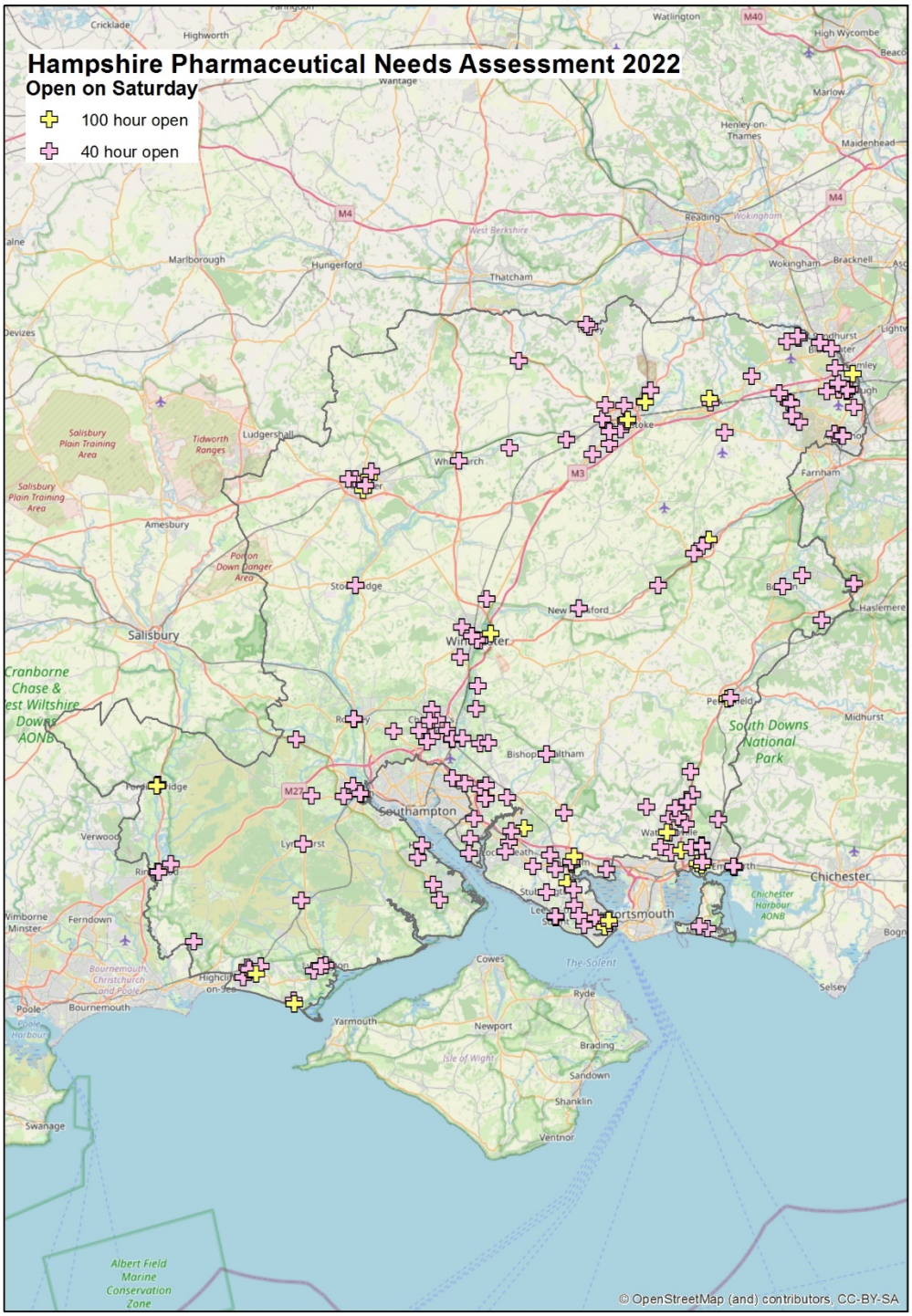
Map 9 – Map showing location of pharmacies opening after 8pm during the week as at February 2022



6.5 Saturday opening

As of February 2022, 200 pharmacies across Hampshire are open for at least part of Saturday. This represents the vast majority of the county's 231 pharmacies. There is fair geographical spread across the county, with each of the eleven Hampshire districts having at least 12 pharmacies open for some hours on a Saturday, see map 10.

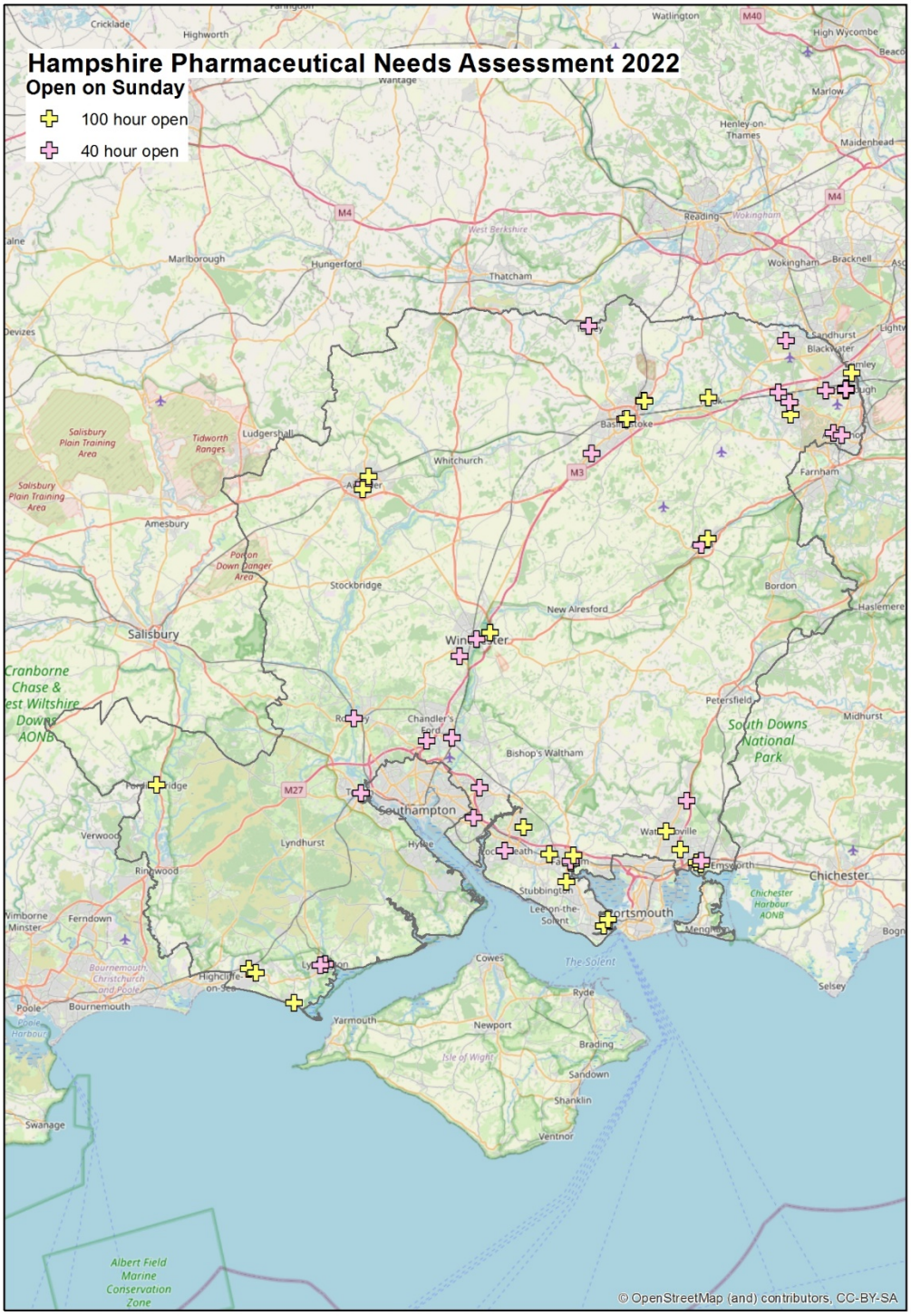
Map 10 - Map of pharmacy locations opening for at least part of Saturday as at February 2022



6.6 Sunday opening

As at February 2022, 55 pharmacies across Hampshire are open for at least part of Sunday. There is fair geographical spread across the county, with each of the eleven Hampshire districts having at least two pharmacies open for some hours on a Sunday, see map 11.

Map 11 - Map showing the location of pharmacies opening on Sundays as at February 2022



6.7 Bank holiday opening

Community pharmacies are not required to open on bank holidays unless directed to open by NHS England. A pharmacy will be treated as having been open for its usual hours on that day for the purpose of counting core contractual hours. Therefore, the pharmacy can be closed on bank holidays without giving notice or applying to change their core hours.

NHS England can commission an out of hours Enhanced service to cover public holidays. For most pharmacies, participation in such arrangements is voluntary.

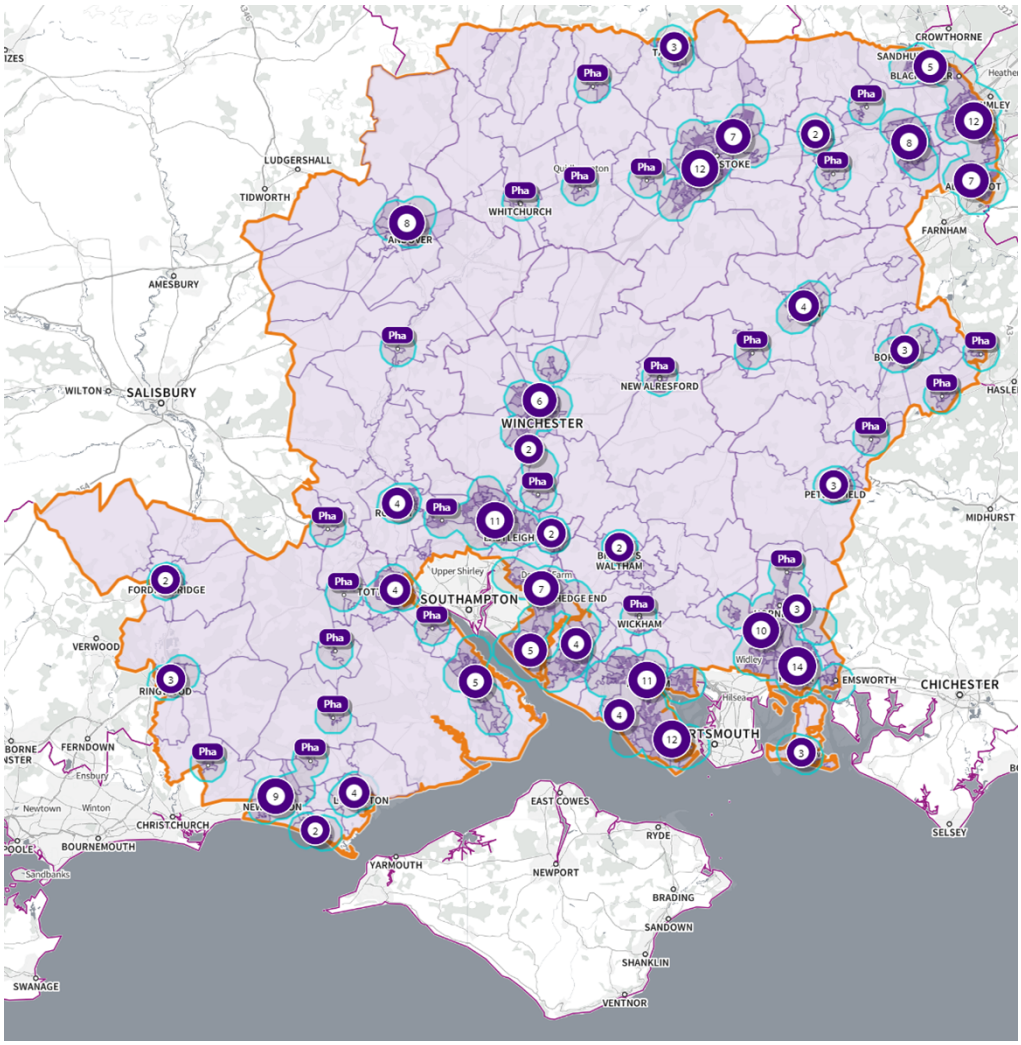
7. Geographical access to pharmaceutical services

7.1 Pharmacies within a buffer zone of 1.6km

Please note that more detailed geographical access analysis at locality level is provided in supplementary document two.

Map 12 shows all pharmacy locations in Hampshire with a buffer zone of 1.6km straight line distance. This distance was selected as it is part of the decision making process that determines whether a GP can dispense prescriptions. This demonstrates that there are large geographical areas of Hampshire that are not within 1.6km of a pharmacy. However, when population density is added to the map, it can be observed that these are largely sparsely populated, rural parts of the county.

Map 12 - Map of 1.6km buffer zone around community pharmacies (excluding distance selling) with population density

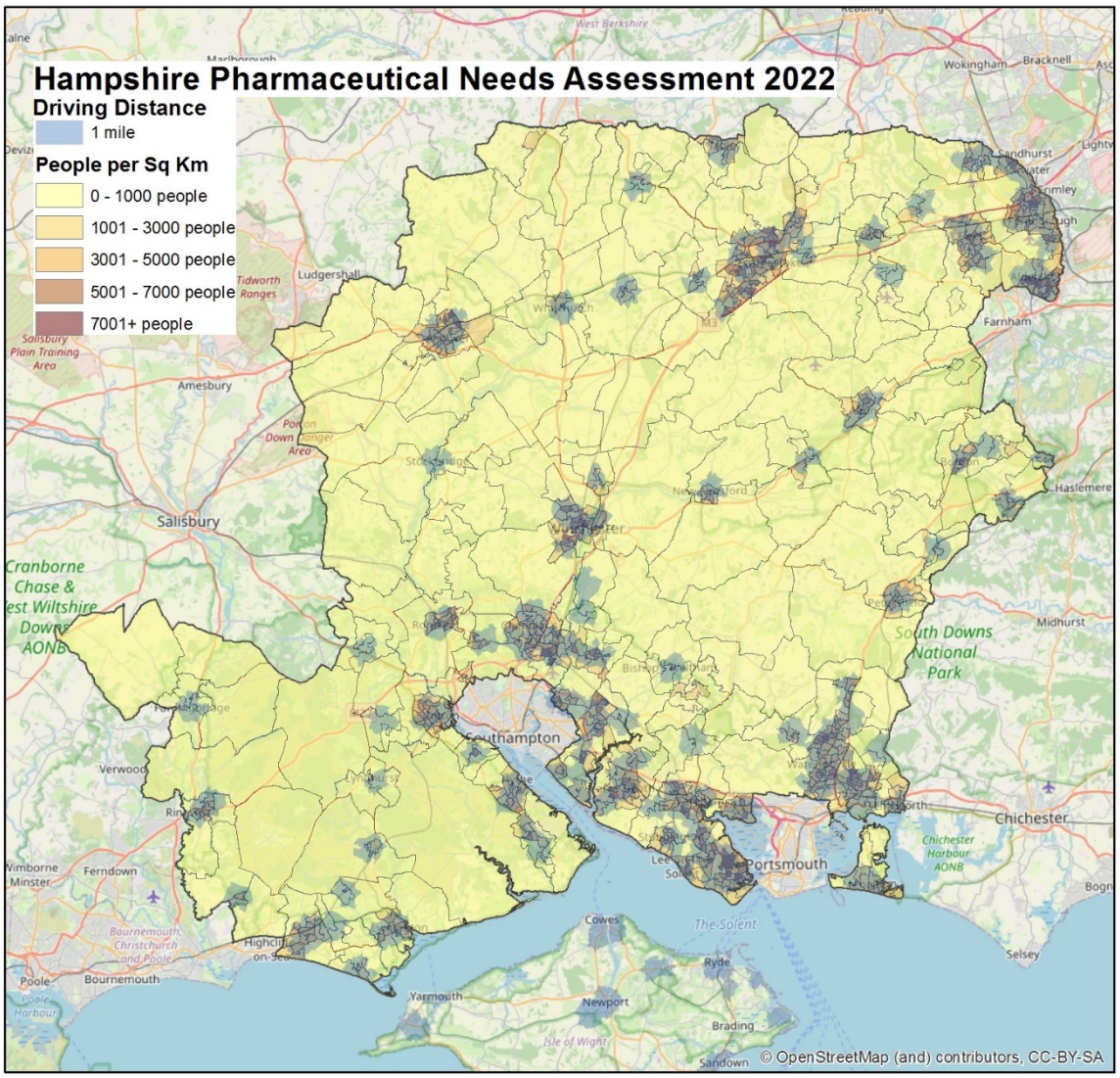


7.2 Driving

When driving by car, the majority of more densely populated, urban areas of Hampshire are located within a 1-mile driving distance, see map 13. A pharmacy in Hampshire is accessible to the majority of the resident population, with 98% of the population living within a 5-mile drive of a pharmacy located within the county, see figure 1. The more urban population are able to access a pharmacy within 2.5 miles. The vast majority of the population outside of the 5-mile drive zone are resident in areas classified as rural village and dispersed, see map 14 and figure 1.

There is substantial cross border provision to the south of the county in the cities of Southampton and Portsmouth. More rural areas on the outskirts of the county benefit from provision in the adjoining local authorities of West Berkshire and Wokingham to the north, Wiltshire, Dorset and Bournemouth, Christchurch & Poole to the west and Chichester, Waverley, and Guildford to the east, see map 15.

Map 13 - Map of 1 mile driving distance around Hampshire pharmacies (excluding distance selling) as at February 2022



Map 14 - Map of driving distance around Hampshire pharmacies (excluding distance selling) as at February 2022

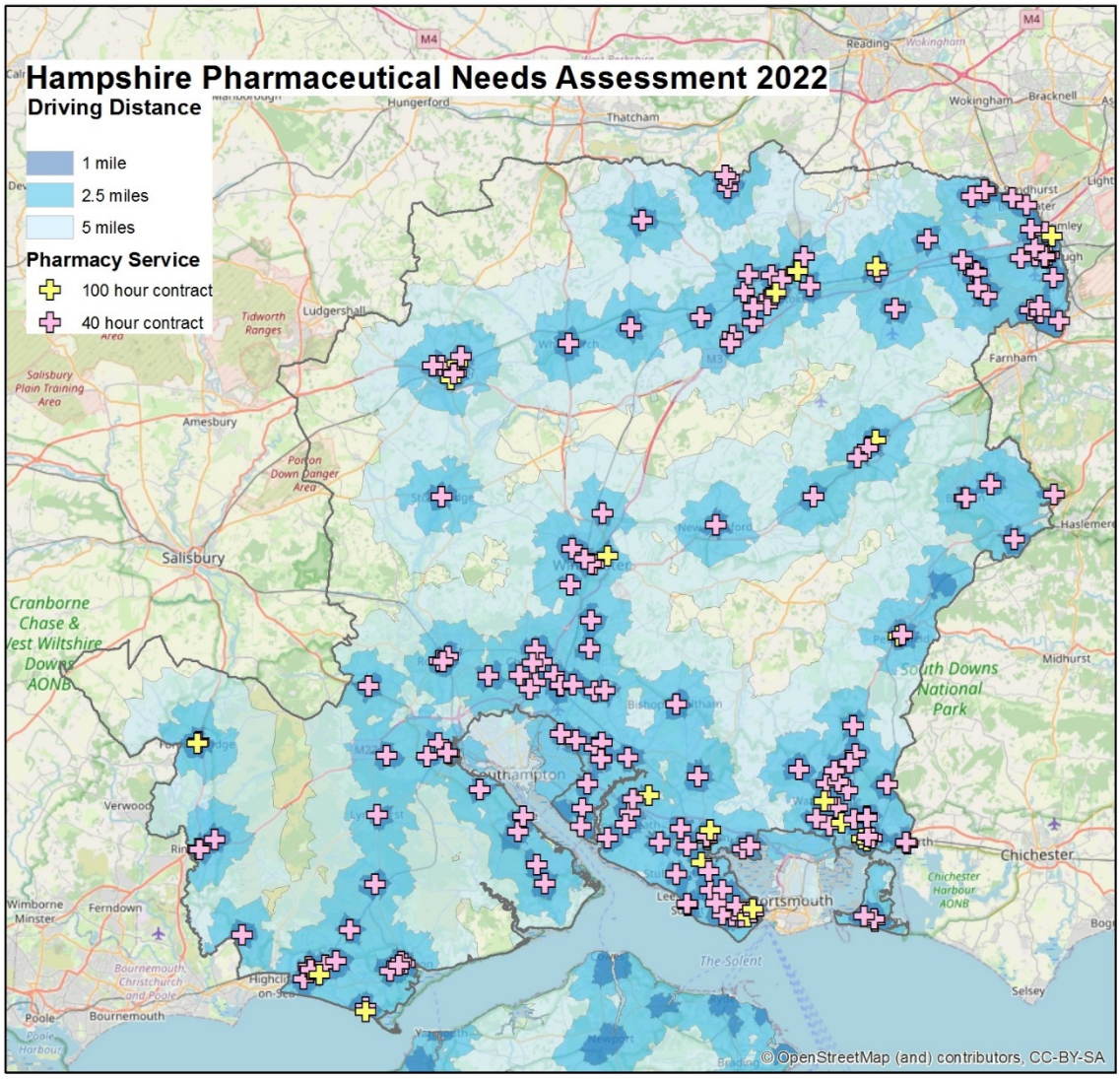
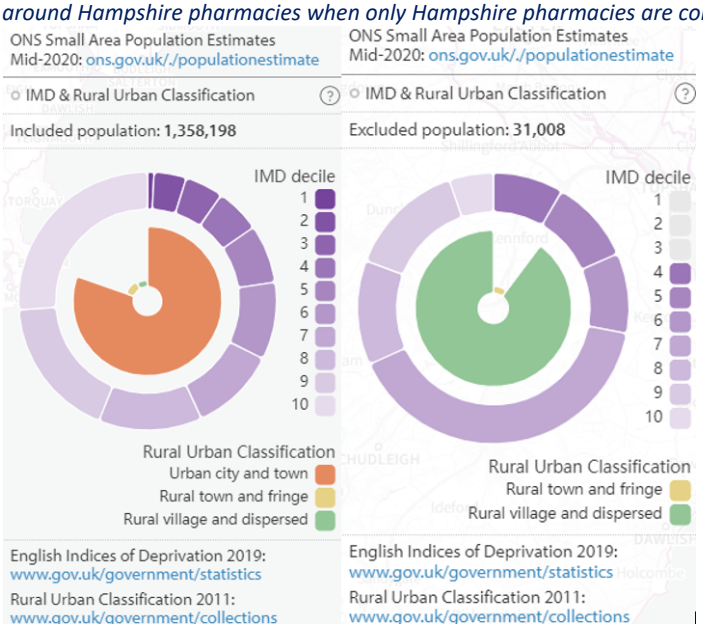
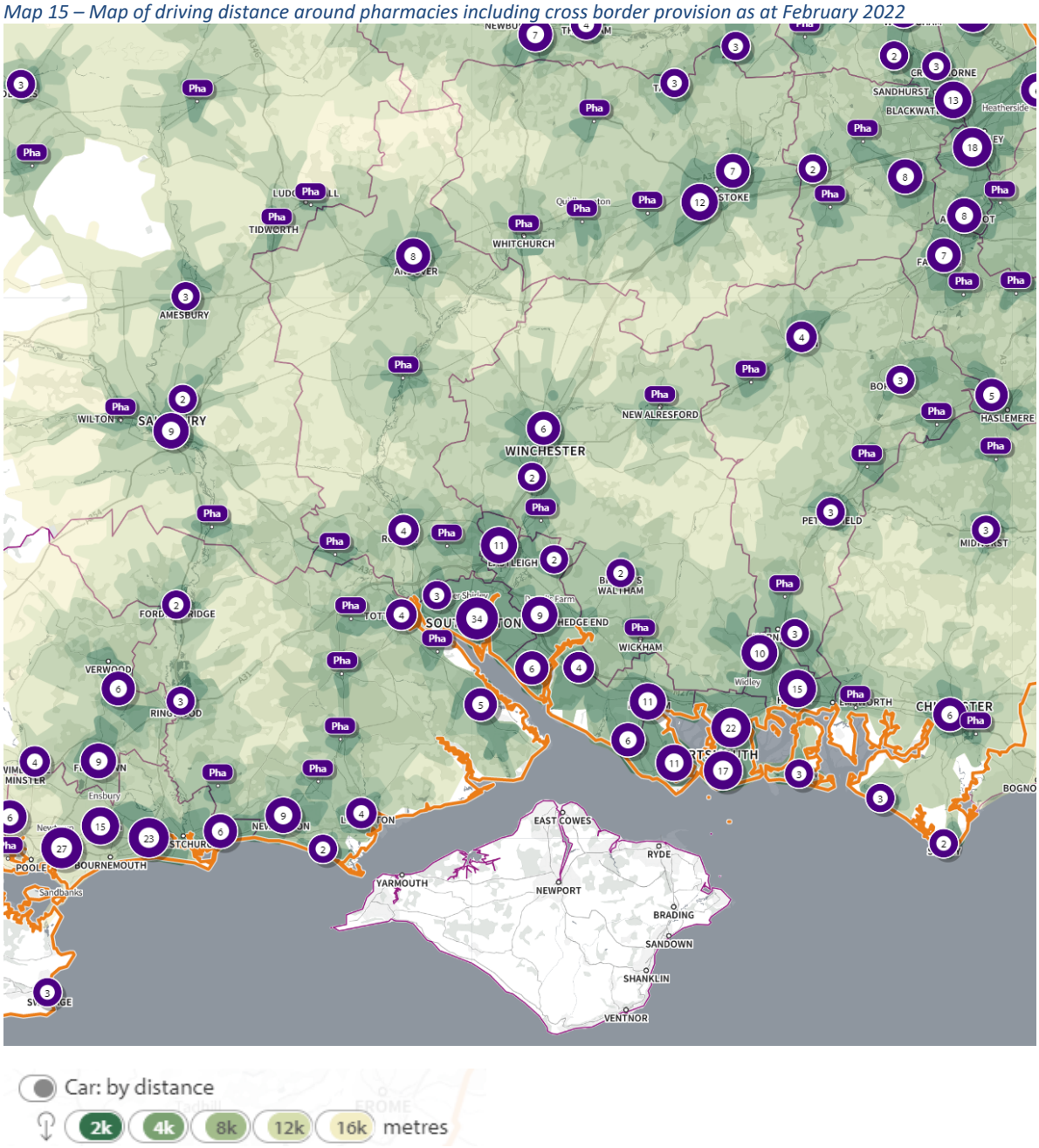


Figure 1 - Charts illustrating the characteristics of the population included in and excluded from the 5-mile drive time zone around Hampshire pharmacies when only Hampshire pharmacies are considered



Map 15 – Map of driving distance around pharmacies including cross border provision as at February 2022



7.3 Density of pharmacies by district

Patient access to pharmacies within Hampshire is good. Across England there are 10,715 community pharmacies which equates to 18.9 pharmacies per 100,000 population (2020/21) or around one pharmacy per 5,300 people. Hampshire's provision is slightly lower at 16.14 pharmacies per 100,000 population or one pharmacy per 6,200 people. This is similar to provision across Hampshire, Portsmouth, Isle of Wight and Southampton at 16.6 pharmacies per 100,000 population. Table seven presents the number of pharmacies per population by county and constituent districts. This varies between a high of 20.29 pharmacies per 100,000 population in Havant to the lowest density of 11.38 pharmacies per 100,000 population in Winchester.

When pharmacy density is examined by the resident population aged 65 years and over – who are more likely to require pharmaceutical services – Rushmoor has the highest level of pharmacy provision with one pharmacy for every 824 older residents, equivalent to rate of 121.43 per 100,000 population aged 65 years and over. This reflects the younger demographic of Rushmoor district. Test Valley has the lowest rate of pharmacies per 100,000 population aged over 65 at 49.81, followed by Winchester at 52.34. There is one pharmacy for every 2,000 and 1,900 residents aged 65 years and over in the two districts respectively, see table 8.

Table 2 – Number of pharmacies per 100,000 resident population across Hampshire districts as at February 2022

Local authority area	Number of pharmacies per area	2022					
		Total population			Population aged 65+		
		Estimated resident population	Population per pharmacy	Pharmacies per 100k population	Estimated resident population	Population per pharmacy	Pharmacies per 100k population
Hampshire	**231**	**1,431,293**	**6,196**	**16.14**	**323,860**	**15,725**	**71.33**
Basingstoke and Deane	26	186,422	7,170	13.95	34,442	1,325	75.49
East Hampshire	19	127,831	6,728	14.86	31,216	1,643	60.87
Eastleigh	24	139,184	5,799	17.24	28,381	1,183	84.56
Fareham	16	115,805	7,238	13.82	28,361	1,773	56.42
Gosport	16	84,114	5,257	19.02	17,663	1,104	90.58
Hart	17	103,529	6,090	16.42	21,263	1,251	79.95
Havant	26	128,116	4,928	20.29	31,480	1,211	82.59
New Forest	36	179,427	4,984	20.06	53,797	1,494	66.92
Rushmoor	20	100,332	5,017	19.93	16,471	824	121.43
Test Valley	16	134,775	8,423	11.87	32,125	2,008	49.81
Winchester	15	131,758	8,784	11.38	28,661	1,911	52.34

7.4 Items prescribed per pharmacy

The average number of items dispensed each year per pharmacy in Hampshire was slightly higher than the national average (90,875 per year compared to 88,247). This varied across the districts of the county, lowest in Hart district at 72,790 items per pharmacy and highest in East Hampshire at 105,397 items per pharmacy, see table 9.

Table 9 – Number of items dispensed per pharmacy across Hampshire districts 2020/21

Local authority area	Number of pharmacies per area	2020/21		
		Total items dispensed	Average number of dispensed items	
			per pharmacy	per pharmacy per month
Hampshire	**231**	**20,992,093**	**90,875**	**7,572.91**
Basingstoke and Deane	26	2,605,610	100,216	8,351.31
East Hampshire	19	2,002,552	105,397	8,783.12
Eastleigh	24	1,824,769	76,032	6,336.00
Fareham	16	1,632,666	102,042	8,503.47
Gosport	16	1,524,928	95,308	7,942.33
Hart	17	1,237,434	72,790	6,065.85
Havant	26	2,220,265	85,395	7,116.23
New Forest	36	3,512,169	97,560	8,130.02
Rushmoor	20	1,655,128	82,756	6,896.37
Test Valley	16	1,420,344	88,772	7,397.63
Winchester	15	1,356,228	90,415	7,534.60

8. Population and health

A brief outline of the health needs of the population of the county is outlined below. Supplementary document one of the PNA brings together data from the Joint Strategic Needs Assessment, Hampshire County Council's Small Area Population Forecasts, and other sources to provide a description of the population across the county. Supplementary document two breaks down the health needs of the population as well as temporal and geographical access to pharmaceutical services at district level.

8.1 Demography and socio-economic factors

8.1.1 Population

In 2022, the population of Hampshire was estimated to be 1.43 million people, making it the third most populous county in England after Kent and Essex. The county has fewer young working age people (aged 20-39) compared to England as a whole; 22% in Hampshire compared to 26% in England. Young people (aged 0-19 years) make up 22.5% of the population compared to 23.5% nationally with Hampshire's older residents (aged 75 years and over) accounting for 11% of the population, compared to 9% nationally.

The composition of the population varies across the eleven districts of the council, and this is examined in more detail in supplementary document two.

8.1.2 Forecast changes in number of dwellings and resident population

It is important to assess future changes in the number of dwellings and resident population in order to ensure that the location, number and choice of pharmaceutical services meet the current and future needs of the county over the lifetime of this document.

Hampshire County Council population forecasts predict an increase of a little over 5,200 dwellings in the county over the next five years[15]. This represents an increase of 9.4%. The resident population is estimated to increase by 66,400 individuals by 2027, a rise of 4.6%. This varies across the eleven districts of the county, ranging from an increase of just 1.1% in Gosport district to an increase of 7.9% in Winchester.

The majority of this growth is estimated to be in the population aged 75 years and older, in absolute and relative terms. The population is predicted to increase by 25,940 individuals by 2027, an increase of 16% from 2022 across Hampshire.

8.1.3 Ethnicity

The population is less diverse than England as a whole, with 95% of residents describing themselves as belonging to White ethnic groups compared to the national average of 86%.

Basingstoke and Deane and Rushmoor, both in the north of the county, are more diverse when compared to Hampshire overall. Urban areas in particular across the county tend to have higher ethnic group diversity. Over 10% of the Rushmoor population are from an ethnic minority group, with over 6,130 people identifying themselves as Nepalese in the 2011 Census.

[15] Population estimates and forecasts | Hampshire County Council (hants.gov.uk)

Overall, the White population of Hampshire has higher proportions of people in the older age groups.

8.1.4 Deprivation

Hampshire is a relatively affluent area overall, with lower levels of deprivation than the national average. Deprivation varies substantially across the county. Across Hampshire, there are 37 Lower Layer Super Output Areas (LSOAS) in the most 20% deprived in the country. Twenty-three of these are in Havant district, eight in Gosport, three in both the New Forest and Rushmoor, and one each in Basingstoke and Deane, Eastleigh and Test Valley.

This is a strong association between deprivation and poor outcomes, such as poor health and higher crime levels.

8.2 General health needs

Life expectancy in Hampshire is 81.4 years for men and 84.6 for women compared to the England average of 80.6 and 84.1 respectively (2018-2020). Both are significantly higher than the national average. There are inequalities across the county, the different in male life expectancy at birth between the areas in the most and least deprived decile of Hampshire is 7.5 years. The difference for females is 5.3 years.

The Global Burden of Disease is a global study which analyses causes of deaths, diseases, injuries, and risk factors in 204 countries. It presents the top causes and risk factors that drive the most death and disability in Hampshire. The major causes of death in Hampshire are cancers followed by ischaemic heart disease (13.8%), stroke (8.5%), lower respiratory infections and (6.8%), chronic obstructive pulmonary disease (6.4%). People with circulatory and respiratory disease will be more likely be prescribed medication by a GP to help manage their conditions.

The top risk factors that drive disability in Hampshire are high body-mass index (8.8%), high fasting plasma glucose (8.2%), tobacco (7.0%), dietary risks (3.4%) and alcohol use (2.9%).

Certain lifestyle behaviours are known risk factors for chronic disease and premature mortality. Smoking remains a major cause of preventable ill health and early death. Whilst smoking rates have declined nationally, rates remain stubbornly high in certain population sub-groups, including people employed in routine and manual occupations and people with mental health problems.

Obesity is recognised as one of the major public health challenges of the 21st century. It is estimated that two-thirds of the Hampshire population have excess weight with almost a quarter of the adult population being clinically obese.

Whilst Hampshire compares well to national and regional averages on indicators of alcohol-related health and social harm, yet an estimated 26.5% of Hampshire residents drink above the safe recommended levels for alcohol each week. Similarly, whilst fewer Hampshire adults are inactive than the England average, this still equates to a quarter of the adult population.

One in four adults experience mental ill health at any old time and people with mental ill health are twice as likely as the general population to have serious physical illnesses. The cohort of people with serious mental health problems tends to have reduced life expectancy when compared with the general population.

Pharmaceutical services are needed for long term conditions as well as acute injuries. The proportion of people in Hampshire diagnosed with long term conditions such as diabetes, dementia and COPD is increasing. Musculoskeletal diseases are an important cause of ill-health and disability in Hampshire.

8.3 Specific needs for key population groups

8.3.1 Age

Health needs tend to be greatest amongst the very young and the very old. As people get older, their use of medicines tends to increase. The Health Survey for England reported that 19% of young adults aged 16 to 24 had taken one or more medicines in the past week, and this increased to more than 90% of those aged 75 and over. This increase was steeper for men than it was for women[16].

Hampshire has an older population than average, and the population aged 75 years and over is forecast to increase more than any other age band over the next five years.

8.3.2 Rural areas

Health outcomes are generally better in rural areas than in urban ones. This often masks small pockets of rural deprivation and associated poor health outcomes.

Rural communities are increasingly older and financial poverty in rural areas tends to be concentrated in the older population. This is compounded by issues around accessibility of health and care services, transport issues, digital access or exclusion, and lack of community support in some areas[17].

Hampshire is a predominantly rural county and 22% of the county's population live in rural areas.

8.3.3 Coastal areas

Coastal areas have low life expectancy and higher rates of many diseases, compared with non-coastal areas. Many Hampshire districts are home to coastal communities.

8.3.4 Carers

The 2011 Census reported that just over 132,900 people provided some form of unpaid care, including nearly 26,500 residents providing 50 hours or more unpaid care a week in Hampshire. Unpaid carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities[18]. A national survey of carers found that many stated caring had a negative impact on their physical health (83%) and mental health (87%) and 39% had put off medical treatment as a result of their caring responsibilities[19].

8.3.5 People with a learning disability

In 2020, there were an estimated 19,300 adult residents with a learning disability across the county.[20] People with learning disabilities often have different and complex health care needs

[16] HSE2016-pres-med.pdf (hscic.gov.uk)
[17] Health and wellbeing in rural areas | Local Government Association
[18] NHS commissioning » Carer Facts – why investing in carers matters (england.nhs.uk)
[19] In Sickness and in Health - Carers UK
[20] Projecting Adult Needs and Service Information System (pansi.org.uk)

leading to increased prescribing and polypharmacy. People with learning disabilities have a higher prevalence of depression, asthma, diabetes, and epilepsy[21].

8.3.6 Lesbian, Gay, Bisexual and Transgender (LGBT) community

Public Health England has reported that minority sexual orientation groups can experience a high prevalence of poor mental health and low wellbeing. NHS England reports that the LGBT population have disproportionately worse health outcomes and experiences of healthcare[22]. It is estimated that 2.5% of adults identify themselves as gay, lesbian, bisexual or 'other.' In Hampshire, this would equate to a population of a little under 30,000 people. The research conducted by Public Health England found that the proportion of self-identified LGB is higher in men than in women, younger age groups and mixed/multiple or other ethnic groups[23].

There is no reliable information regarding the size of the population of the trans population in Hampshire. The health of transgender people is a major health equity issue, with trans people experiencing poorer health outcomes than cisgender people[24].

8.3.7 Ethnicity, Migration, Language and Religion

Cultural difference can affect health and wellbeing in many ways including

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB, and diabetes
- Migrants may have limited health literacy to spoken and written information that is not in their first language.

The needs of migrants, refugees and asylum seekers are considered further in supplementary document one.

8.3.7 Gender

Male life expectancy in Hampshire is 81.4 years, significantly better than the national average. Healthy life expectancy is 65.7 years, also significantly better than the figure for England. Inequalities in health are greater for men across the county: life expectancy at birth is 7.5 years less for men in the most deprived decile of Hampshire compared to those in the least deprived decile.

Female life expectancy and healthy life expectancy are both higher at 84.6 and 66.1 years respectively. Both are significantly better than the national average. Inequalities between the most and least deprived deciles in Hampshire are smaller for women, a difference of 5.3 years.

8.3.8 Veterans

Robust data about number, location and demographics of veterans is limited at both the national and local level. Estimates suggest that that there are likely to be around 60,000 veterans in Hampshire,

[21] Welcome to CPPE learning communities (rpharms.com)
[22] NHS England » LGBT health
[23] Producing modelled estimates of the size of the LGB population of England (publishing.service.gov.uk)
[24] Improving the health of trans people: the need for good data - The Lancet Public Health

The population of veterans in Hampshire is mostly elderly and likely to be experiencing the same health problems that the general elderly population experience, including isolation, difficulty with mobility and self-care.

8.3.9 Travellers

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2021 recorded a total of 434 traveller caravans across Hampshire.

Gypsies and Travellers are significantly more likely to have a long-term illness, health problem or disability and experience higher levels of anxiety and depression than the general population. This community is also more likely to experience chest pain, arthritis, and respiratory problems.

8.3.10 Homeless population

Ministry of Housing, Communities and Local Government figures show the New Forest to have 5.2 households in temporary accommodation per 1,000: worse than England's average and the highest in Hampshire[25]. Rushmoor has the highest number of households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA) at 16.5. This makes Rushmoor worse than England's and Hampshire's averages (12.3 and 8.6 respectively)

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction[26].

[25] Public Health Outcomes Framework - Data - PHE
[26] Trinity-Annual-Review-2021.pdf (trinitywinchester.org.uk)

9. Gap Analysis

The information collected and analysed for this needs assessment has been used to conduct a 'gap analysis' to determine whether the pharmaceutical services in Hampshire meet current and future needs. The Steering Group agreed that driving distances by car would be the most appropriate measure given the size of the county and its number of constituent districts. Three different distances have been used to assess geographical accessibility across the county. 1.6km (straight-line distance) from a pharmacy has been compared with population density across the county; this distance was deemed appropriate as it is used to decide whether a GP can dispense prescriptions. A drive distance of 2.5 miles was used to assess accessibility in districts that are predominantly urban in character with a slightly longer drive distance of 5 miles applied in more rural districts.

9.1 Do existing pharmaceutical services meet current needs?

- There is good geographical spread of community pharmacies across the county (see section 7)
- There are large geographical areas of Hampshire that are not within 1.6km of a pharmacy. However, when population density is added to the map, these are largely sparsely populated, rural parts of the county. The county has 22 dispensing practices to serve these communities. There is also substantial cross border provision to the south of the county in the cities of Southampton and Portsmouth.
- A pharmacy in Hampshire is accessible to the majority of the resident population (98%) within a 5-mile drive of a pharmacy located within the county. The more urban population able to access a pharmacy within 2.5 miles. The vast majority of the population outside of the 5-mile drive zone are resident in areas classified as rural village and dispersed.
- There are 16 community pharmacies per 100,000 in Hampshire, which is broadly in line with the national average and very similar to provision in the wider area Hampshire, Portsmouth, Isle of Wight, and Southampton at 16.6 pharmacies per 100,000 population.
- With 27 100-hour pharmacies across the county as well as supplementary hours in other pharmacies and cross border pharmacy provision in neighbouring health and wellbeing board areas, there are sufficient access times across the county. Ten of Hampshire's eleven districts have at least two 100-hour pharmacies operating within its borders. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton.
- All pharmacies provide the full range of essential pharmaceutical services.
- There is good provision of advanced services across Hampshire and distribution of services such as NMS and CPCS are appropriately distributed across the eleven districts of Hampshire.
- There are a range of enhanced and locally commissioned services delivered across the county.

It is considered that the number, distribution, and service provision across the county meets the current needs of the population.

9.2 Do existing pharmaceutical services meet future needs?

Areas of significant new development have been identified in each of Hampshire's eleven districts in supplementary document two. Current provision has been deemed sufficient in terms of geographical accessibility and opening hours given the expected increases in population in these areas. Many are within urban areas where current pharmacy provision is extensive. It is anticipated that future demand over the lifecycle of this document will be met by existing providers.

10. Conclusion

The conclusion of this PNA is that the number, geographical distribution, opening hours and choice of pharmaceutical services currently meet the needs of Hampshire's population and will meet future needs within the lifetime of this document.

1. Defining need in relation to pharmaceutical services?

Some people will make more use of pharmacy services than others; these will include those on long term medicines, older people and the very young reflecting the prevalence of health issues within these segments of the population. Parents and carers of children under five have been encouraged by the NHS to visit their local pharmacy team first for clinical advice for minor health concerns such as sore throats, coughs, colds, upset stomachs and teething. It is well recognised that the pharmaceutical care needs of elderly patients are different from other populations. For instance, the elderly tend to take more medicines, have multiple diseases and more complicated treatment regimens[1]. Some segments of the population may have specific needs in relation to pharmaceutical services and these are examined below. However the main considerations of need in relation to pharmaceutical services in the context of the county of Hampshire are service location and availability.

2. Demography – size and age structure of resident population

2.1 Current population

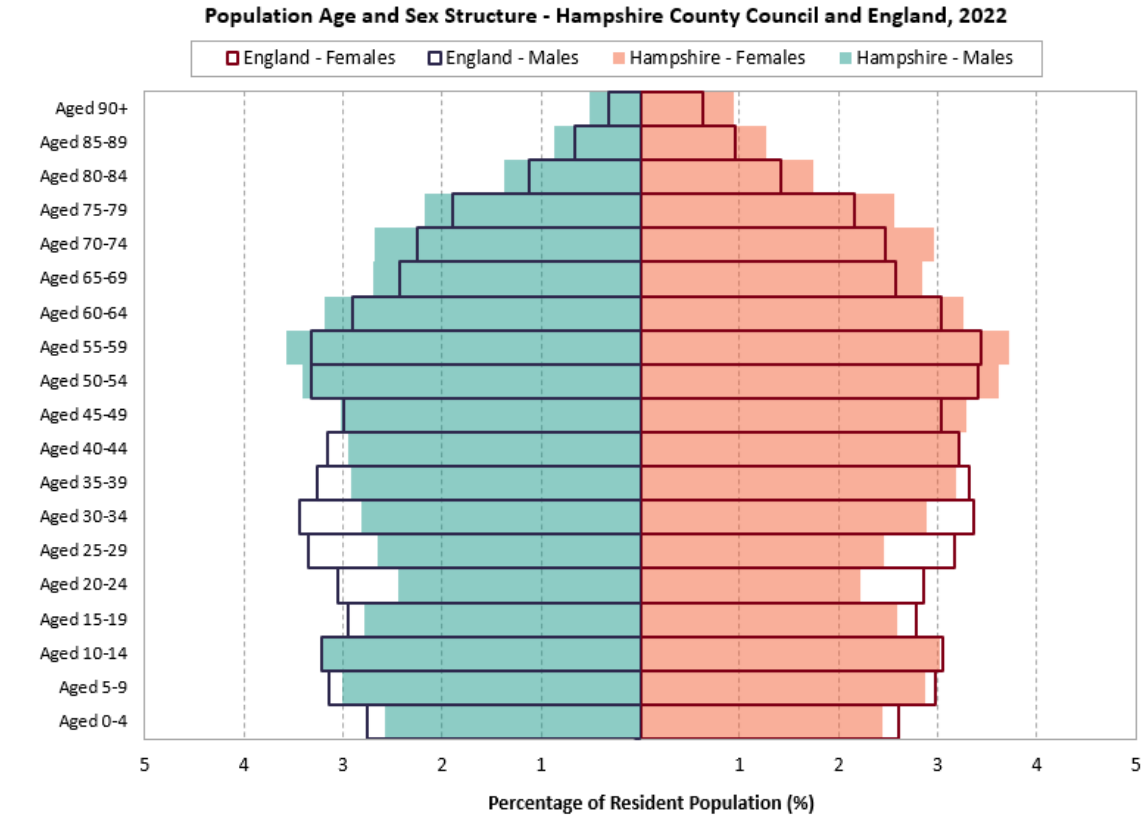
The population of Hampshire in 2022 is estimated to be 1.43 million people, according to Small Area Population Forecasts produced by Hampshire County Council[2]. This makes Hampshire the third most populous county in England after Kent and Essex. Over the nine year period between the Census of 2011 and 2022 Hampshire's population is estimated to have increased by 5.1%, in absolute numbers this equates to an increase of just over 67,000 people.

The population pyramid presents the latest mid year population estimates available for Hampshire compared to England. The chart shows Hampshire has an older population with a higher proportion of the population aged 45 years and over compared to England. Mid year population estimates suggest that the median age across Hampshire is 43 years (highest in the New Forest at 51 years and lowest in Rushmoor at 39 years), compared to the median age nationally of 40 years.

In 2022, population forecasts show that Hampshire has fewer young working aged people (aged 20-39) compared to England as a whole; 22% in Hampshire compared to 26% in England. Young people (aged 0-19 years) make up 22.5% of the county's population compared to 23.5% nationally. Hampshire's older residents (aged 75 years and over) account for 11% of the population, compared to 9% nationally. There are estimated to be just under 20,800 people living in Hampshire who are aged 90 years and over.

[1] Pharmaceutical care - a model for elderly patients - The Pharmaceutical Journal (pharmaceutical-journal.com)
[2] Population estimates and forecasts | Hampshire County Council (hants.gov.uk)

Figure 1 – Population Age and Sex Structure of Hampshire and England, 2022

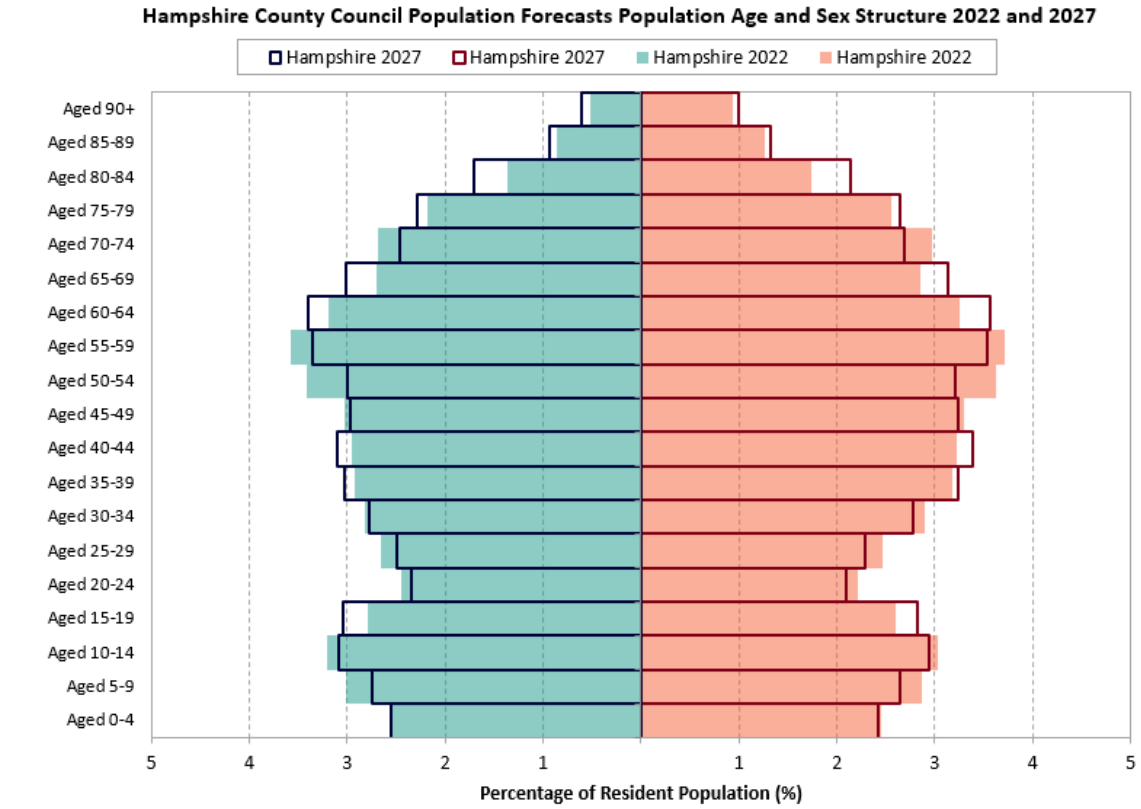


Source - HCC Small Area Population Forecasts and ONS 2022 Population Projections

2.2 Population forecasts

The population pyramid (figure 2) presents the forecast change in the county's population age and sex structure. Forecasts produced by Hampshire County's Environment Department suggest that the population of Hampshire is expected to increase by 4.6% from 1,431,300 in 2020 to 1,497,700 by 2027.

Figure 2 – Population forecast population for Hampshire 2022 and 2027



Source - Hampshire County Environment Department's 2020 based Small Area Population Forecasts

Population forecasts suggest a 3.3% increase in the 0 to 19 years population, the population pyramid illustrates that this increase can be mainly attributed to the 15-19 years cohort.

Looking forward, the ageing of Hampshire's population is set to continue across the county with forecasts suggesting that by 2027 almost 24% of Hampshire's population will be aged 65 or older, 12.7% aged 75 or older and 3.8% aged 85 or older. The proportion of the 85 years and over population is expected to increase by almost 13%, to a little under 57,900 people by 2027.

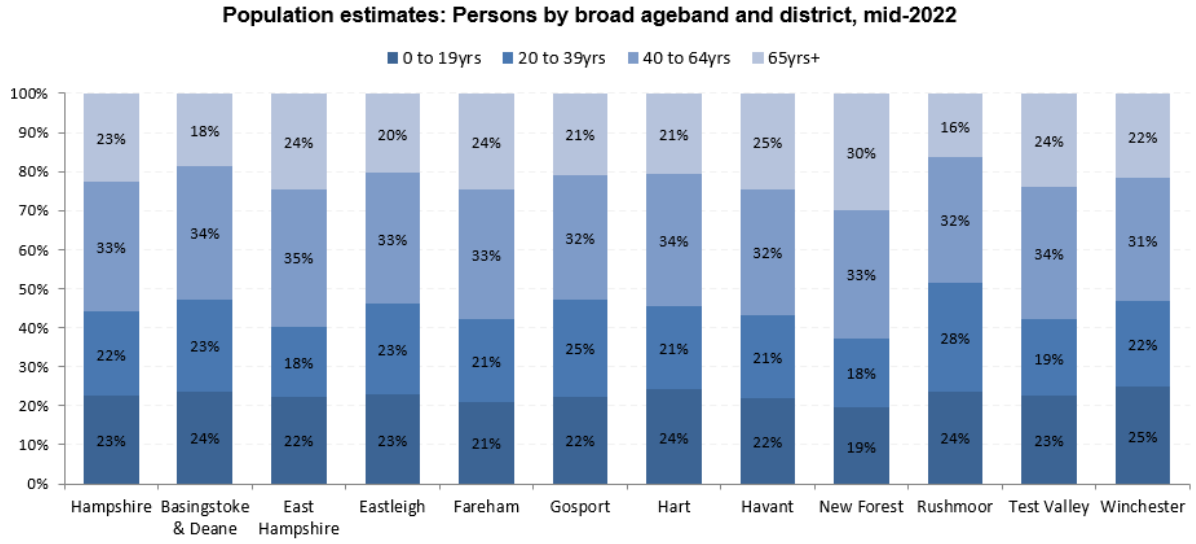
2.3 Differences in the population

There is variation in population age structure between Hampshire's districts, for example one in four of Basingstoke and Deane's population are aged 0 to 19 years compared to one in five in the New Forest. Rushmoor has the youngest population structure in the county, over a quarter of the district's population (28%) are of a young working age (20-39yrs), see figure 3.

Across the districts the level of ageing varies significantly, though all districts have seen their populations getting older. The New Forest has the oldest population structure in the county with the highest number of residents aged 65 and over (53,800), equating to almost one third (30%) of the population compared to just 16% (16,500) of Rushmoor's total population.

The districts of Test Valley, Hart and Winchester have experienced the largest population growth across the period 2011 to 2022, increasing by 15.5%, 12.9% and 12.8% respectively. The districts which have experienced the greatest increases in the 65 year and older population are Test Valley and Rushmoor, increasing by 48% and 43% over the eleven years period.

Figure 3 - Population estimates by broad age band and district, mid-2022



Source - Hampshire County Council: Small Area Population Forecasts mid-2020 based

Looking forward, population data suggest that the most growth over the next few years is forecast to occur in Winchester district where the population is expected to increase by just over 10,400 people (equating to a rise of 7.9%) by 2027. Rushmoor and Eastleigh are also forecast to see increases of 7.5% and 6.7% respectively over the same time period. Conversely Gosport's population is only set to increase by a little under 900 people (1.1% increase).

Across all districts the biggest increases are predicted in the 65 year and over age group, this population is expected to increase by a little over 35,000 people by 2027 (10.8% increase). Population data for one district, Gosport, predicts a decrease in the 0 to 64 years population by 2027 of 1.3%. In contrast, Winchester's 0 to 64 years population is predicted to increase the most across the county by 7%, followed by Rushmoor with a predicted increase of 5.6%.

2.4 New Housing developments and impact on local population dynamics

Understanding the population of the county is imperative to developing policies and plans that will improve people's lives. Hampshire County Council produces population forecasts using a cohort component model to estimate both the current and future population. The model uses information on the supply of dwellings as well as assumptions regarding births, deaths and migration. It should be noted that in the current economic climate forecasting future dwelling supply continues to be particularly difficult.

The dwelling supply information for the period 2020 to 2027 includes all large and small sites with planning permission, or allocated in local plans as at April 1st 2020. Additional dwelling information is obtained from district's Strategic Housing and Land Availability Assessment (SHLAA). The figures are the best projections available as at 1/4/2020 on a site by site basis taking account of the current market conditions.

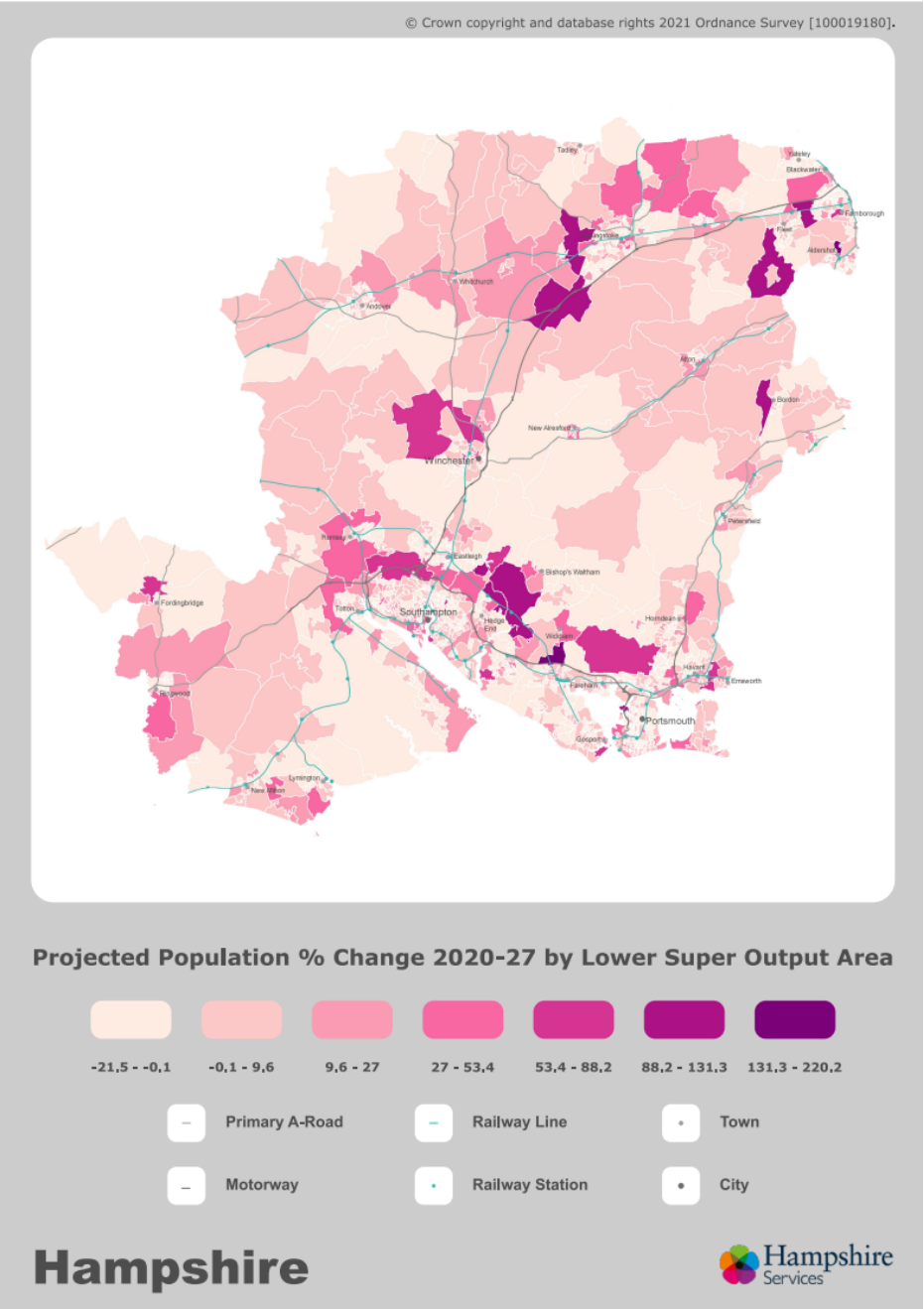
Table 1 shows that, over the next 5 years, the number of dwellings is predicted to increase by 5.8% and the population to grow 4.6% across the County. Winchester is expected to see the largest relative population growth (7.9%) attributed to just over 5,000 more dwellings. Winchester, Eastleigh and Basingstoke & Deane have the largest forecast increases in population.

Table 1 – Predicted population and dwelling changes for each district and the County overall, 2022 to 2027

	Dwelling Growth (2022 to 2027)		Population Growth (2022 to 2027)	
Area	**Number**	**Percentage change**	**Number**	**Percentage change**
Basingstoke and Deane	4,244	5.3%	7,523	4.0%
East Hampshire	3,493	6.3%	6,732	5.3%
Eastleigh	4,459	7.4%	9,273	6.7%
Fareham	2,981	5.9%	5,353	4.6%
Gosport	1,033	2.7%	899	1.1%
Hart	1,608	3.8%	2,598	2.5%
Havant	3,444	6.0%	6,343	5.0%
New Forest	3,516	4.2%	5,336	3.0%
Rushmoor	3,855	9.3%	7,529	7.5%
Test Valley	2,356	4.1%	4,425	3.3%
Winchester	5,208	9.4%	10,413	7.9%
Hampshire County Council	**36,197**	**5.8%**	**66,424**	**4.6%**

Map 1 shows the projected population % changes 2020-2027 by Lower Super Output Area (LSOA) across the county of Hampshire and the cities of Portsmouth and Southampton.

Map 1 – Projected Population % change 2020-2027 by Lower Super Output Area across Hampshire



2.5 Population Density

Hampshire has a lower population density than the regional and national averages with 378 people per square kilometre compared to 483 people per square kilometre for the South East of England and 434 across England. Gosport, Rushmoor and Havant are the most densely populated districts within Hampshire and have population densities much higher than the regional and national averages. There are 2,417 people per square kilometre living in Rushmoor, 3,337 people per square kilometre in Gosport, and 2,267 people per square kilometre in Havant[3].

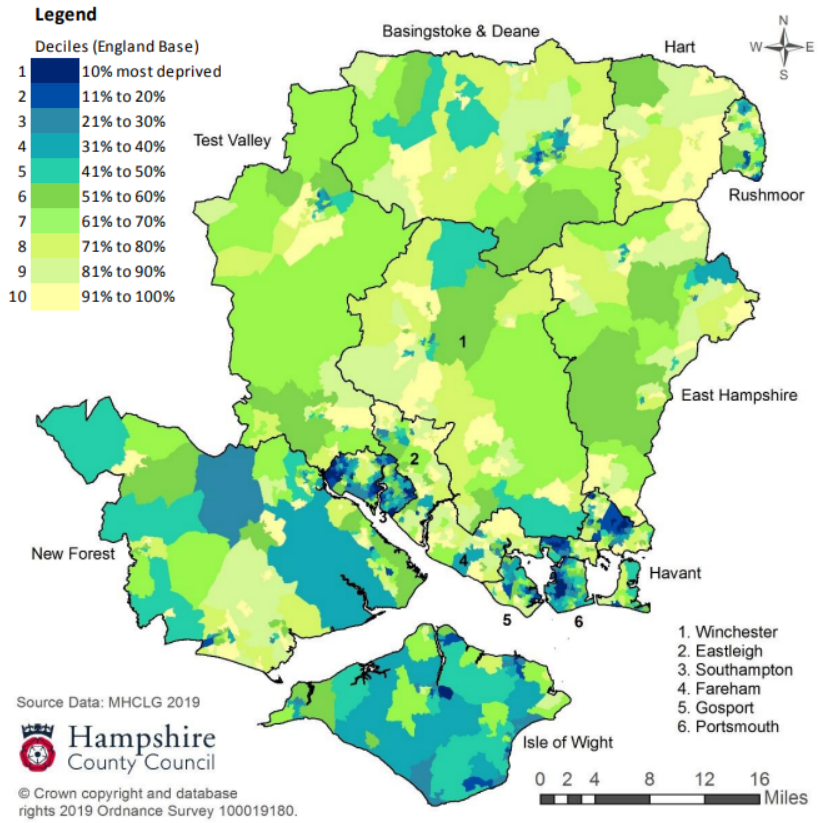
[3] Census 2011 data

3. Indices of deprivation

Hampshire is among the least deprived authorities in England according to the Index of Multiple Deprivation (IMD) 2019, although there are pockets within Hampshire that fall within the most deprived areas in the country.

Hampshire is the 16th least deprived Upper Tier Authority in England (rank out of 151 authorities). At a district level, Hart is the least deprived area in England. The most deprived areas are in Rushmoor, Havant, Gosport and Eastleigh, with pockets also in the New Forest. Havant is the most deprived district in Hampshire ranked 119th out of 317 in the local authority IMD rankings, placing the district in the top 50% most deprived authorities.

Map 2 – Index of Multiple Deprivation 2019 across Hampshire, Portsmouth, Southampton and Isle of Wight



Comparing deprivation between the 2015 and 2019 IMD suggest an increase in place-based deprivation in Havant, notably in Leigh Park.

Two supplementary indexes are produced alongside the income deprivation domain which explore income deprivation specifically affecting children (0 to 15 years) and older people (aged 60 years and over).

The income subdomains for children and older people suggest:

- 10% of children in Hampshire aged 0 to 15 years are living in income deprived families.

- IDACI ranks eight areas in Hampshire in the most deprived decile nationally, six of these are in Havant district

- 9% of resident aged 60 or over experience income deprivation

- IDAOPI ranks 14 areas in Hampshire in the most deprived decile nationally, 12 of these are in Rushmoor district

These data show there is marked inequality across the county with areas of significant deprivation affecting children and older people.

4. General health of the population

The census asks people to rate their general health and whether they have a long term illness or disability. This information gives an insight into both how good the health of the people of Hampshire is overall and the levels of long term illness and disability across the resident population of the county.

The majority of Hampshire's population (84.1%) reported having good or very good health, compared to 81.4% nationally. 84.3% of Hampshire's population reported no disabilities, a higher level than the 82.4% recorded across England.

Across Hampshire, 4% of people reported having bad or very bad health. The highest levels were reported in Havant district (5.6%) and the lowest levels in Hart (2.7%).

A smaller proportion of the Hampshire population (6.7%) reported having a long term illness or disability that limited their day to day activities a lot than the national average (8.3%). The highest levels were again seen in Havant district (8.8%) and lowest levels in Hart at 4.5%.

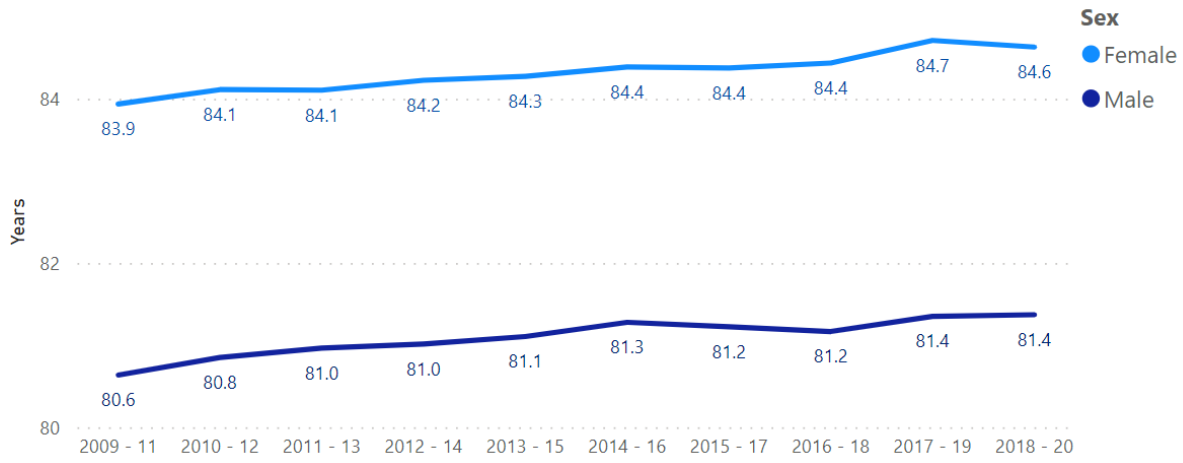
Further detailed information about the health of the population of Hampshire is available via the Hampshire County Council's Joint Strategic Needs Assessment.

5. Life expectancy and healthy life expectancy

Overall Hampshire's population health is better than England. Across the county, life expectancy at birth in 2018 to 2020 was estimated to be 81.4 years for men, this is two years longer than the average for England. Life expectancy at birth for women in Hampshire over the same time period was estimated to be 84.6 years, this is one and a half years longer than the average for England.

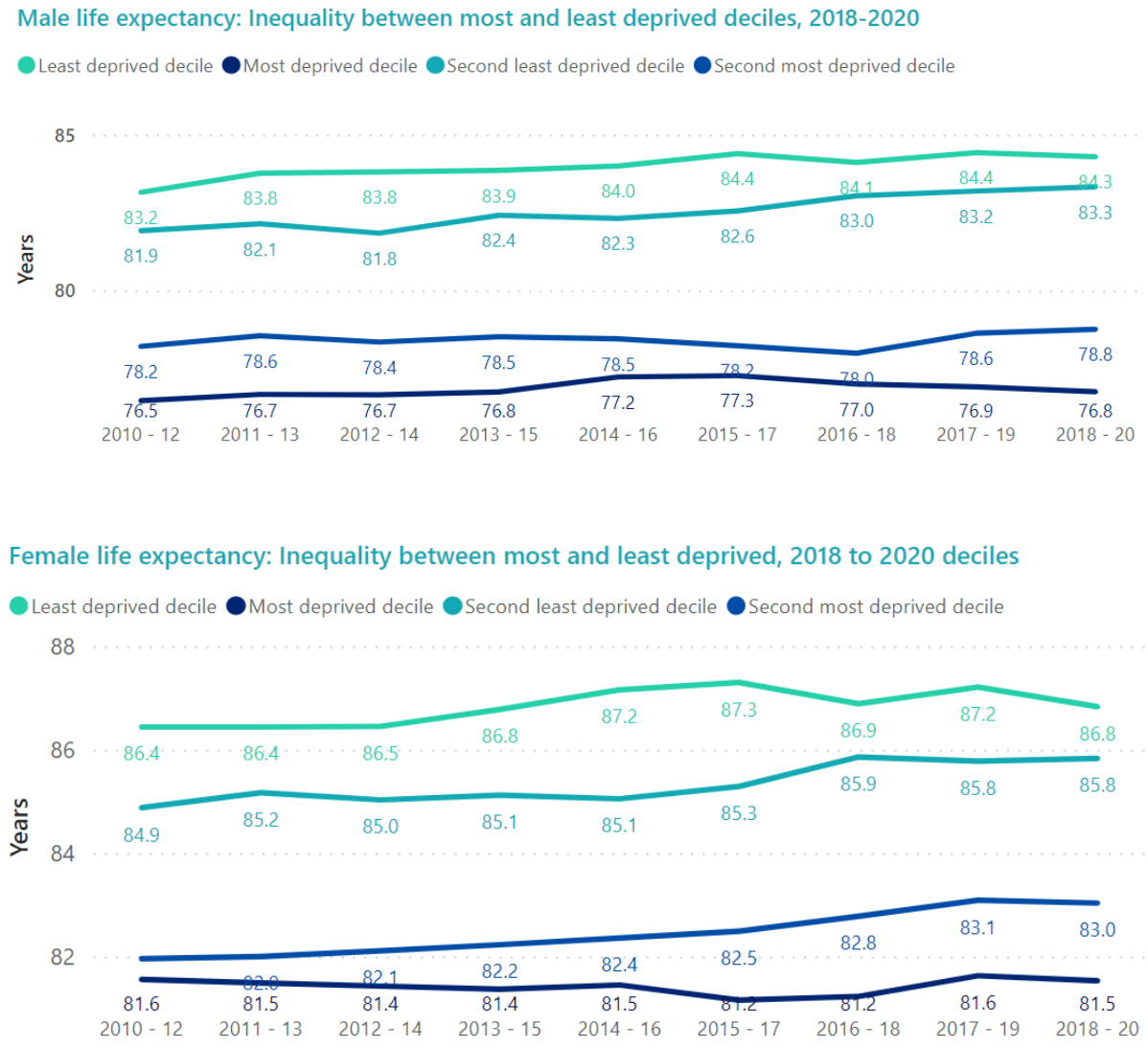
Across Hampshire life expectancy for males and females has been increasing over time, however improvements have slowed recently. This has been particularly true for females and in the deprived areas of the county, see figure 4.

Figure 4 – Trend in life expectancy for Hampshire males and females



Life expectancy varies with deprivation and is a key high level inequalities outcome measure. Males living in the most deprived areas of Hampshire could expect to live 76.9 years compared to 84.4 years in the least deprived areas, a difference of 7.5 years. Whilst females living in the most deprived areas of Hampshire could expect to live 81.6 years compared to 87.2 years in the least deprived areas, a difference of 5.3 years

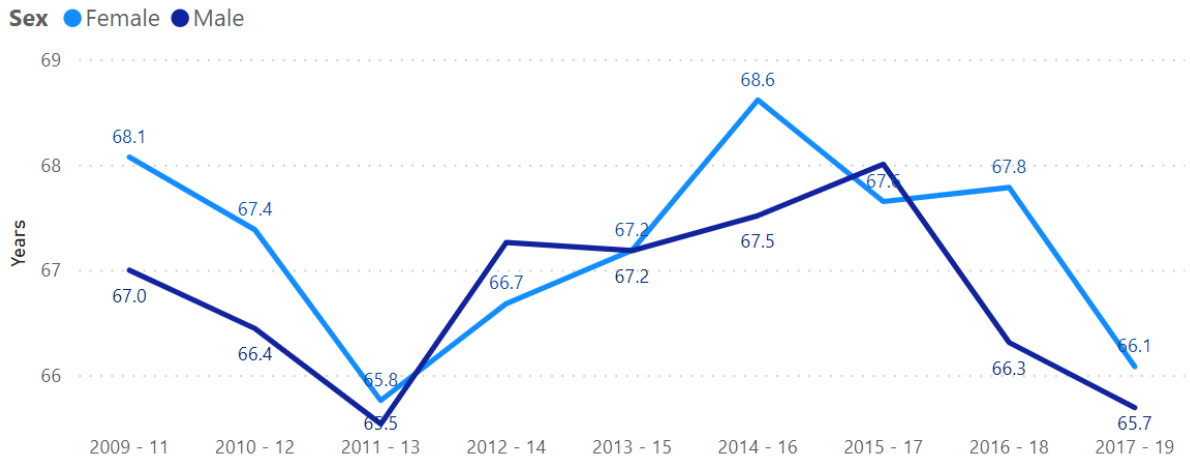
Figure 5 – Trend in life expectancy between the most and least deprived deciles of Hampshire for males and females



Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). It is therefore a significant measure of a person's quality of life.

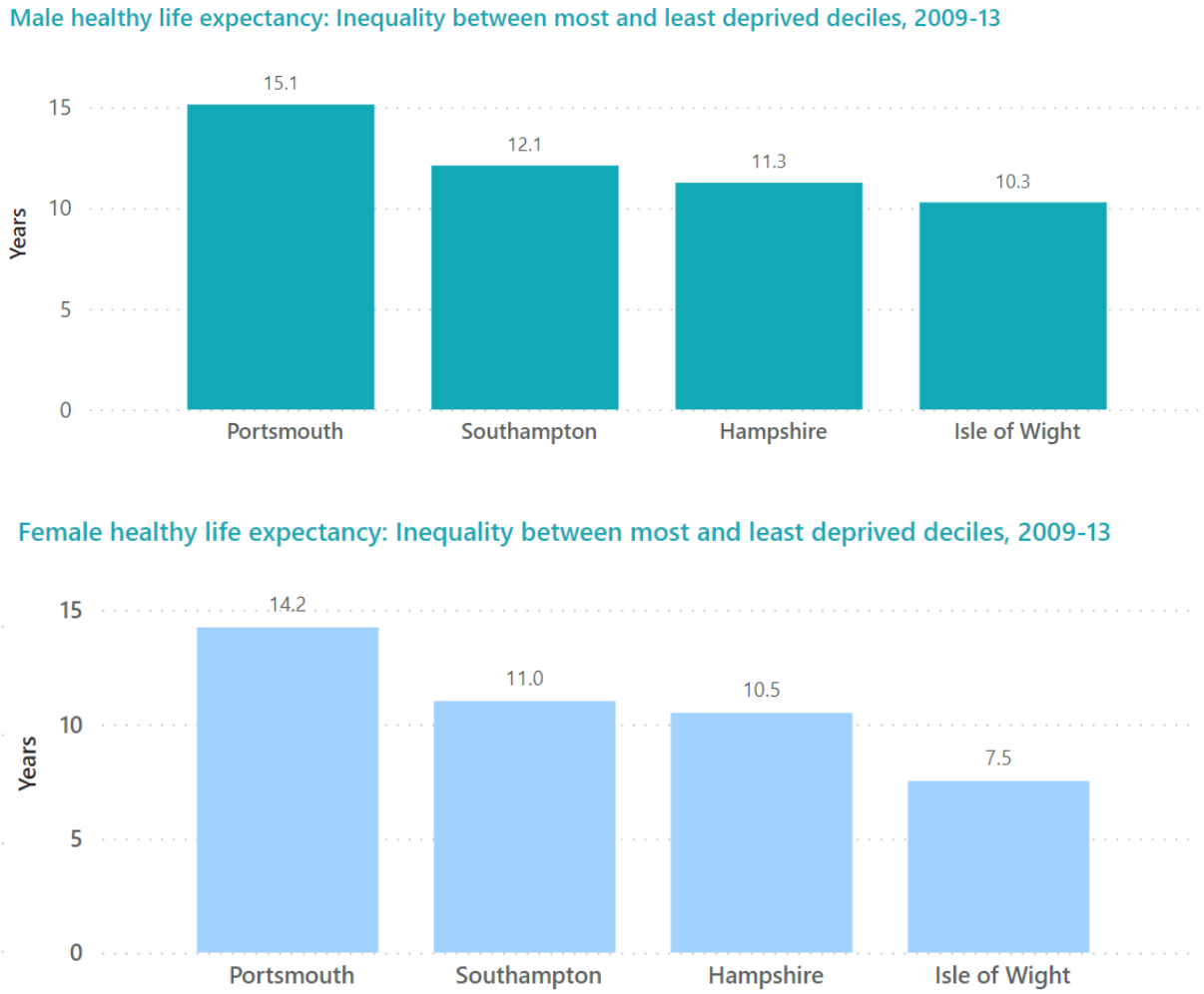
Life expectancy estimates show females live for longer compared to men but they also live in poor health for longer too. Male healthy live expectancy is 65.7 years, indicating an additional 15.7 years are spent in poor health. Female healthy live expectancy is 66.1 years, indicating an additional 18.5 years are spent in poor health, see figure 6.

Figure 6- Trend in healthy life expectancy for Hampshire males and females



Inequalities in healthy live expectancy are evident with those living in the most deprived areas living a smaller proportion of their lives in good health. Males and females living in the most deprived areas of Hampshire live in poor health for 11.3 years and 10.5 years longer respectively, compared to those living in the least deprived areas.

Figure 7 – Inequality in healthy life expectancy between most and least deprived deciles for males and females in Hampshire and neighbouring local authorities



Over the last five to six years healthy life expectancy has decreased for both males and females by 2.3 years and 2.5 years respectively. This suggests people overall are living longer in poor health with a bigger decrease observed in females' healthy life expectancy.

6. Populations with protected characteristics

6.1 Ethnicity

The 2011 Census remains the most robust source of information about the ethnicity of the resident population for Hampshire, although it should be noted that this data is now a decade old.

The population is less diverse than England as a whole, with 95% of residents describing themselves as belonging to White ethnic groups compared to the national average of 86%. The diversity of the area's population is increasing, 5% of the population described themselves as of an ethnic background other than White in 2011, up from 2.2% in the previous Census conducted in 2001.

Basingstoke and Deane and Rushmoor, both in the north of the county, are more diverse when compared to Hampshire overall. Urban areas in particular across the county tend to have higher ethnic group diversity. Over 10% of the Rushmoor population are from an ethnic minority group, with over 6,130 people identifying themselves as Nepalese in the 2011 Census.

Overall, the White population of Hampshire has higher proportions of people in the older age groups. The demographic of the population who are from an ethnic minority group is younger with:

· Young people (aged 0-19 years) making up 34.75% of the population who are from an ethnic minority compared to 22.89% of the population who are from a White ethnic group.

· Younger working people (20-44 years) making up 43.37% of the population who are from an ethnic minority compared to 29.79% of the population who are from a White ethnic group.

· Older people (70+) make up 2.92% of the population who are from an ethnic minority compared to 13.64% of the population who are from a White ethnic group.

· Mixed Ethnicity are far younger in age, with peaks in residents aged between 0 and 4 and 10 and 14 years of age.

In England, there are health inequalities between ethnic minority and White groups, and between different ethnic groups. The root causes of these inequalities can be difficult to determine. A recent review by The King's Fund suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect.' Ethnic minority groups are disproportionately affected by socio-economic deprivation and existing inequalities can be reinforced by structural racism[4].

People from Bangladeshi and Pakistani communities have the poorest health outcomes across a range of health indicators. Rates of cardiovascular disease and diabetes are higher among Black and South Asian groups. These health inequalities may result in different levels of pharmaceutical need amongst different ethnic groups.

[4] The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)

6.2 Disability

To understand the level of disability in our population the responses from the Census 2011 question were analysed. This asked, do you have any long-term illness, health problems or disability which limits your daily activities or work you can do?

Across Hampshire, 84.3% of people reported that they did not have any long term illnesses which limited their daily activities or work. This is higher than the national average of 82.4%.

6.7% of people said they had a long term health problem or disability which limited their day to day activities a lot. This varied across the county, at its lowest at 4.5% in Hart district and highest at 8.8% in Havant.

6.3 Religion or belief

Census 2011 data reported almost two thirds of Hampshire residents (64.9%) stated they had a religion, 27.9% no religion and 7.2% did not say.

Christianity was the dominant religion with 62.4% of Hampshire residents reporting to be Christian. 0.7% reported Hindu as their religion, 0.6% Muslim and 0.5% Buddhist.

Across the districts, religion varied the most in Rushmoor, reflecting the greater ethnic diversity in this area. Christianity remained the dominant religion in the district, but the proportion was lower than Hampshire (57.8%). 3.4% reported Hindu as their religion, 1.4% Muslim and 3.4% Buddhist.

6.4 Marriage and civil partnership

Census 2011 data reported that over half of Hampshire residents (53.25%) were married, 0.2% registered in a same-sex civil partnership, 27.7% single, 9.3% divorced and 7.1% widowed or a surviving partner from a same sex civil partnership.

The highest proportion of people who are single were in Winchester (30%) and Gosport (30%).

New Forest reported the highest proportion of people widowed or surviving partner from a same-sex civil partnership (9%).

Gosport reported the highest proportion of people divorced or formerly in a same-sex civil partnership which is now legally dissolved (11.5%).

6.5 Pregnancy and maternity

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight and sudden unexpected death in infancy.

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during

pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Recent data for the financial year 2020-2021 suggest that in Hampshire 7.9% of mothers (969 mothers) were known to be smokers at the time of delivery. This varies across the county between 5.6% in Hart (50 mothers) to 11.3% in Havant (119 mothers).

Trend data show that since 2010/11 the percentage of mothers smoking has decreased and remains significantly lower or comparable to England in Hampshire and all districts except Havant which saw a slight increase in 2020/21. Trends can fluctuate considerably at a district level due to the smaller population therefore it is important to consider the long term trends.

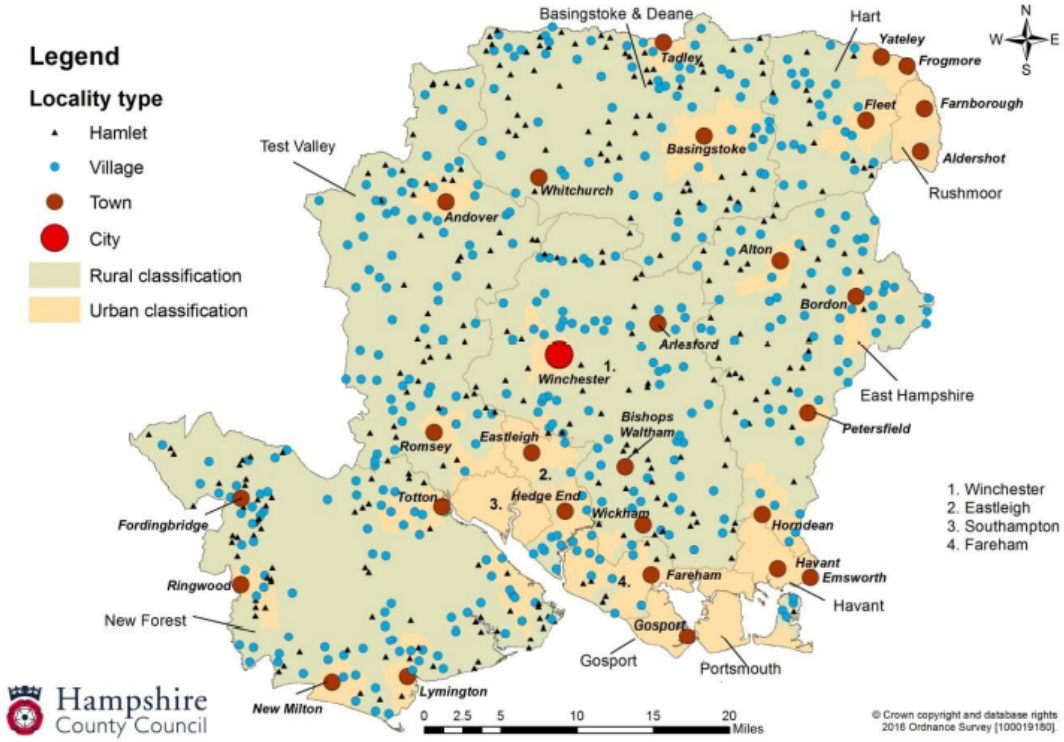
7. Inclusion groups and other populations with specific needs

7.1 Rural populations

Hampshire is a predominantly rural county, approximately 75% of the area is defined as rural and over one third of the county's area is within National Parks or Areas of Outstanding National Beauty. 22% of the population live in the county's rural areas. Hampshire is a large county and so although the minority of the population, just over one in five, live in a rural area this still equates to nearly 300,000 residents[5]. There are rural communities of varying sizes throughout the districts of Hampshire, with largest numbers residing in Winchester, Test Valley, New Forest, Basingstoke and Deane and East Hampshire, see map 3.

There is estimated to have been proportionately more growth amongst Hampshire's rural populations than its urban population in recent years and Hampshire's rural communities have a higher proportion of older people. This is a key variation that needs consideration when assessing pharmaceutical need.

Map 3 - Map showing urban and rural areas in Hampshire



Source: HCC

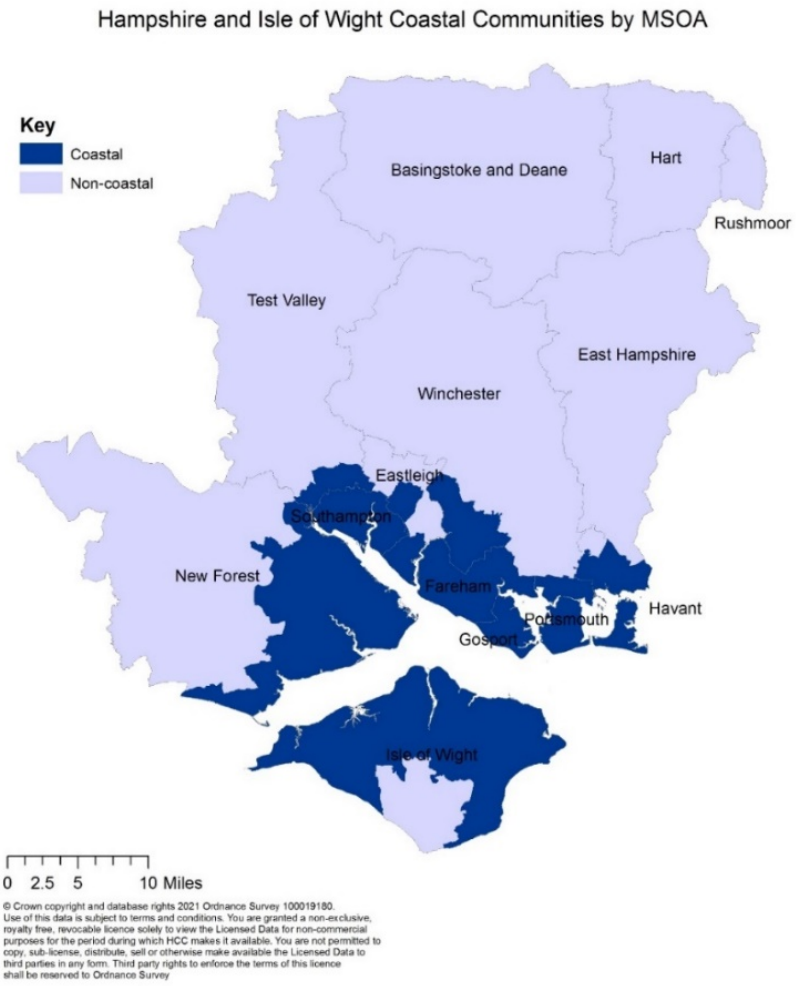
[5] Socio-economic profile of rural Hampshire 2016 (hants.gov.uk)

7.2 Coastal areas

The Chief Medical Officer's 2021 report focused on health inequalities in coastal areas. It outlined that these areas have low life expectancy and higher rates of many diseases, compared with non-coastal areas. Analysis produced by the University of Plymouth has been used to identify coastal and non-coastal communities. Coastal areas are defined that those with built-up area which lie within 500m of high tide.

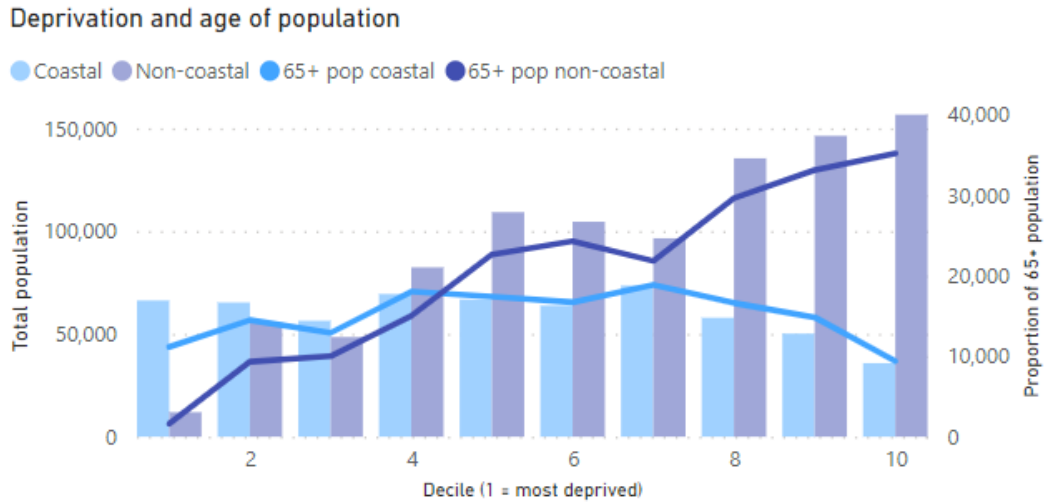
Hampshire districts which contains coastal communities are Eastleigh, Fareham, Gosport, Havant, New Forest, Test Valley and Winchester, see map 4 below.

Map 4 - Map showing Hampshire and Isle of Wight Coastal Communities



A greater proportion of the population who live in the most deprived areas are living in coastal areas. Figure 4 shows that a greater proportion of those aged 65 and over living in coastal areas are in areas of higher deprivation, whereas fewer residents aged 65 and over living in the least deprived deciles are living by the coast[6]. Havant has 31,724 people living in the most deprived decile in coastal areas, compared to 597 people living in the most deprived decile in non-coastal areas.

Figure 4 -Deprivation and age of population split into coastal and non-coastal areas



Coastal communities include a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. There is also a significant disparity in hospital admissions due to 'health-risking behaviour' between coastal and non-coastal areas[7]. Life expectancy in non-coastal areas in Hampshire is lower than coastal areas, although only the difference in females is significant. Male life expectancy in coastal areas is 80.9 years (0.7 years lower than non-coastal) and female life expectancy in coastal areas is 83.9 years, 1 year lower than non-coastal [8].

Deprivation in these areas, and the age of coastal populations are both related to this burden of ill health. University of Plymouth Coastal Health Outcomes report concluded that there is also a substantial health service deficit in coastal communities[9].

[6] Hampshire and Isle of Wight 2021 JSNA Healthy Places Report

[7] cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf
[8] Microsoft Power BI
[9] cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf

7.3 People with long term conditions

Around one in four people have two or more long-term conditions, often known as multimorbidity and this rises to two thirds of people aged 65 years or over[10]. The proportion of patients who have two or more medical conditions simultaneously is rising steadily[11].

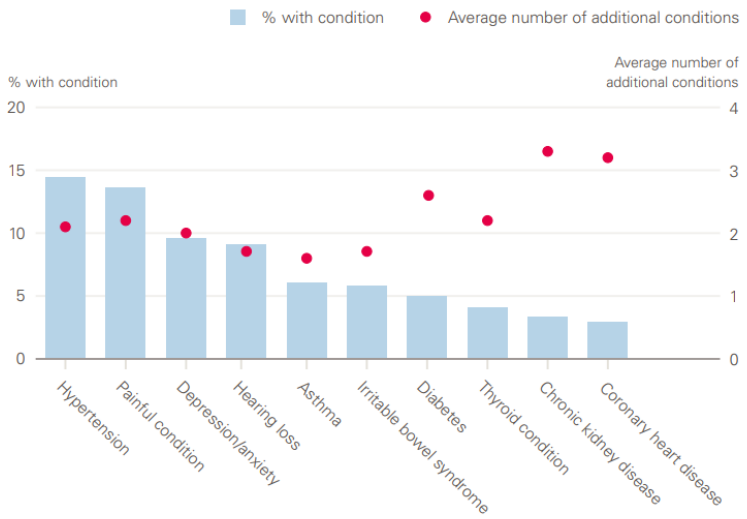
Multimorbidity increases with age, however other circumstances can mean certain people are more vulnerable to having multiple long term conditions and almost a third of people with 4+ conditions under 65 years of age.

People in disadvantaged areas are at greater risk of having multiple conditions, and are likely to have multiple conditions 10 to 15 years earlier than people in affluent areas[12]. Around 28% of people in the most deprived fifth of England have 4+ conditions, compared with 16% in the least-deprived fifth[13].

Children or young adults with serious congenital or acquired impairments often have multiple physical or mental illnesses. Certain periods of life, including pregnancy, increase the probability that multiple conditions will present simultaneously[14].

Health Foundation analysis shows that 82% of people with cancer, 92% with cardiovascular disease, 92% with chronic obstructive pulmonary disease and 70% with a mental health condition have at least one additional condition[15]. Figure 8 from this analysis shows that a person with hypertension had an average of 2.1 additional conditions and a person with depression or anxiety had 2.0 additional conditions. People with chronic kidney disease had 3.3 additional conditions.

Figure 8 - Common conditions and average number of additional conditions



Data source: Understanding the health care needs of people with multiple health conditions.pdf

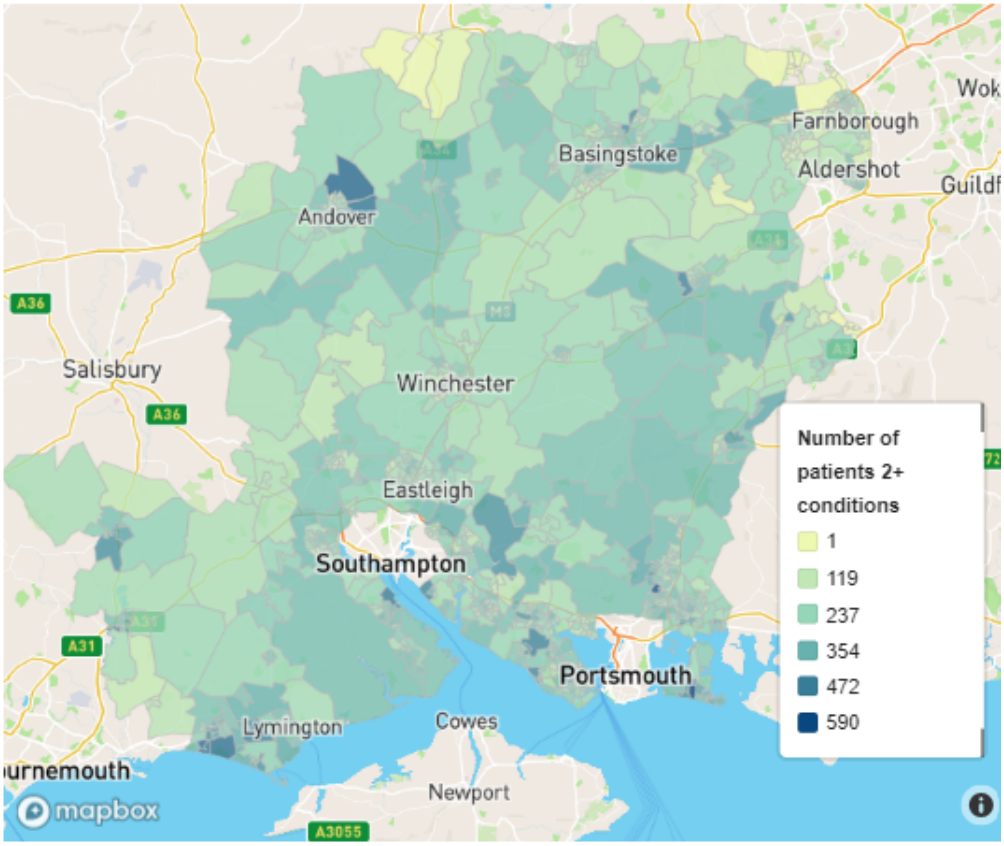
[10] NHS England » Multimorbidity – the biggest clinical challenge facing the NHS?
[11] Rising to the challenge of multimorbidity | The BMJ
[12] Long-term conditions and multi-morbidity | The King's Fund (kingsfund.org.uk)
[13] Understanding the health care needs of people with multiple health conditions.pdf
[14] Rising to the challenge of multimorbidity | The BMJ
[15] Understanding the health care needs of people with multiple health conditions.pdf

Pharmacists are ideally placed to improve the care and quality of life of people with multiple long term conditions, particularly where polypharmacy is an issue. Pharmacists may also have a pivotal role to play in the prevention or worsening of multimorbidities in younger people[16].

Across Hampshire over 190,000 residents have two or more long terms conditions, this equates to almost one in seven people (13.6%). Deprivation may explain some of the variation across Hampshire. The lowest proportion of people with two or more conditions is in Hart (6.6%) and the highest proportion in Havant (17.4%), these are the least and most deprived districts respectively. However age is also a significant factor, almost one third of the population in the New Forest are aged 65 years and over, with 17.4% of the total population having two or more conditions.

The map below shows that within districts there is further variation, with the Andover area in and to the north of Picket Piece in Test Valley reporting the highest number of people with multimorbidity.

Number of patients with 2 or more long term conditions by resident LSOA



Data source: JSNA Healthy People data report

The Health Foundation study reported that people diagnosed with cancer, chronic obstructive pulmonary disease, cardiovascular disease and mental health had high number of additional conditions. Hypertension and pain were the most common additional conditions.

[16] New approach needed to tackle rise of multimorbidity - The Pharmaceutical Journal (pharmaceutical-journal.com)

7.3 Military

Hampshire has a substantial military presence, including Army, Royal Navy and RAF bases. The number of military personnel entitled to Defence Medial Service (DMS) care provides a good indication of the size of the serving population across Hampshire. In April 2020, there were a total of 13,300 UK armed forces and entitled civilian DMS registrations in Hampshire. The largest proportion are based in North East Hampshire and Farnham (4,740), smaller numbers in both Fareham and Gosport (3,460) and West Hampshire (3,460), and fewer still in North Hampshire and South East Hampshire[17]. Approximately 550 are Serving Gurkhas.[18]

The pharmaceutical needs of the military are in the main met by the military service. However the health needs of families and dependents moving into the area will be the responsibility of the Clinical Commissioning Groups (CCGs) and therefore relevant to this PNA.

7.4 Military Veterans

Robust data about the number, location and demographics of veterans is limited at both the national and local level. Estimates suggest that that there are likely to be around 60,000 veterans in Hampshire, with the greatest numbers living in Gosport, Fareham, Havant and Test Valley.

The population of veterans in Hampshire is mostly elderly and likely to be experiencing the same health problems that the general elderly population experience, including isolation, difficulty with mobility and self-care. The most common mental health problems are anxiety and depression however there are clearly some veterans with more complex problems who will need more specialised and bespoke treatments. These might be for complex PTSD or dual diagnoses of alcohol and mental health problems.

7.5 Offenders

There is one prison in Hampshire located in the district of Winchester. It is a category B prison with an operational capacity of 564 and is able to take men from the age of 18 upwards. Population prison data from Ministry of Justice for December 2021 report a population of 483[19].

The pharmaceutical needs of prisoners in Hampshire are met by the services within the walls of this establishment and so are not within the scope of this PNA.

7.6 People in contact with the justice system

Nationally, the number of individuals formally dealt with by the Criminal Justice System (CJS) was 30% lower in 2020 than in 2019, as a result of COVID-19. The rate of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population in Hampshire is not significantly different to the national average at 149.8 compared to 169.2 nationally[20].

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[17] Defence personnel NHS commissioning bi-annual statistics: financial year 2020/21 - GOV.UK (www.gov.uk)
[18] Hampshire County Council: Veterans, Reservists and Armed Forces Families Health Needs Assessment, 2014.
[19] Prison population figures: 2021 - GOV.UK (www.gov.uk)
[20] Public Health Outcomes Framework - Data - PHE

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children[21,22]. For young people, there are overlapping risk factors associated with youth crime, such as school absence and low educational attainment[23].

7.7 Drug and alcohol dependents

There are conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60%.[24]

It is estimated that 11,248 people have alcohol dependency in Hampshire[25]. Between 2015 and 2018 there was a very gradual increase in the estimated number of alcohol dependent adults in Hampshire and Isle of Wight[26]. The number of opiate users in Hampshire successfully completing drug treatment has been declining, in line with the England trend[27].

Data supplied by NHS Inclusion suggest that the population is treatment for dependency on drugs and alcohol tend to live in the more deprived areas of Hampshire. 54% of people in treatment in 20/21 live in areas which are in the most deprived 30% according to the 2019 Index of Multiple Deprivation. Eastleigh, New Forest and Test Valley have higher admission episodes for alcohol-related conditions than the England average[28].

Alcohol and drug dependence increases the risk of a range of mental and physical illnesses. Pharmacies provide a number of services to this section of the community from supervised administration programmes, needle exchanges and Hepatitis C testing to healthy lifestyle advice.

[21] Public Health Outcomes Framework - Data - PHE
[22] Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators (publishing.service.gov.uk)
[23] Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators (publishing.service.gov.uk)
[24] Alcohol consumption higher than reported in England | UCL News - UCL – University College London
[25] Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)
[26] Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)
[27] Public Health Outcomes Framework - Data - OHID (phe.org.uk)
[28] Local Alcohol Profiles for England - Data - PHE

7.8 Homeless and rough sleepers

There are three main forms of homelessness: rough sleeping, statutory homelessness, and hidden homelessness, whereby people sofa surf at family and friends' houses or live in housing which is not safe to be occupied. Those who fall under the category of 'hidden homelessness' are the ones most often excluded from official data.

A district level count of rough sleepers in 2018 showed that Fareham had the most rough sleepers. There were no rough sleepers recorded in Eastleigh, Gosport or Hart[29]. In the same year it was reported that 86% of rough sleepers are male[30]. ONS data shows that in 2020 the New Forest had the largest number of rough sleepers (17). Gosport and Eastleigh were both found to have no people sleeping rough[31].

Table 2 - Comparison of ONS and local authority rough sleeper count/estimate[32,33,34]

District	ONS 2020 Rough Sleeping Snapshot	2018 District Count
Basingstoke and Deane	0	8
East Hampshire	1	4
Eastleigh	0	0
Fareham	3	19
Gosport	3	0
Hart	2	0
Havant	5	5
New Forest	17	8
Rushmoor	9	8
Test Valley	3	9
Winchester	7	8

Source: East Hampshire Council 2018/19 Homelessness Review, ONS 2020 Rough Sleeping Snapshot, *Isle of Wight Homeless and Rough Sleeping Strategy 2019 – 2024 (2018 figure)

Ministry of Housing, Communities and Local Government figures show the New Forest to have 5.2 households in temporary accommodation per 1,000; worse than England's average and the highest in Hampshire[35]. Rushmoor has the highest number of households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA) at 16.5. This makes Rushmoor worse than England's and Hampshire's averages (12.3 and 8.6 respectively).[36]. Under the HRA prevention and relief duties are owed to all eligible households who are homeless or threatened with becoming homeless[37].

[29] Homelessness review final EH 6 141019.docx (live.com)
[30] 2019 STP JSNA (hants.gov.uk)
[31] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[32] Homelessness review final EH 6 141019.docx (live.com)
[33] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[34] PAPERC-AppendixA.pdf (iow.gov.uk)
[35] Public Health Outcomes Framework - Data - PHE
[36] Public Health Outcomes Framework - Data - PHE
[37] Homelessness Reduction Act 2017 (legislation.gov.uk)

However, homeless shelter figures often exceed national estimates and are often the most reliable and up to date local figures available[38].

ONS figures estimate that 83% of rough sleepers in Hampshire and the Isle of Wight in 2020 were male[39]. 91% of Hampshire and Isle of Wight rough sleepers were of UK nationality, 7% were from the EU, none had non-EU nationality and 2% of rough sleepers' nationality was unknown[40].

In 2020, the ONS reported that 91% of Hampshire and Isle of Wight's homeless population were aged over 26 years old, 6% were 18-25 and none were below 18[41].

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction[42]. One in three people who are homeless have attempted suicide[43]. They are nine times more likely to die by suicide. Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for homeless people. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths[44].

7.9 Migration

Migration is complex and there is no legal requirement to inform a single body when someone moves. As such data on migration is less robust and comes with limitations on its use. Economic migrant data from the Department of Work and Pensions report that in 2020/21 there were just under 2,000 national insurance number registrations to adult overseas nationals in Hampshire. 44% of these registrations were to people from Asia and just under a third to those from the European Union. Across the county, Basingstoke and Deane had the highest proportion of economic migrants (33%) followed by Rushmoor (16%).

7.10 Refugees and asylum seekers

The most vulnerable migrants and asylum seekers in the population are a dynamic population which make frequent geographic moves. As a result data is not sufficient to map this population, and many of the group's characteristics are protected.

There are currently three bridging hotels in Hampshire, two are in Basingstoke and Deane and one is in Rushmoor.

Historically, Hampshire has had low numbers of asylum seekers and refugees, although the numbers have risen significantly since 2016[45].

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[38] Trinity-Annual-Review-2021.pdf (trinitywinchester.org.uk)
[39] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[40] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[41] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[42] Trinity-Annual-Review-2021.pdf (trinitywinchester.org.uk)
[43] Annual Review 2021 - Winchester Churches Nightshelter (wcns.org.uk)
[44] 2019 STP JSNA (hants.gov.uk)
[45] Asylum seekers and refugees guide | Hampshire County Council (hants.gov.uk)

This population can have complex health needs and common health challenges includes untreated communicable diseases, poorly controlled chronic conditions, maternity care and mental health and specialist support needs[46].

Some of the children and young people seeking asylum and attending schools in Hampshire will be unaccompanied. This means that they arrived in the UK without an adult family member or guardian accompanying them. Many of these children and young people will have experienced trauma including the loss of their parents and/or siblings or will have lived in war conditions[47].

Vulnerable migrants experience a unique set of challenges when accessing healthcare, such as language barriers, insecure immigration status and housing, and discrimination. Their cultural, spiritual, and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment[48,49].

7.11 Afghan nationals

There are several health checks which are recommended for Afghan nationals arriving to the UK. The incidence of tuberculosis, hepatitis B and C, anaemia, vitamin A and vitamin D deficiency and smoking are high, health checks should be carried out and advice given where appropriate[50]. There is also a high likelihood of people experiencing mental disorders, including PTSD because of their experiences in Afghanistan or over the course of their journey to the UK[51].

Gender roles in Afghanistan may also impact health and wellbeing, men may be the decision-makers about family members' health[52]. Female Genital Mutilation (FGM) is practised in Afghanistan, and male circumcision is highly prevalent too, individuals arriving in the UK should be given information on appropriate procedures for boys and men in the UK. There is often limited access to antenatal care, so advice should be given to Afghan women on the benefits of antenatal care.

7.12 Gypsy, Roma and Traveller communities

Historically Hampshire has always been home to a large Gypsy community and there are several private sites throughout the county. All districts in Hampshire have a very small percentage of their population identifying as Gypsy or Irish Traveller in the 2011 Census. Hart has the largest percentage of this population (0.3%) and Gosport has the lowest (0.04%). Parts of this community are often missed by official statistics such as the census as they do not live in 'bricks and mortar' homes, and Census forms are only delivered to 'settled' accommodation.

46 Refugee and asylum seeker health toolkit (bma.org.uk)
47 Asylum seekers and refugees guide | Hampshire County Council (hants.gov.uk)
48 ARAP_Information_for_GPs_8-Aug.pdf
49 Culture, spirituality and religion: migrant health guide - GOV.UK (www.gov.uk)
50 Afghan relocation and resettlement schemes: advice for primary care (publishing.service.gov.uk)
51 ARAP_Information_for_GPs_8-Aug.pdf
52 ARAP_Information_for_GPs_8-Aug.pdf

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2021 recorded a total of 434 traveller caravans across Hampshire. These are located mainly within the districts of Winchester (140, 32%) and Hart (104, 24%)[53]. Gypsies and Travellers are significantly more likely to have a long term illness, health problem or disability and experience higher levels of anxiety and depression than the general population. This community is also more likely to experience chest pain, arthritis and respiratory problems.

Roma are a relatively new ethnic group who have migrated to the UK from across Europe. Unlike UK Gypsies, Roma do not usually seek accommodation in caravans or on sites but live in houses as in their country of origin. There are an increasing number of Roma children coming into Hampshire schools suggesting this population may be rising. Often Roma people are a hidden minority due to their reluctance to identify themselves as members of the Roma community, hence is it not possible to provide any accurate figures of the Roma population in Hampshire.

Information on the health of Roma people is difficult to obtain. The voluntary sector organisation Roma Support Group reported that 60% of those using their services had poor physical health including cancer, diabetes, epilepsy, hepatitis B, cardiovascular and respiratory ailments and multiple sclerosis. In addition, 43% were suffering from mental health problems including depression, personality disorders, learning disabilities, suicidal tendencies, self-harm and dependency / misuse of drugs[54].

7.13 University Students

There are three university campuses in Hampshire, the University of Winchester, University Centre Sparsholt, whose courses are validated by the University of Portsmouth and Winchester School of Art, part of the University of Southampton. There were approximately 8,000 students attending the University of Winchester, 6,700 undergraduates and 1,300 postgraduates[55]. The university has extensive accommodation in the district including halls of residence, student villages and university managed housing.

Winchester is also home to the Winchester School of Art, part of the University of Southampton. The campus is set in the centre of Winchester, acting as a hub for over 1,500 students with two halls of residence located nearby.

Whilst early adulthood is usually a healthy life stage, young people of university age are at increased risk of particular health issues including those related to sexual health, mental health issues and substance misuse[56]. These populations may require increased support for screening for sexually transmitted diseases, contraception including the provision of emergency hormonal contraception, and services such as smoking cessation.

[53] Traveller caravan count: July 2021 - GOV.UK (www.gov.uk)
[54] SS00-Health-inequalities_FINAL.pdf (gypsy-traveller.org)
[55] Where do HE students study? | HESA
[56] AYPH-Student-Health-Briefing.pdf (youngpeopleshealth.org.uk)

7.14 Visitors to the county

Data from Visit Britain reported that there were just over 785,500 visits to Hampshire during 2019. The majority of these were during the summer months, with just over a third occurring between July and September. A little over 45% of visits to Hampshire were for the purpose of visiting friends or relatives and nearly 30% were to take a holiday. The average length of stay was just over a week at 7.03 nights.

This population are likely to be in the county for only a brief period and as such their health needs are likely to be related to signposting to other health services, providing support for self-care, the provision of repeat medication or dispensing prescriptions in the event of an acute condition.

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1. Basingstoke and Deane

In 2022, the population of Basingstoke and Deane is estimated to be around 186,400, of which 18.5% are aged 65 and over. This is slightly younger than the Hampshire average which has around 22.6% of the population aged 65 and over. Basingstoke & Deane has more young and working age residents and fewer older people than Hampshire as whole, see figure 1. Figures from the 2011 Census report that 88.2% of Basingstoke & Deane's resident population are of ethnic group 'White British' and 11.8% report their ethnicity as being from ethnic minority groups. This is a higher proportion than Hampshire overall (8.2%).

The population density is 280.5 people per square kilometre, which is lower than the overall population density of Hampshire (377.6). Basingstoke town is the main urban area, holding approximately 70% of the district population. A further 14% of the population live in rural town and fringe areas, whilst the remaining 13% are in rural villages.

Deprivation is lower than England and very similar to that seen in Hampshire as a whole. Within the town of Basingstoke there are higher levels of deprivation, especially in the areas of Buckskin, South Ham, Eastrop and Popley. This affects a substantial number of people who are consequently likely to have poorer health. The more rural areas of the district have greater levels of affluence. As at 2019, there were 3,450 (9.9%) children living in income deprived households and 3,130 (8.3%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively.

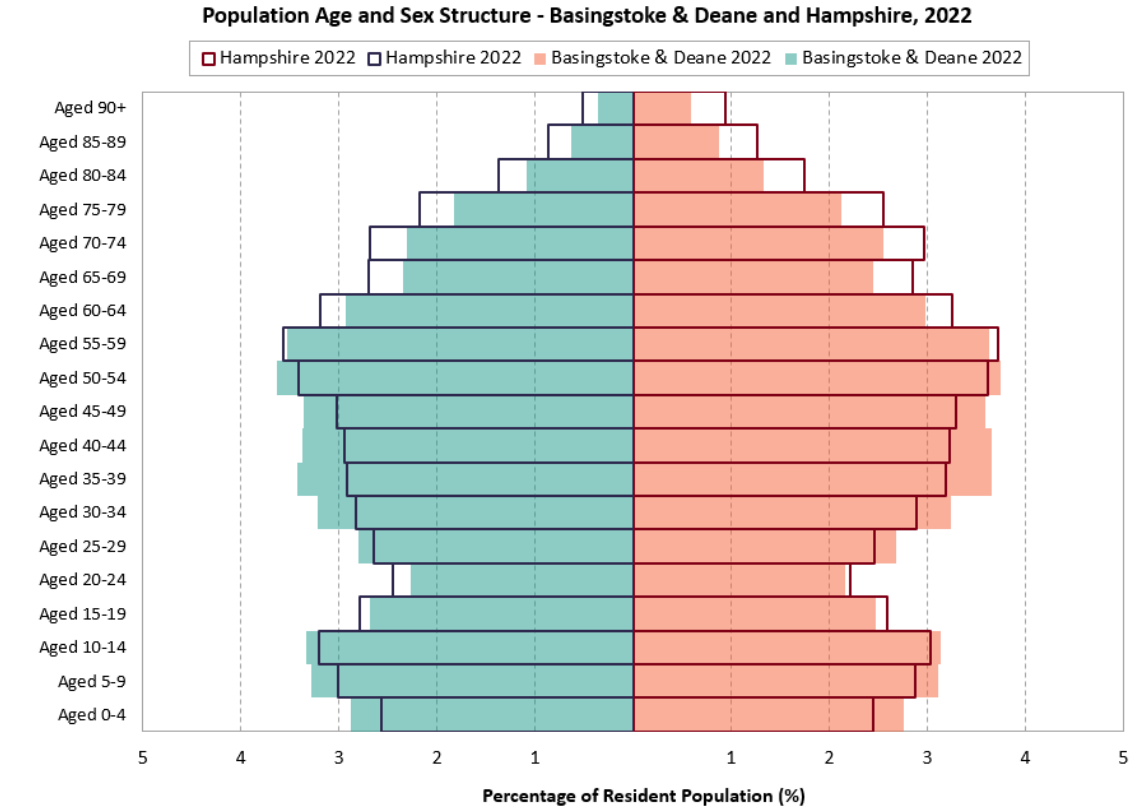
The health of people in Basingstoke & Deane is generally better than the England average. 13.5% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 3.5% of the district's population described their health as 'bad or very bad' compared to 5.5% of the population describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (80.3 years) and women (83.8 years) resident in Basingstoke & Deane is higher than the England average and comparable to life expectancy in the South East region. There are inequalities across the district with a difference of 8.8 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 3.5 years for females.

Future growth

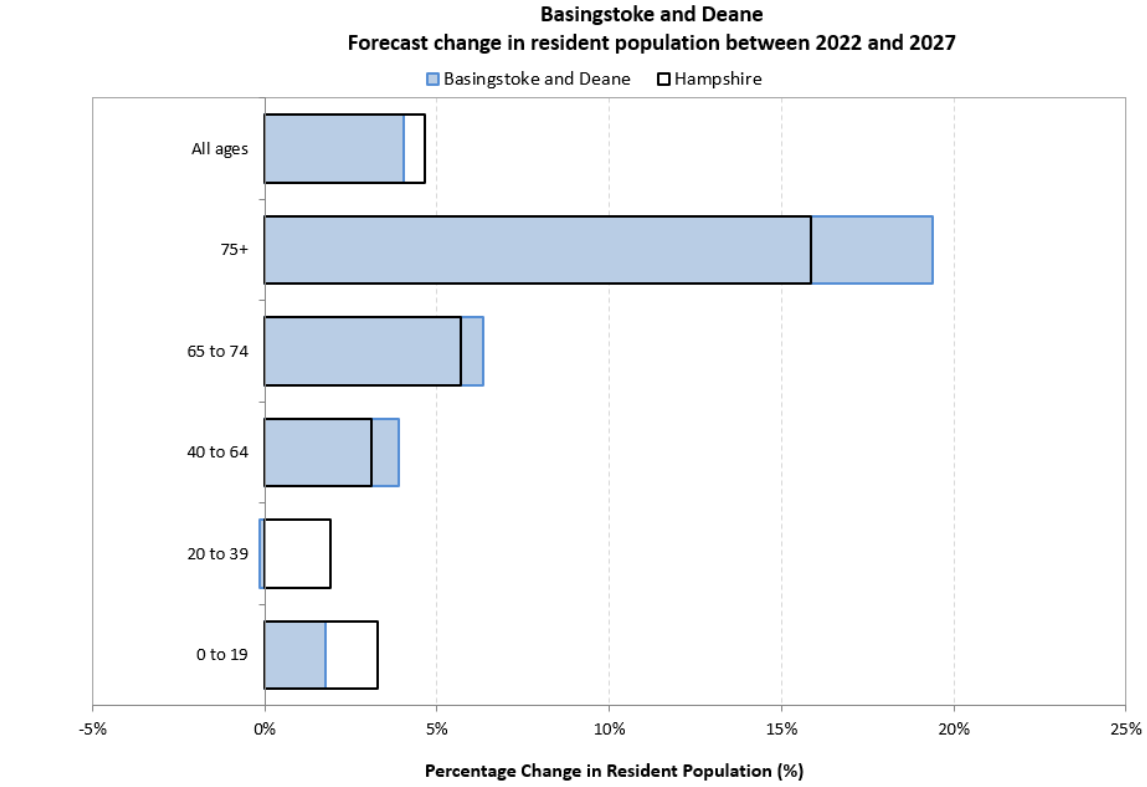
Over the next five years there is a forecast growth of 7,530 people in Basingstoke & Deane, with the largest proportional and absolute increase forecast in the over 75s. This segment of the population is predicted to increase by nearly 3,200 people, representing an increase of 19%, see figure 2. There is a growth of 4,240 dwellings (5.3% change) predicted between 2022 and 2027. The areas of largest growth over this period are to the north of Basingstoke town (near Bramley) and in developments towards the south of the town at Kempshott Hill and at Manydown near Winklebury, see map 1.

Figure 1 - Population Age and Sex Structure 2022: Basingstoke and Deane compared to Hampshire



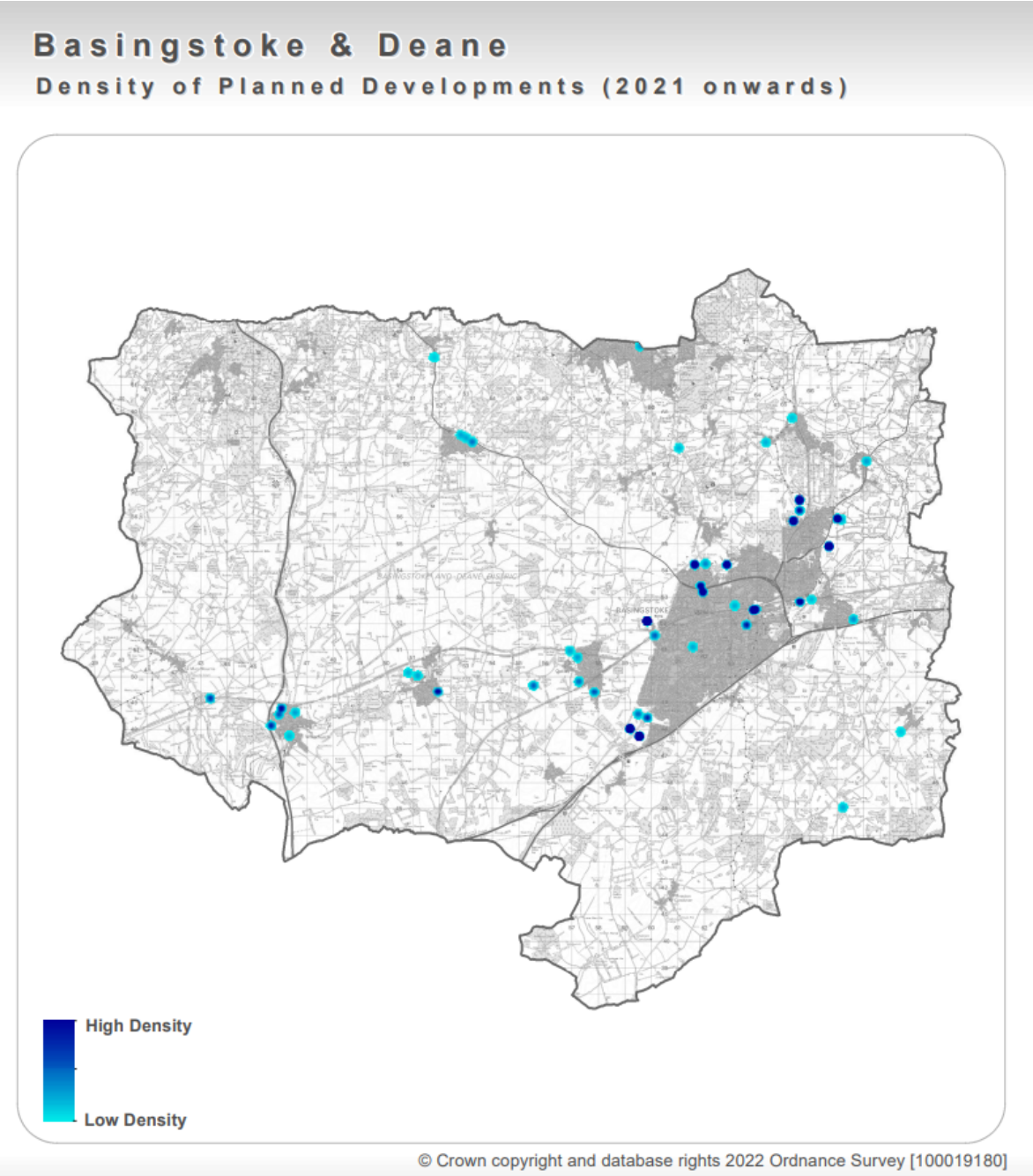
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 2 – Forecast change in resident population between 2022 and 2027: Basingstoke and Deane & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 1 – Planned developments in Basingstoke & Deane from 2021 onwards



Pharmacy provision

As at February 2022, there are 26 community pharmacies throughout this district. This includes two 100-hour pharmacies. There is also one dispensing appliance contractor and four dispensing practices across Basingstoke and Deane. Two of the dispensing practices are located in the town of Tadley to the north of the district. The remaining two are located in the market town of Whitchurch and the village of Kingsclere.

There is good out of hours provision available from Monday to Friday. 9 pharmacies are open after 18:30 and a further three opening later into the evening after 8pm with the latest being 23.00. One site opens before 8am.

Weekend coverage is comprised of 21 pharmacies with opening times extending from 06:30 to 23:00 on a Saturday. Of these, 11 pharmacies close at lunch time (before 13:00), six close in the early evening (before 18:30) and four stay open later into the evening. On Sunday there are six pharmacies open across the district, with opening times into the evening up to 18:00.

The out of hours GP provision is usually co-located with the Emergency Department at Basingstoke and North Hampshire Hospital, on the edge of Basingstoke Town. It has been temporarily moved to Hook Surgery during the COVID-19 pandemic. If prescriptions are needed access to pharmacy is via the local services within the town as described above. There is a 100-hour pharmacy located in the temporary site of Hook in Hart district.

Travel time to pharmacy is good with 96% of the area's resident population within 5 miles road travel of a pharmacy according to the 2020 ONS Small Area Population Estimates used by the SHAPE atlas[1], please see map 2. Areas of largest growth over the next five years are well served by current provision. The areas not covered are areas of very high rurality, low population density and low road coverage, see figure 3.

Residents of the village of Burghclere and surrounds, a rural area identified as having no access to a Basingstoke & Deane district pharmacy within 5 miles, have access to three pharmacies across the border in West Berkshire, two located in Greenham and one in Wash Common.

The proposed housing development sites have good pharmacy cover. The Manydown development can access the pharmacy located in Winklebury which is open five days a week until 18:00 and on a Saturday morning. The development at Kempshott Hill will have access to two nearby pharmacies, including one which opens until 22:00 every weekday and over the weekend.

Conclusion

There is good provision of pharmacy cover in Basingstoke and Deane matching current need and future planned population growth. There are no identified needs for improvement and better access.

[1] This excludes pharmacies outside the district.

Map 2 – Showing Basingstoke & Deane pharmacies and area within 5 miles driving distance by car

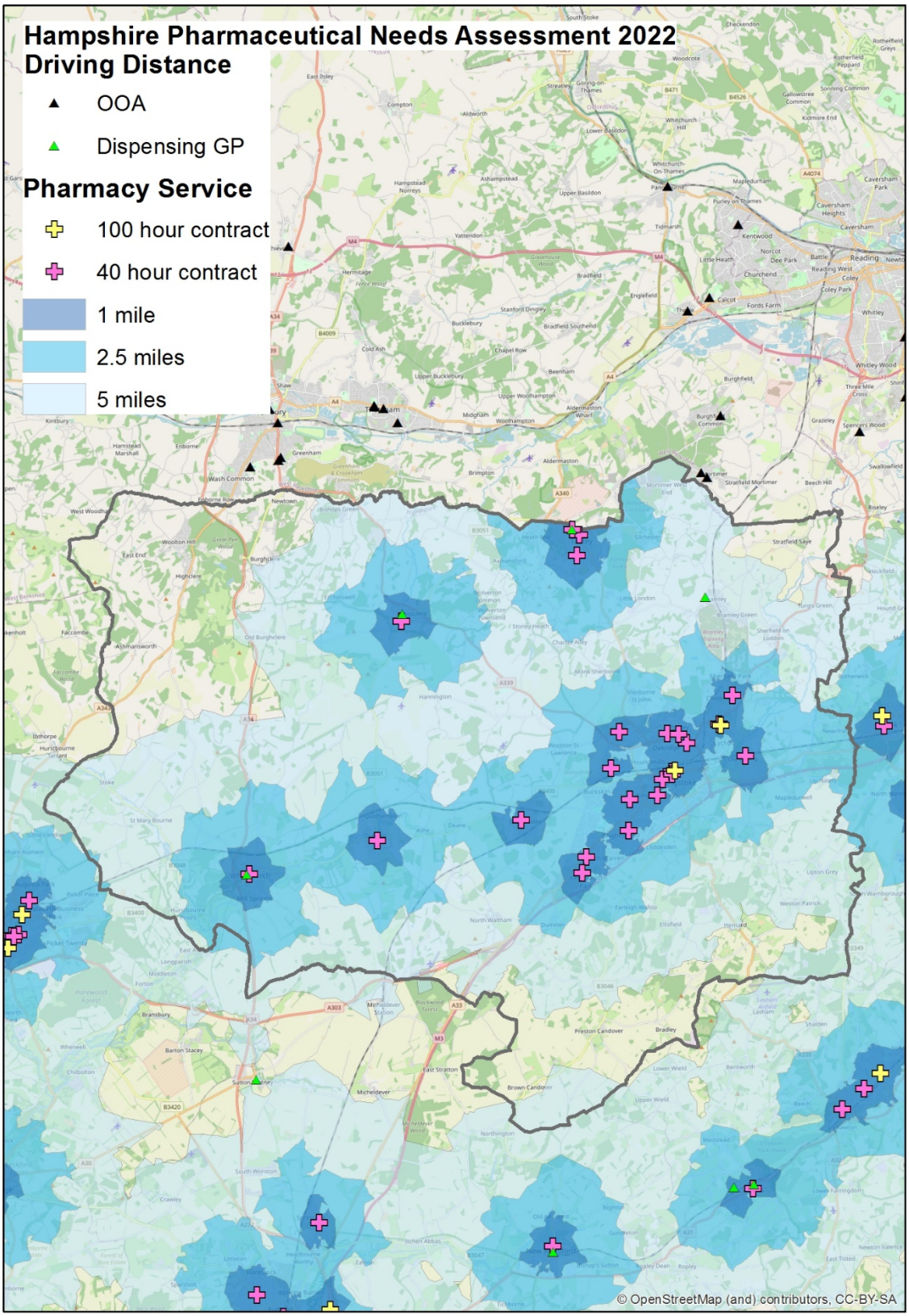
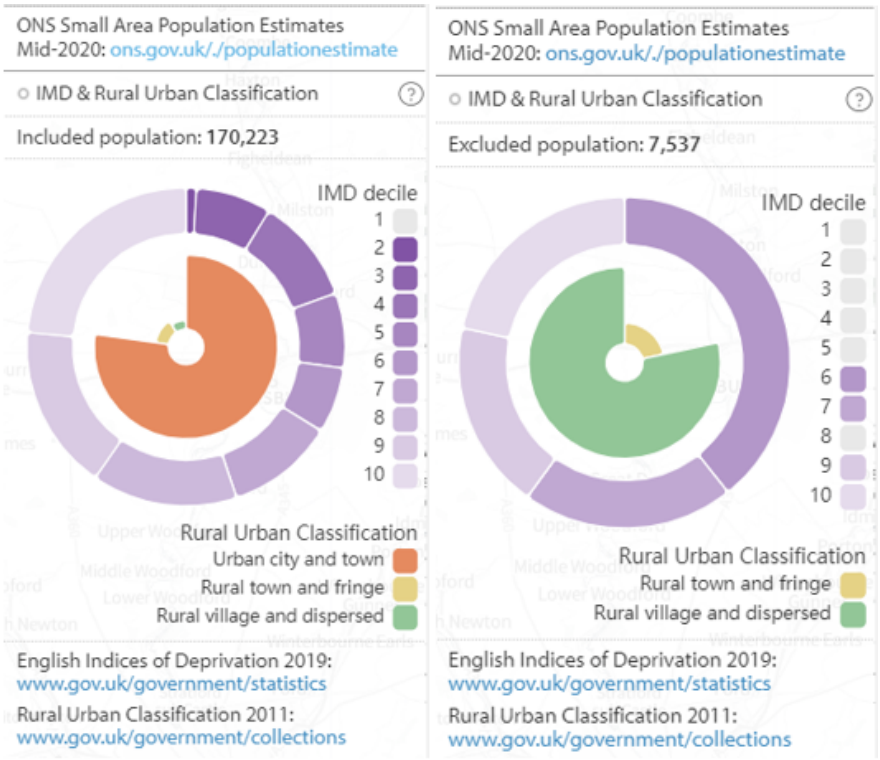


Figure 3 - Charts illustrating the characteristics of the included and excluded population of Basingstoke & Deane within 8 km / 5 miles distance of a pharmacy by car



2. East Hampshire

In 2022, the population of East Hampshire is estimated to be around 127,800, of which 24.4% are aged 65 and over. This is slightly older than the Hampshire average which has around 22.6% of the population aged 65 and over. East Hampshire has a relatively high proportion of residents in their 50s and 60s and relatively low proportions of young children aged 0 to 9 and young adults aged 20-39 years, see Figure 4. 93% of East Hampshire's resident population reported their ethnicity as 'White British' in the 2011 Census, this is a similar figure to that recorded in the county as a whole (91.8%).

The population density is 240.7 people per square kilometre, which is lower than the overall population density of Hampshire (377.6). The main urban areas include Petersfield, Bordon, Alton and an area to the south of the district near Cowplain. 67% of the population live in these areas. A further 18% of the population live in rural town and fringe area, whilst the remaining 15% are in rural villages.

Deprivation is lower than England and Hampshire as a whole. However, there are higher levels of deprivation in Petersfield, Bordon and Alton, whereas the more rural areas of the district have greater levels of affluence. As at 2019, there were 1,651 (7.7%) children living in income deprived households and 2,254 (6.7%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively.

The health of people in East Hampshire is generally better than the England average. 14.9% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 3.7% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (81.6 years) and women (84.9 years) resident in East Hampshire is higher than the England average and the South East region. There are inequalities across the district with a difference of 6.5 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 2.8 years for females.

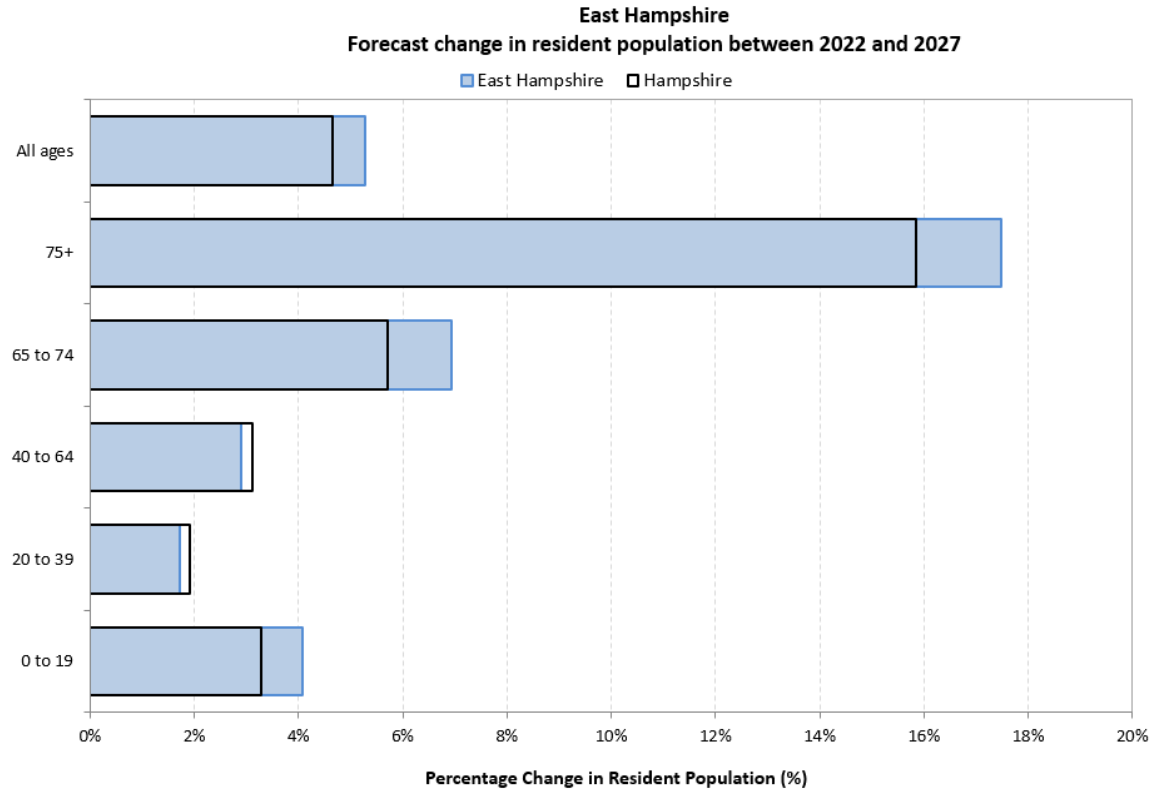
Future growth

Over the next five years there is a forecast growth of 6,740 people with the largest proportional and absolute increase forecast in the over 75s. This segment of the population is predicted to increase by just over 2,820 people, representing a 17% increase, see Figure 5. There is a growth of 3,490 dwellings (6.3% change) predicted in East Hampshire between 2022 and 2027. The areas of largest growth over this period are towards the west of the district in Bordon and near Horndean in the south, see map 3.

Figure 4 - Population Age and Sex Structure 2022: East Hampshire compared to Hampshire

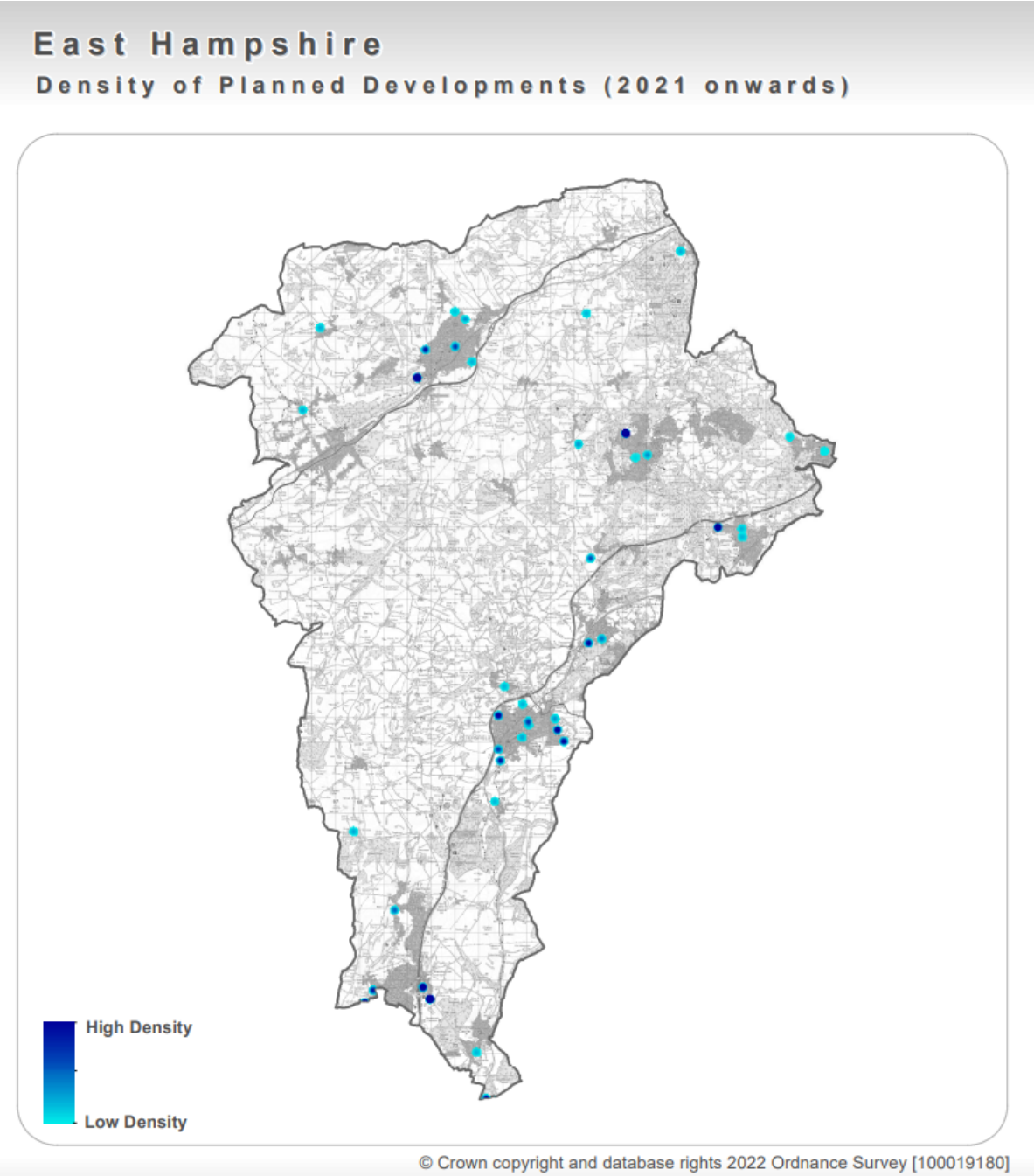
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 5 - Population Age and Sex Structure 2022: East Hampshire compared to Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 3 – Planned developments in East Hampshire from 2021 onwards



Pharmacy provision

As at February 2022, there are 19 Community Pharmacies in East Hampshire, this includes two 100-hour pharmacies and a distance selling provider. There are also four dispensing practices across East Hampshire as at January 2022. These are located in the villages of Four Marks, Liphook, Rowlands Castle and Medstead.

Across the district, five pharmacies are open after 18:30. One pharmacy is open until 21:30 and another is open every day until midnight from Monday to Saturday. There is early morning provision (from 07:00) provided by two pharmacies.

Weekend coverage in the area is good, with 17 pharmacies open on Saturday, covering hours from 08:00 to 00:00. There are four pharmacies open on a Sunday in East Hampshire with provision into the early evening, closing at 19:00. Within East Hampshire, there is one dispensing practice in Rowlands Castle, two in Four Marks and one in Liphook. There are three pharmacies located close to the urgent treatment centre at Petersfield Community Hospital, one of which is open seven days a week.

98.7% of East Hampshire's resident population is within 5 road miles of a pharmacy[2]. Areas further than 5 miles from a pharmacy are of low population density and population change, see map 4 and figure 6. The west of the area can access additional services across the border in New Alresford and Denmead in Winchester district. The south of the district is served by Horndean (within East Hampshire) and additional services across the border in Havant district.

The majority of the housing development is in two towns in the district; Bordon, currently served by two pharmacies with further provision in Headley village to the north, and Horndean, where residents have access to two community pharmacies situated in the town as well as further provision across the border in the district of Havant.

Conclusion

There is good provision of pharmacy cover in East Hampshire matching current need and future planned population growth. There are no identified needs for improvement and better access.

[2] This excludes pharmacies outside the district.

Map 4 – Showing East Hampshire pharmacies (excluding distance selling premises) and area within 5 miles distance by car

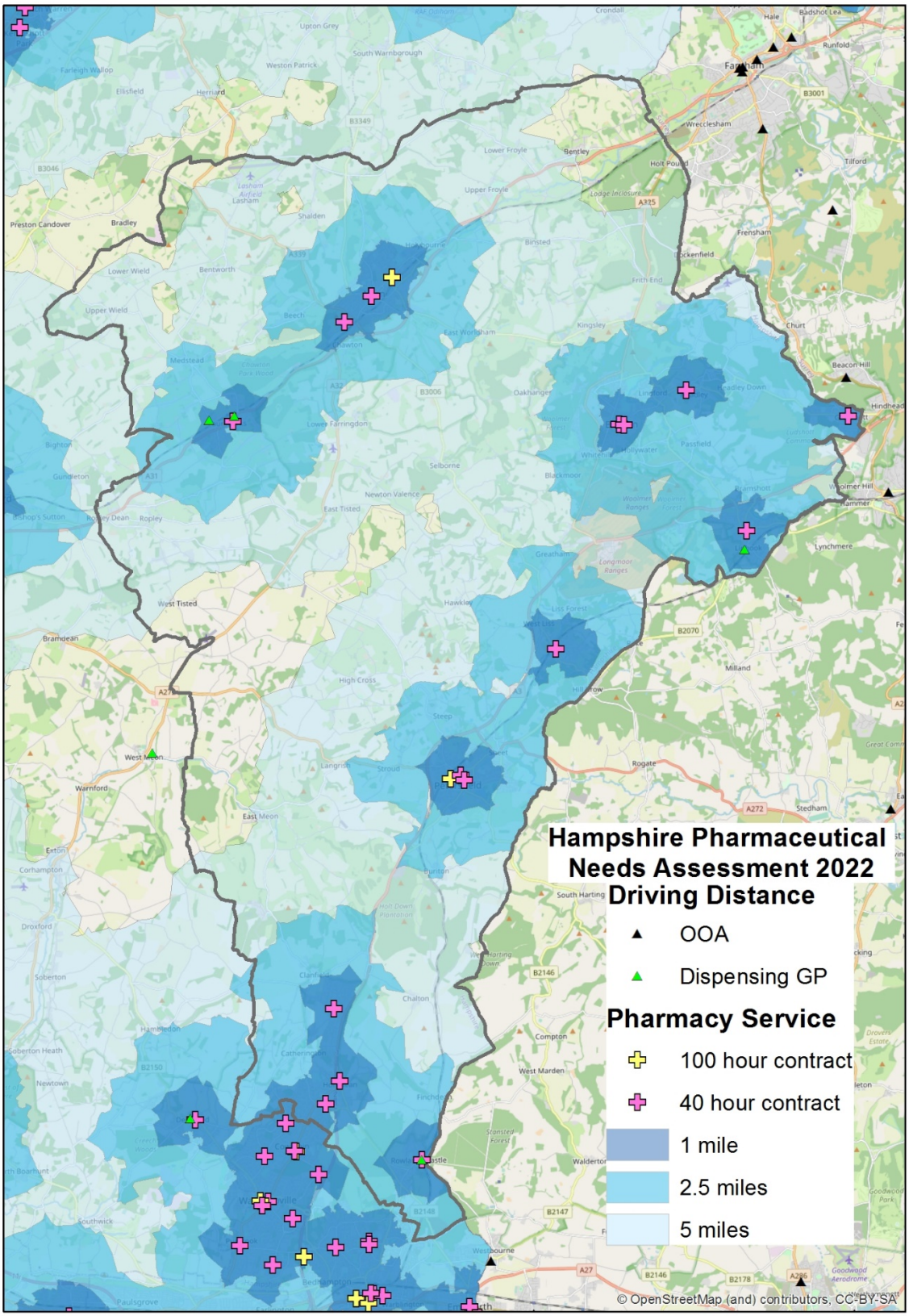
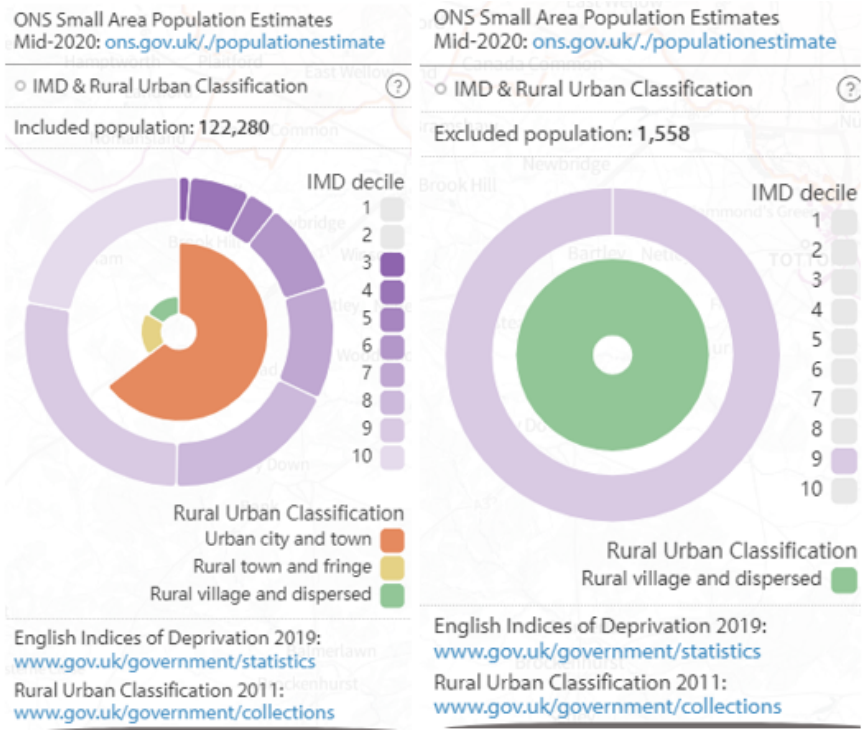


Figure 6 - Charts illustrating the characteristics of the included and excluded population of East Hampshire within 8 km / 5 miles distance of a pharmacy by car



3. Eastleigh

In 2022, the population of Eastleigh district is estimated at 139,190, of which 20.4% are aged 65 and over. This is younger than the Hampshire average which has around 22.6% of the population aged 65 and over. Eastleigh district has slightly more very young (0 to 9 year olds), young working age (25 to 44 years) and slightly fewer older people compared to Hampshire, see figure 6. 91.8% of Eastleigh resident population are of ethnic group 'White British', the same proportion reported by the residents of the county as a whole.

The population density is 1,698.7 people per square kilometre, which is higher than the overall population density of Hampshire (377.6). Eastleigh is an urban area with around 92% of the population living in areas defined as urban city and town. The remaining 8% of the population live in areas classified as rural town and fringe, which are located around Netley.

Deprivation is lower than England and very similar to Hampshire as a whole. There are areas of greater deprivation in central and south Eastleigh town, Bishopstoke and Bursledon towards the south of the district. As at 2019, there were 2,076 (8.4%) children living in income deprived households and 2,525 (8.1%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively.

The health of people in Eastleigh is generally better than the England average. 15.3% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 3.9% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (81.7 years) and women (84.8 years) resident in Eastleigh is higher than the England average and for the South East region. There are inequalities across the district with a difference of 4.5 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 3.8 years for females.

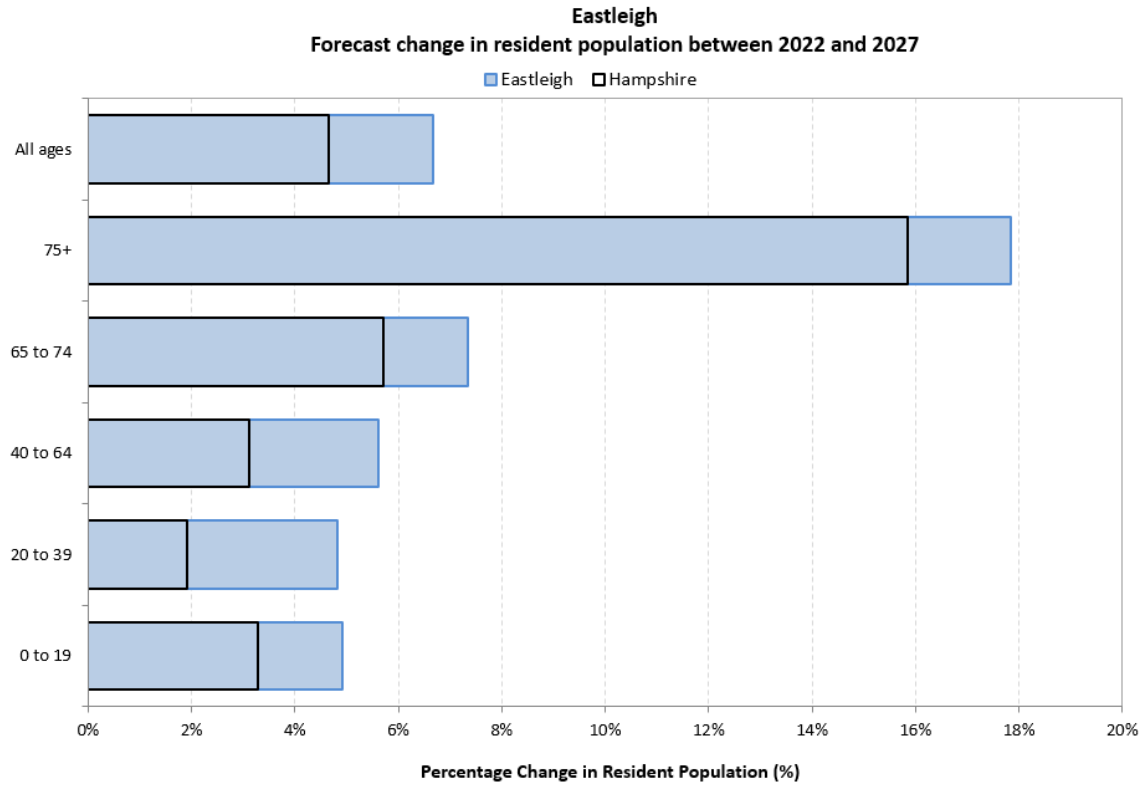
Future growth

Over the next five years there is a forecast growth of 9,270 people with the largest percentage increase forecast in the over 75s (18%) and the largest absolute increase in those aged 40 to 64 years (+2,616), see figure 7. There is a growth of 4,460 dwellings (7.4% change) predicted in Eastleigh between 2022 and 2027. The areas of largest growth over this period are towards the north of Botley, close to the village of Boorley Green, see map 5.

Figure 7 - Population Age and Sex Structure 2022: Eastleigh compared to Hampshire

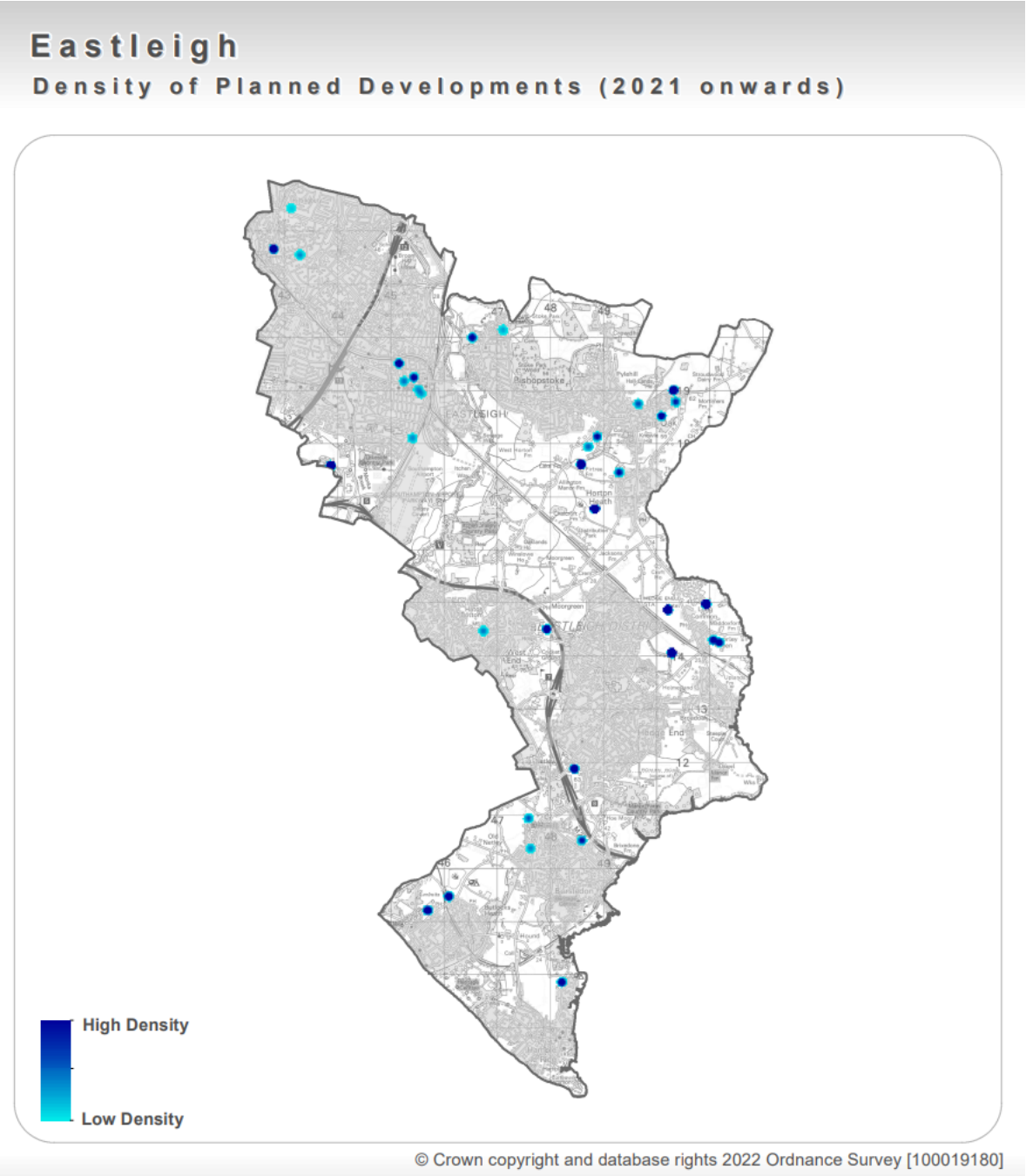
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 8 - Forecast change in resident population between 2022 and 2027: Eastleigh & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 5 - Planned developments in Eastleigh from 2021 onwards



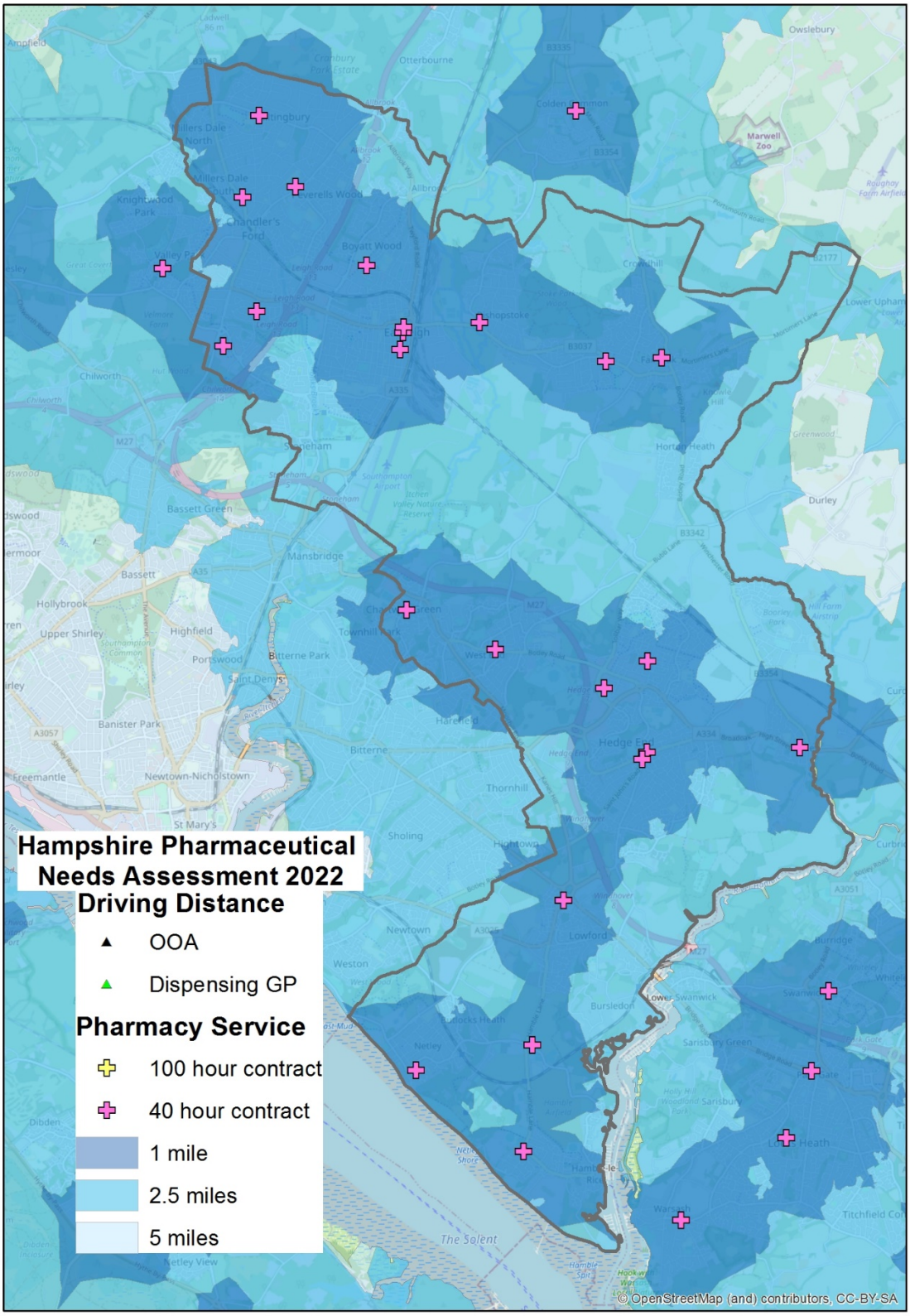
Pharmacy provision

As at February 2022, there are 24 pharmacies serving Eastleigh with provision from 08:00 to 22:00 throughout the week from a variety of sites across the district. 23 pharmacies are open on a standard 40-hour contract, there is one distance selling pharmacy. Seven pharmacies are open after 18:30 during the working week and three open later in the evening after 20:00. 23 pharmacies open on a Saturday with two opening into the evening. Five sites are open on a Sunday during the day, the latest closing time is 16:00, with weekend out of hours provision from Southampton which is the location of the nearest out of hours GP service. 100% of the resident population of Eastleigh district is within 2.5 road miles of a pharmacy, see map 6. The new housing development near Boorley Green has access to a nearby pharmacy in Botley which is open every weekday and on Saturday mornings.

Conclusion

There is good provision of pharmacy cover in Eastleigh matching current need and future planned population growth. There are no identified needs for improvement and better access.

Map 6 – Showing Eastleigh pharmacies (excluding distance selling pharmacies) and area within 5 miles distance by car



4. Fareham

Fareham is a district in the South of Hampshire with a population of 115,800 people in 2022. 24.5% of the population are aged 65 and over, a little over the Hampshire average of 22.6%. The population structure is slightly older than the Hampshire population as a whole, with fewer younger people aged 0 to 19 years and a greater proportion of older people aged 50 to 75 years, see figure 8. 94.7% of Fareham resident population are of ethnic group 'White British', slightly higher than the proportion reported by the residents of the county as a whole (91.8%).

The population density is 1,567.2 people per square kilometre, which is higher than the overall population density of Hampshire (377.6). Fareham is an urban area with the entire population of the district resident in areas classified as urban city or town.

Deprivation is lower than England and Hampshire as a whole. However, there are some areas of greater deprivation in south and north west of Fareham town and towards Titchfield. As at 2019, there were 1,482 (7.6%) children living in income deprived households and 2,181 (6.7%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively.

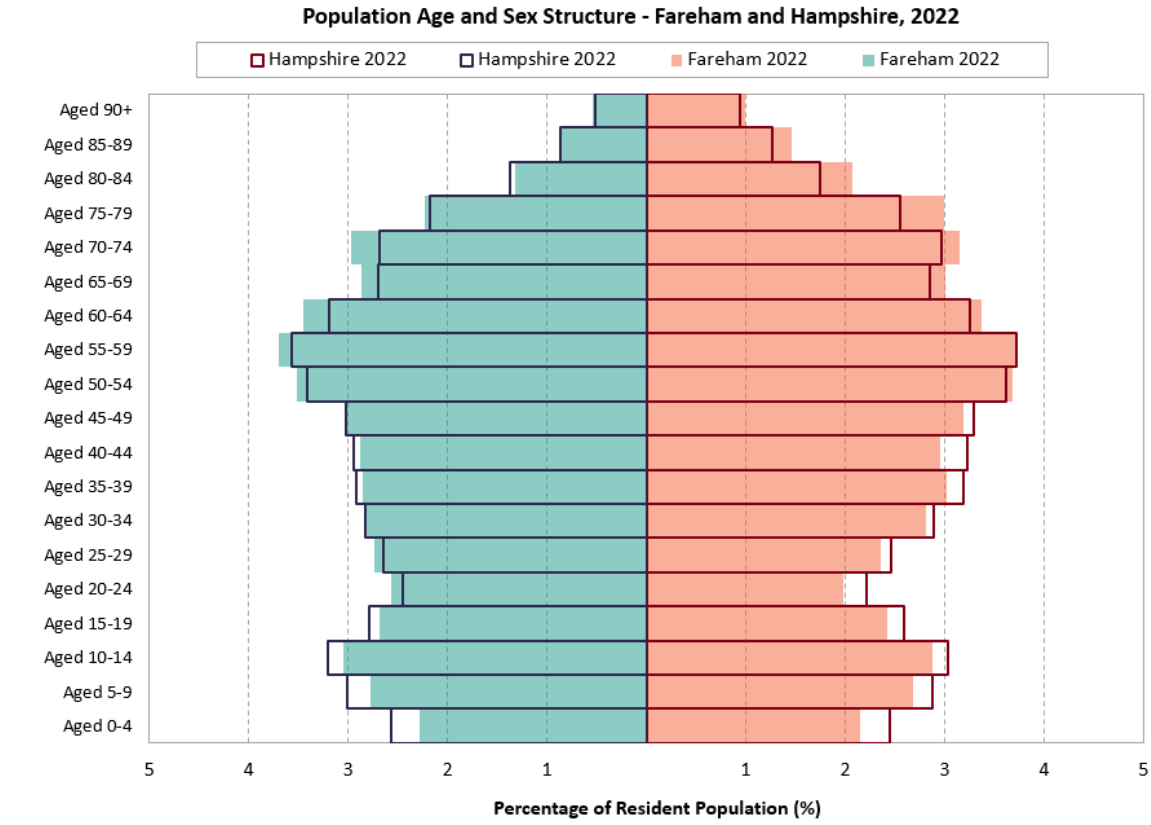
The health of people in Fareham is generally better than the England average. 16.5% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 4.0% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (82.0 years) and women (84.4 years) resident in Fareham is higher than the England average and life expectancy in the South East region. There are inequalities across the district with a difference of 6.0 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 5.5 years for females.

Future growth

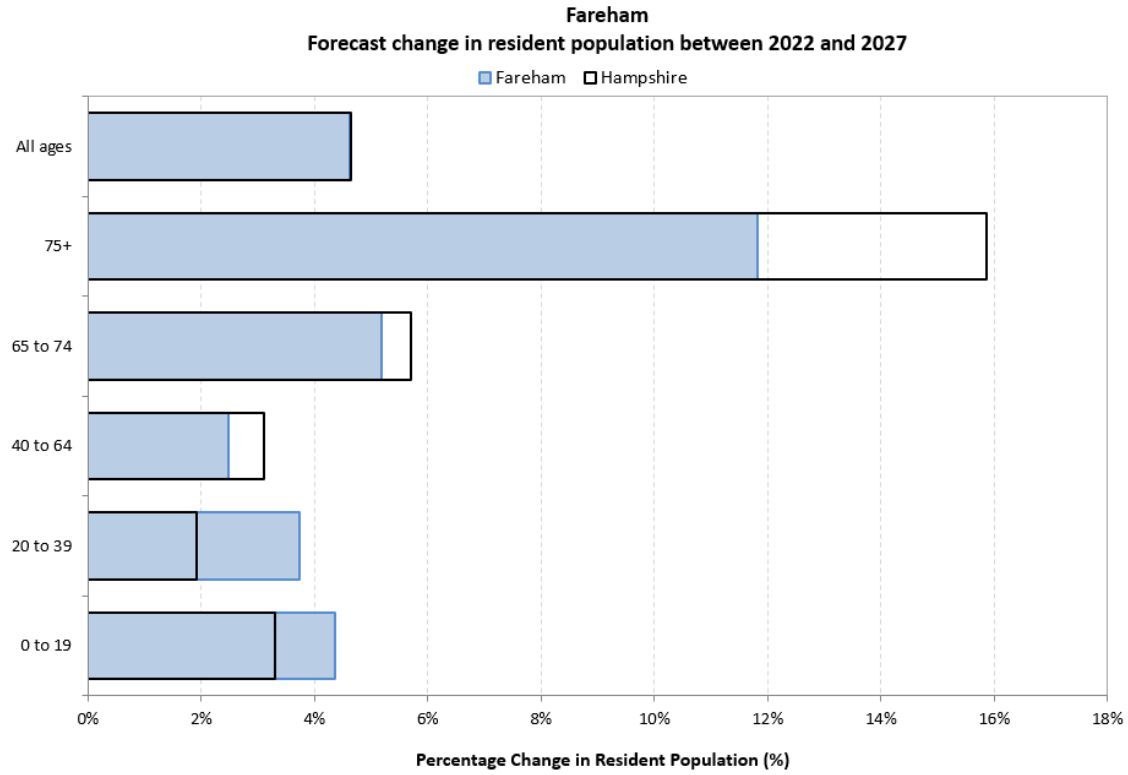
Over the next five years there is a forecast growth of 5,360 people with the largest increase in the over 75 population. This segment of the population is forecast to rise by a little over 1,700 people, an increase of 12%. The forecast increase in the 0 to 19 year olds and 20 to 39 year olds is greater than that estimated for the county as a whole, see figure 9. There is a growth of 2,980 dwellings (5.9% change) predicted in Fareham between 2022 and 2027. The areas of largest growth over this period are towards the north of the district around Funtley, see map 7.

Figure 3 - Population Age and Sex Structure 2022: Fareham compared to Hampshire



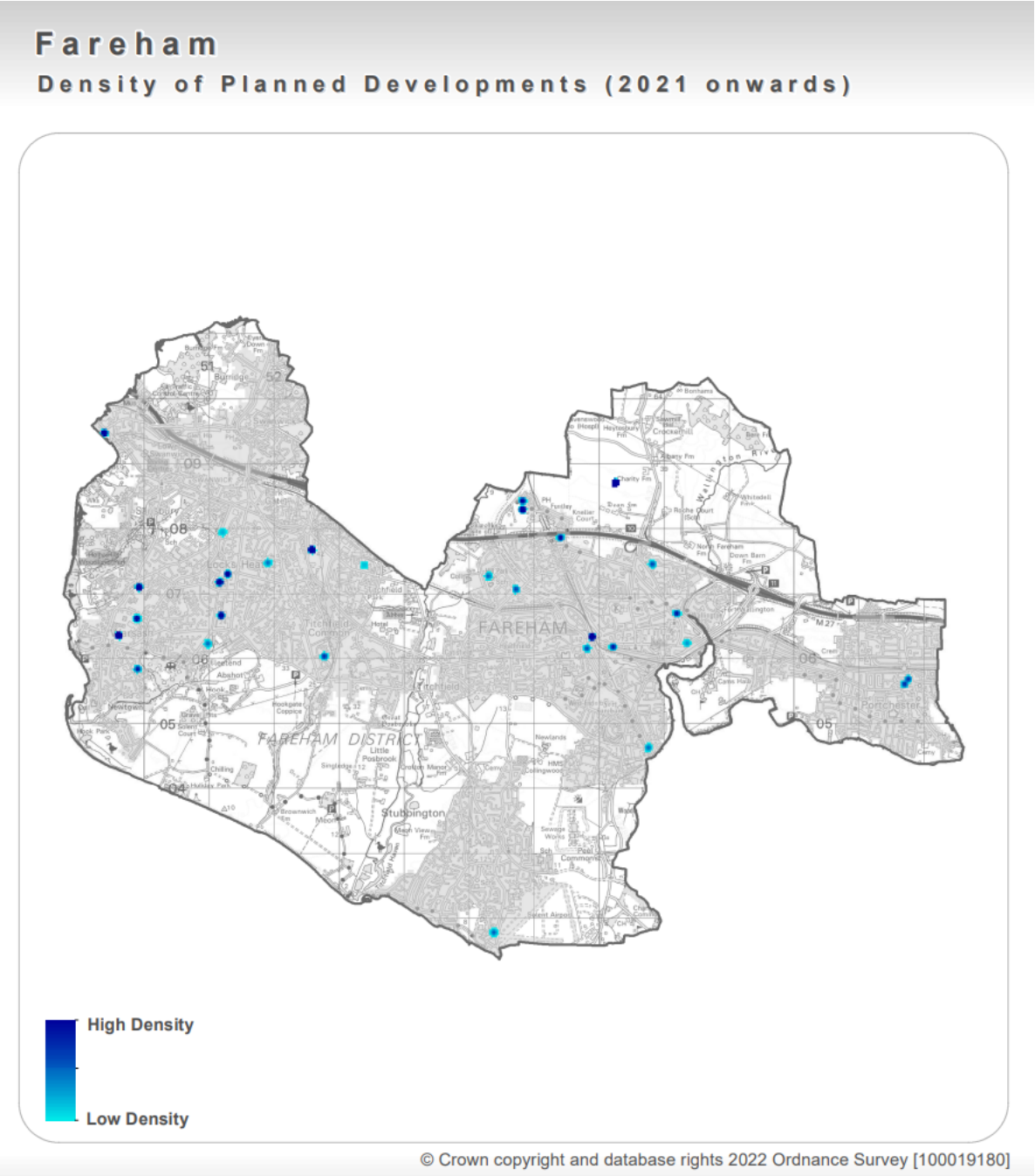
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 4 - Forecast change in resident population between 2022 and 2027: Fareham & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 7 - Planned developments in Fareham from 2021 onwards



Pharmacy provision

As at February 2022, Fareham is served by 16 pharmacies with good weekday provision, five are open after 18:30 with two pharmacies open until 22:30 and one open until 23:00. Early morning provision before 9:00 is served by ten pharmacies. Provision across Fareham district includes four 100-hour pharmacies.

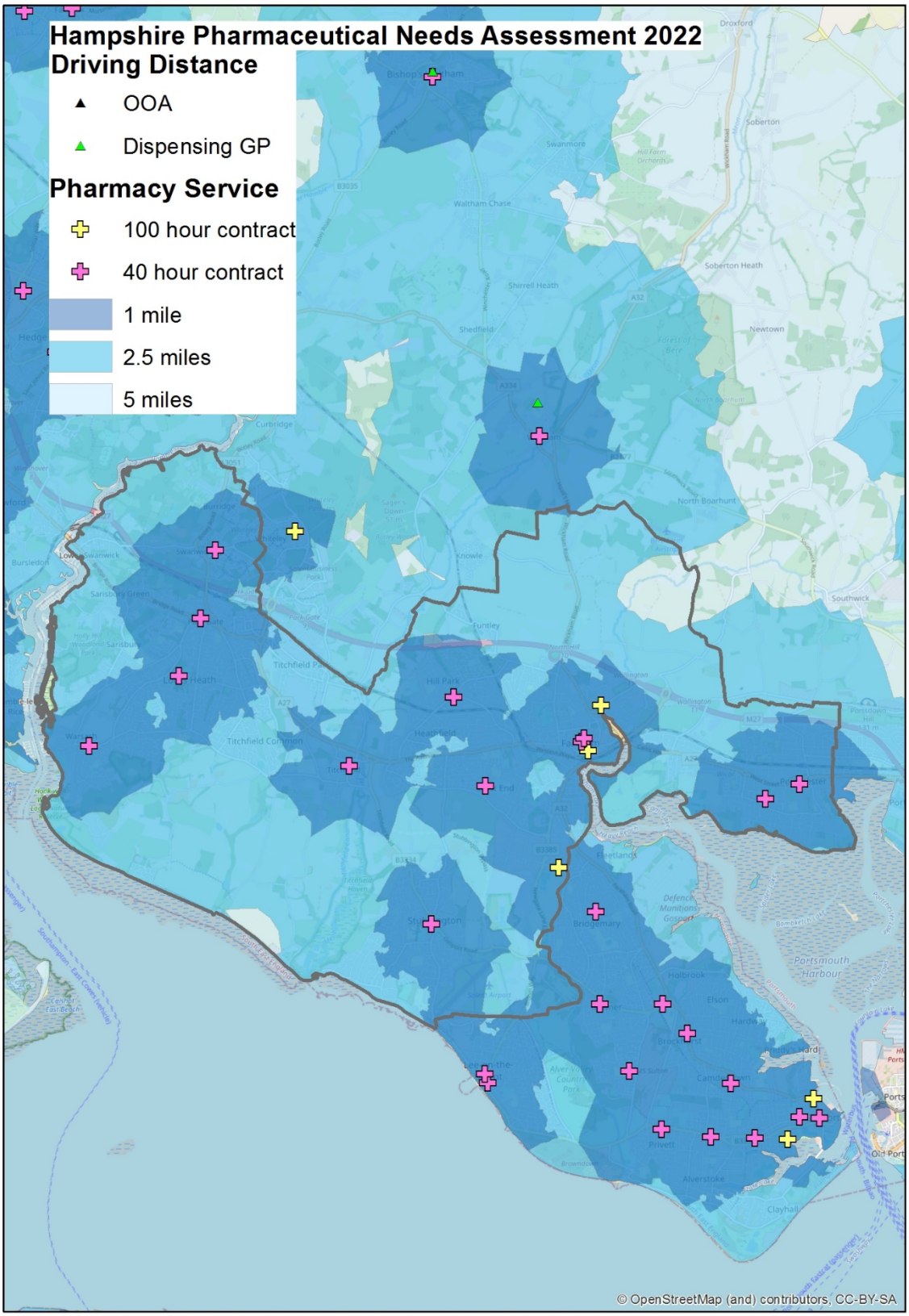
Over the weekend all except one pharmacy is open on a Saturday with five closing at lunchtime (at 13:00 or before), six open all day (closing at 17:00 or a little after) and four open late into the evening. Six pharmacies open on a Sunday with early evening provision. 100% of the district's population is within 2.5 miles road travel of a pharmacist, see map 8.

The new housing development based in Funtley can access two nearby pharmacies in Hills Park. One of these pharmacies is a 100-hour pharmacy, opening seven days a week and late evenings until 22:30 Saturdays and weekdays and until 19:00 on Sunday. There is also provision in the form of a dispensing practice and a further community pharmacy across the border in the village of Wickham situated in the district of Winchester.

Conclusion

There is good provision of pharmacy cover in Fareham matching current need and future planned population growth. There are no identified needs for improvement and better access..

Map 8 – Showing Fareham pharmacies and area within 2.5 miles drive distance by car



5. Gosport

The district of Gosport is located in the south of the county with a long history of naval maritime association. In 2022, Gosport's population was estimated to be 84,110, of which 21.0% are aged 65 and over. This is slightly lower than the Hampshire average of 22.6%. The district has a younger population age and sex structure than Hampshire. When compared to Hampshire, Gosport has a higher proportion of younger working age of 20 to 39 years. The district also has a lower proportion of older people aged 70 years and over, see figure 11. 94.4% of Gosport resident population are of ethnic group 'White British'. This is higher than that reported across the county as a whole (91.8%).

The population density is 3,344.2 people per square kilometre, which is higher than the overall population density of Hampshire (377.6). Gosport is the most densely populated area in Hampshire. Gosport is an urban area with the whole population living in areas classified as urban city or town.

Deprivation is lower than England but higher than in Hampshire as a whole. There are areas of greater deprivation in the town centre of Gosport, Grange and Forton. As at 2019, there were 2,527 (15.8%) children living in income deprived households and 2,200 (10.5%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively but were higher than those for Hampshire as a whole.

The health of people in Gosport is generally similar to the England average. 17.5% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 4.9% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (78.8years) and women (82.5 years) resident in Gosport is lower than the England average and life expectancy in the South East region. There are inequalities across the district with a difference of 3.9 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 6.1 years for females.

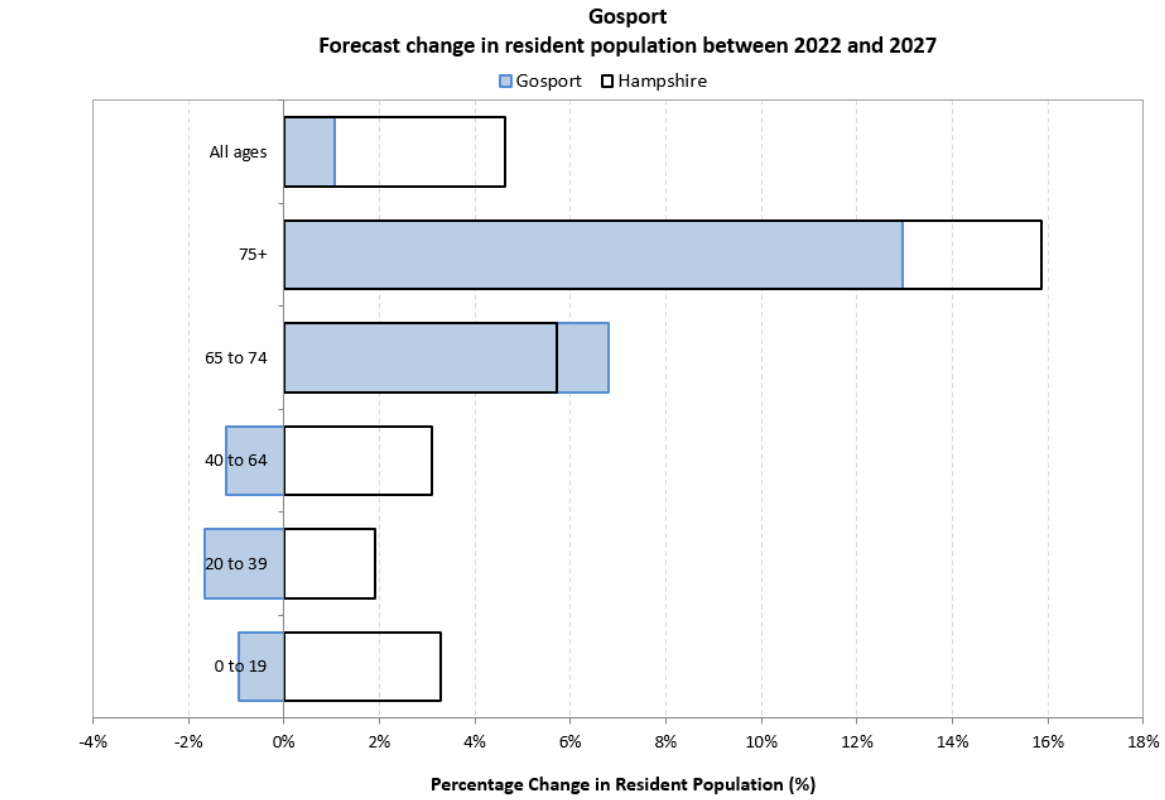
Future growth

Over the next five years there is a relatively small forecast growth of 895 people with decreases in the younger 0 to 19, 20 to 39 and 40 to 64 year old cohorts. There are forecast increases in older age bands 65 to 74 and 75+ year olds. The forecast proportional increase in the oldest age band is significantly smaller than that predicted for Hampshire as a whole, see figure 11. There is a growth of 1,030 dwellings (2.7% change) predicted in Gosport between 2022 and 2027. The area of largest growth over this period is at the south of Anglesey, see map 9.

Figure 5 - Population Age and Sex Structure 2022: Gosport compared to Hampshire

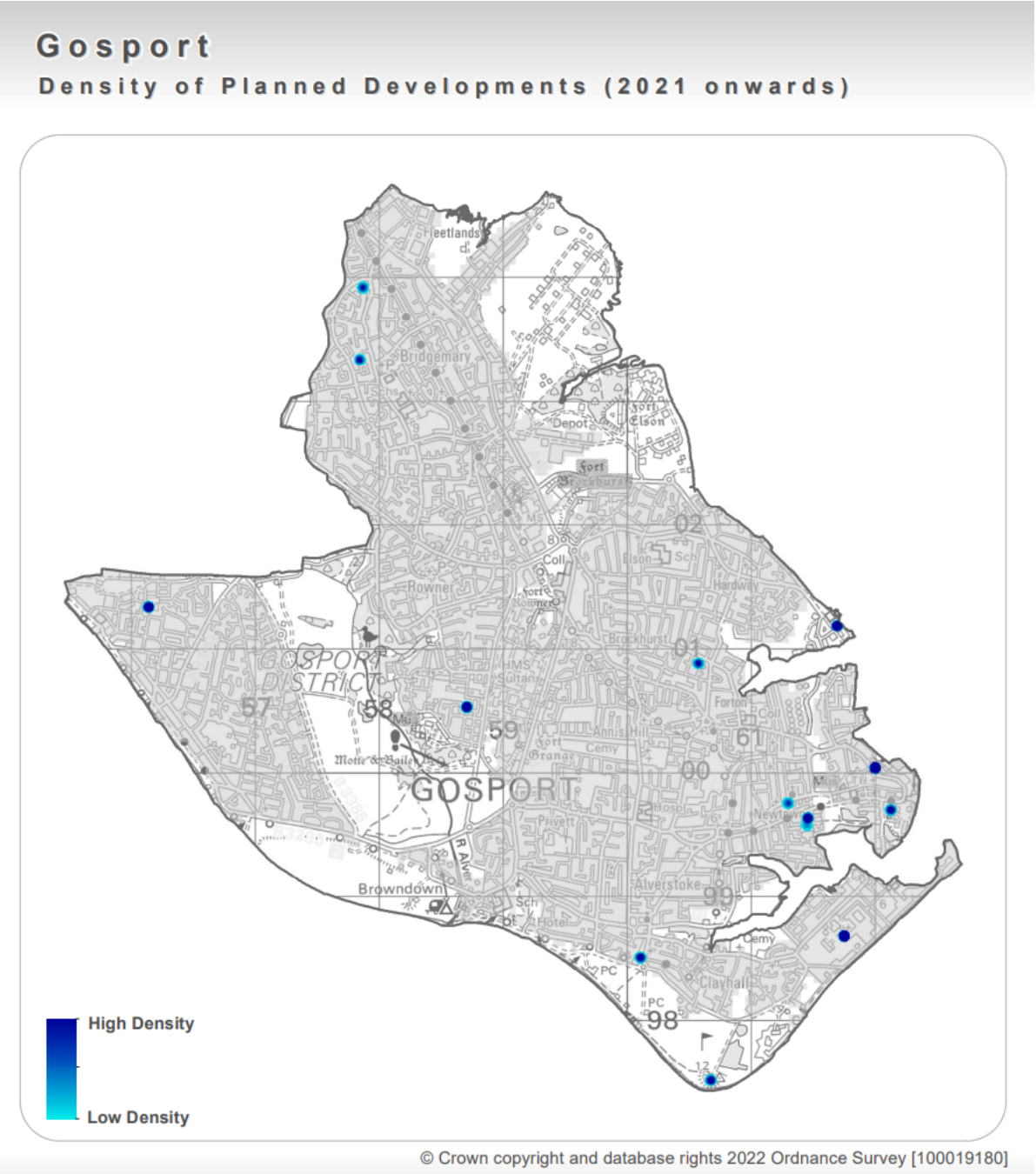
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 6 - Forecast change in resident population between 2022 and 2027: Gosport & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 9 - Planned developments in Gosport from 2021 onwards



Pharmacy provision

As at February 2022, 16 pharmacies serve the Gosport area, including two 100-hour pharmacies and one distance selling pharmacy. Three are open after 18:30 on weekdays with one open until 23:00. There is early morning provision in the area with five pharmacies across the district opening between 07:00 and 09:00. 12 of the 16 open on a Saturday with evening provision up to 23:00. Two pharmacies provide provision within the district on a Sunday including evening provision up to 23:00. 100% of the borough resident population lives within 2.5 road miles of a service, see map 10. Areas outside of this on the map below are predominantly non-residential including a nature reserve, golf courses, a Navy armament depot and naval base, the old hospital grounds and a business park.

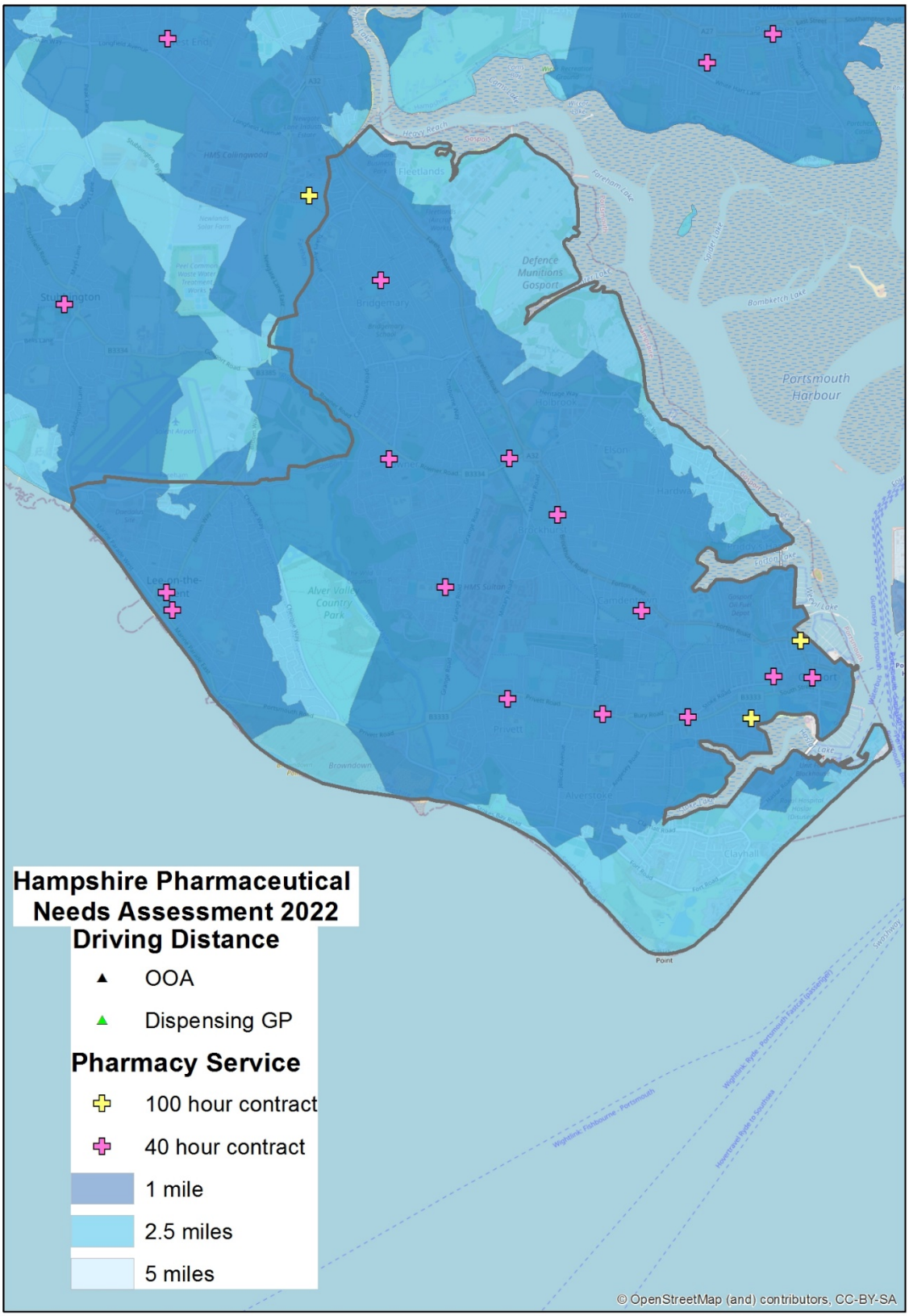
The new housing development in Anglesey is close to a number of pharmacies located in Gosport, including the two 100-hour pharmacies which between them are open between 07:00 to 23:00 every weekday and Saturday and 08:00 to 23:00 on Sundays.

Out of hours GP services are provided at Gosport War Memorial hospital for this area with closely aligned pharmacy provision.

Conclusion

There is good provision of pharmacy cover in Gosport matching current need and future planned population growth. There are no identified needs for improvement and better access.

Map 10 – Showing Gosport pharmacies (excluding distance selling pharmacies) and area within 2.5 miles distance by car



6. Hart

In 2022, the population of Hart in the north of the county is estimated to be 103,530. The district has a younger population with a greater proportion of 5 to 14 years and 35 to 54 years population compared to Hampshire. The current Hart population structure also shows a slightly lower proportion of the older cohorts aged 65 years and over, who compose 20.5% of the resident population compared to 22.6% of the county population, see figure 13. 90.7% of Hart resident population are of ethnic group 'White British'. This is slightly lower than reported across the county as a whole (91.8%).

The population density is 453.4 people per square kilometre, which is higher than the overall population density of Hampshire (377.6). Fleet is the main urban area, with an additional urban area in the north of the district around Yateley. These areas hold 68% of the district population. A further 18% of the population live in rural town and fringe areas, whilst the remaining 14% are in rural villages.

Deprivation is lower than in England and in Hampshire as a whole. Overall, Hart district has a high level of affluence, the most deprived areas in the district are in Yateley and in the area centred around the villages of Heckfield and Hound Green to the north west of the district. As at 2019, there were 1,042 (5.5%) children living in income deprived households and 1,200 (5.4%) people aged 60+ were living in a pension credit household. Both of these measures were significantly lower than the national average.

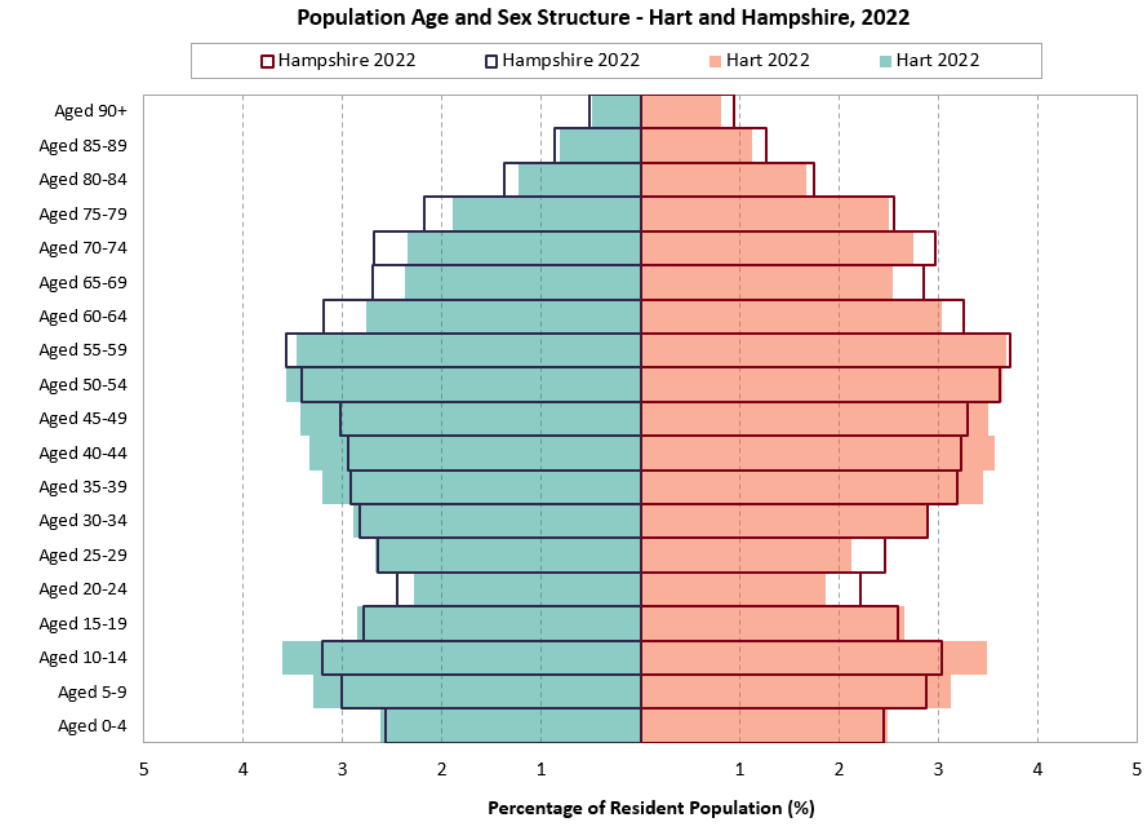
The health of people in Hart is generally better than the England average. 12.0% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 2.6% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (83.0 years) and women (86.1 years) resident in Hart is higher than the England average and life expectancy in the South East region. There are inequalities across the district with a difference of 3.4 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 2.2 years for females.

Future growth

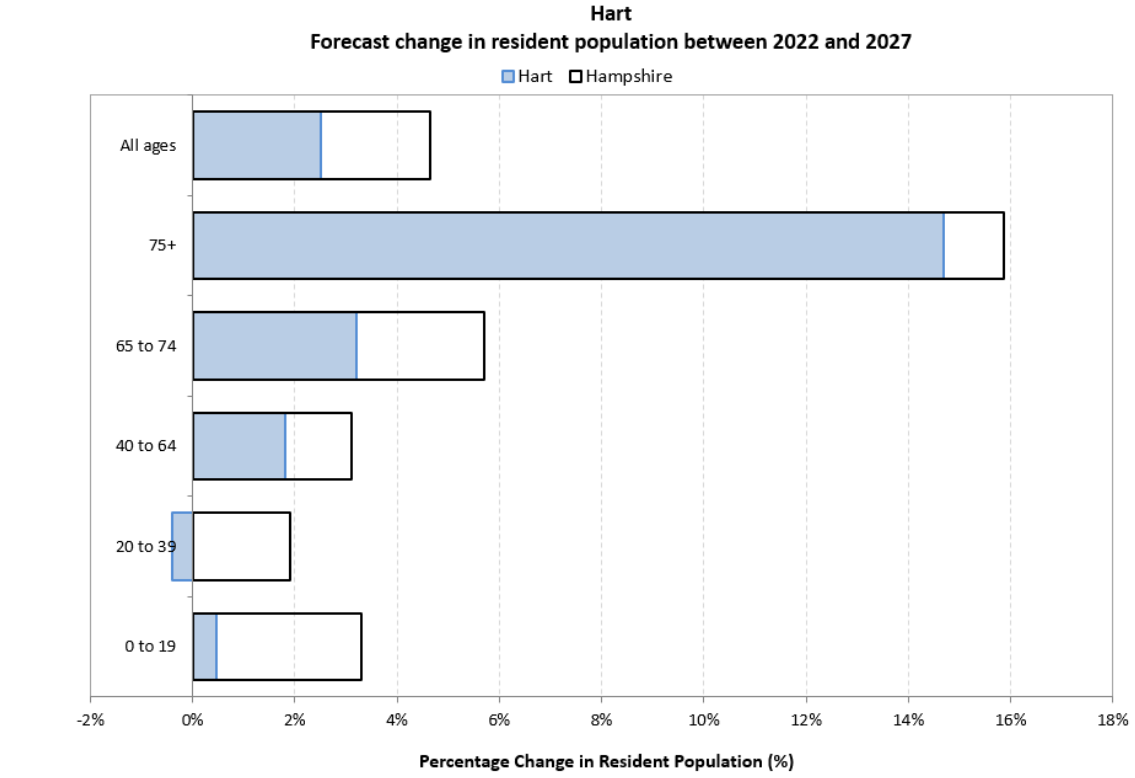
Over the next five years there is a forecast growth of 2,600 people with a smaller proportional increase in every age band than that expected in Hampshire overall, see figure 14. There is a growth of 1,600 dwellings (3.8% change) predicted in Hart between 2022 and 2027. The areas of largest growth over this period are towards the south east of the district around Church Crookham and to the south of Hook, see map 11.

Figure 7 - Population Age and Sex Structure 2022: Hart compared to Hampshire



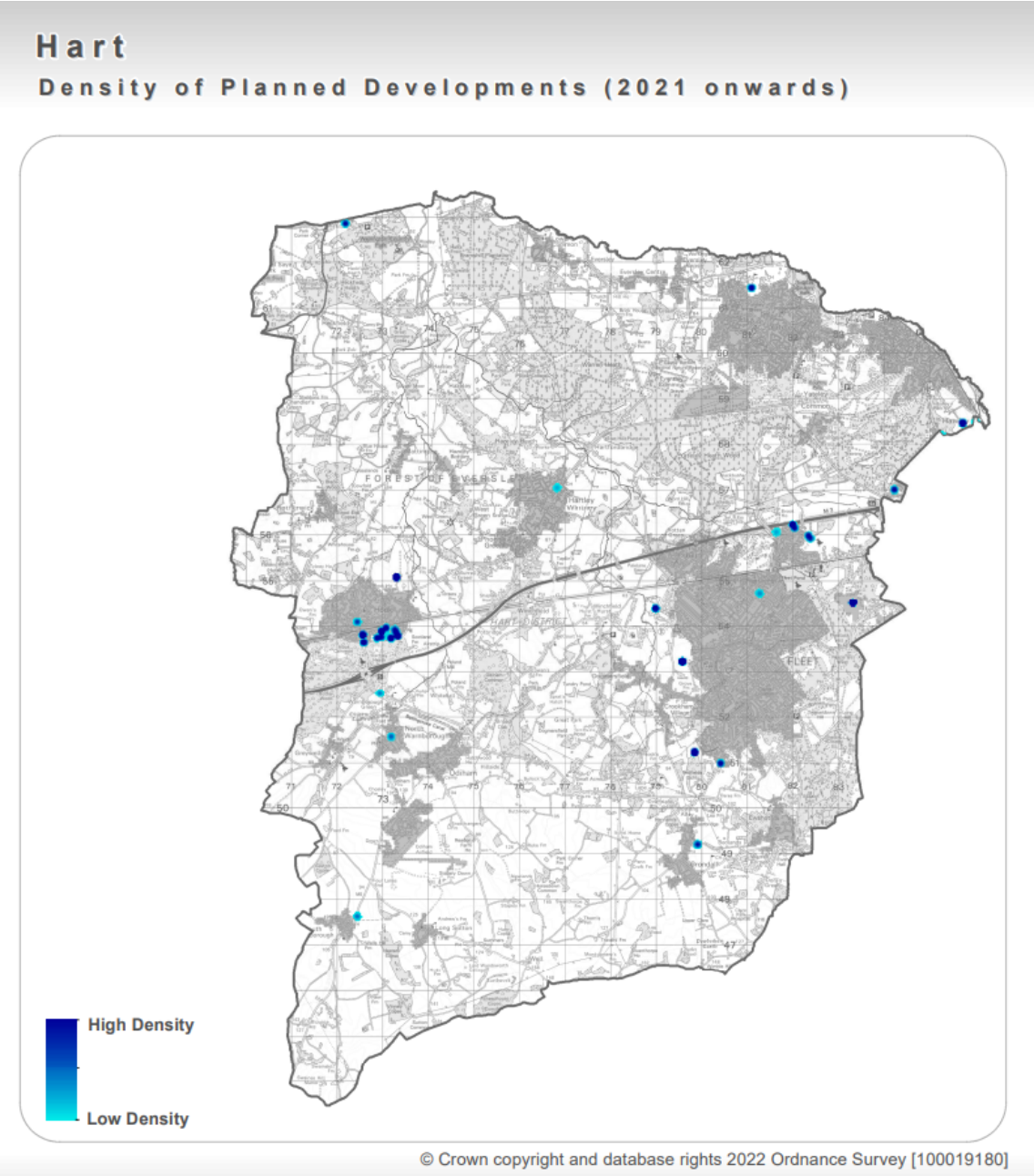
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 8 - Forecast change in resident population between 2022 and 2027: Hart & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 11 - Planned developments in Hart from 2021 onwards



Pharmacy provision

As at February 2022, there are 17 pharmacies located within the district of Hart as well as one dispensing practice based in the village of Crondall. Two 100-hour pharmacies provide good coverage to the main towns of Hook and Fleet into the late evening. There are a further four pharmacies open after 18:30 in the evening across the district. There are five pharmacies in Hart providing early morning provision before 9:00, from 07:00 onwards on weekdays.

Weekend provision is covered by 16 pharmacies on a Saturday, with several locations open until 17:30 and evening provision available up to 21.30 on one site, with another opening up to 22.30. Five pharmacies open on a Sunday with provision into the evening until 21:30. 100% of the population is resident within 5 road miles of a pharmacy. There is a small area to the West of Hook which is over 5 miles from a pharmacy in Hart or its neighbouring district Basingstoke and Deane, however this area is very rural and is mainly covered by a golf course and a hotel. Another small area without coverage to the north west of the district is covered by a local country park, see map 12.

Frimley Park Hospital and Basingstoke hospital are the bases for out of hours primary care for this area. This has temporarily moved to Hook Surgery during the COVID-19 pandemic. There is pharmacy provision near the out of hours services and within Hart for prescribed medicines. These services There is a 100-hour pharmacy in Hook.

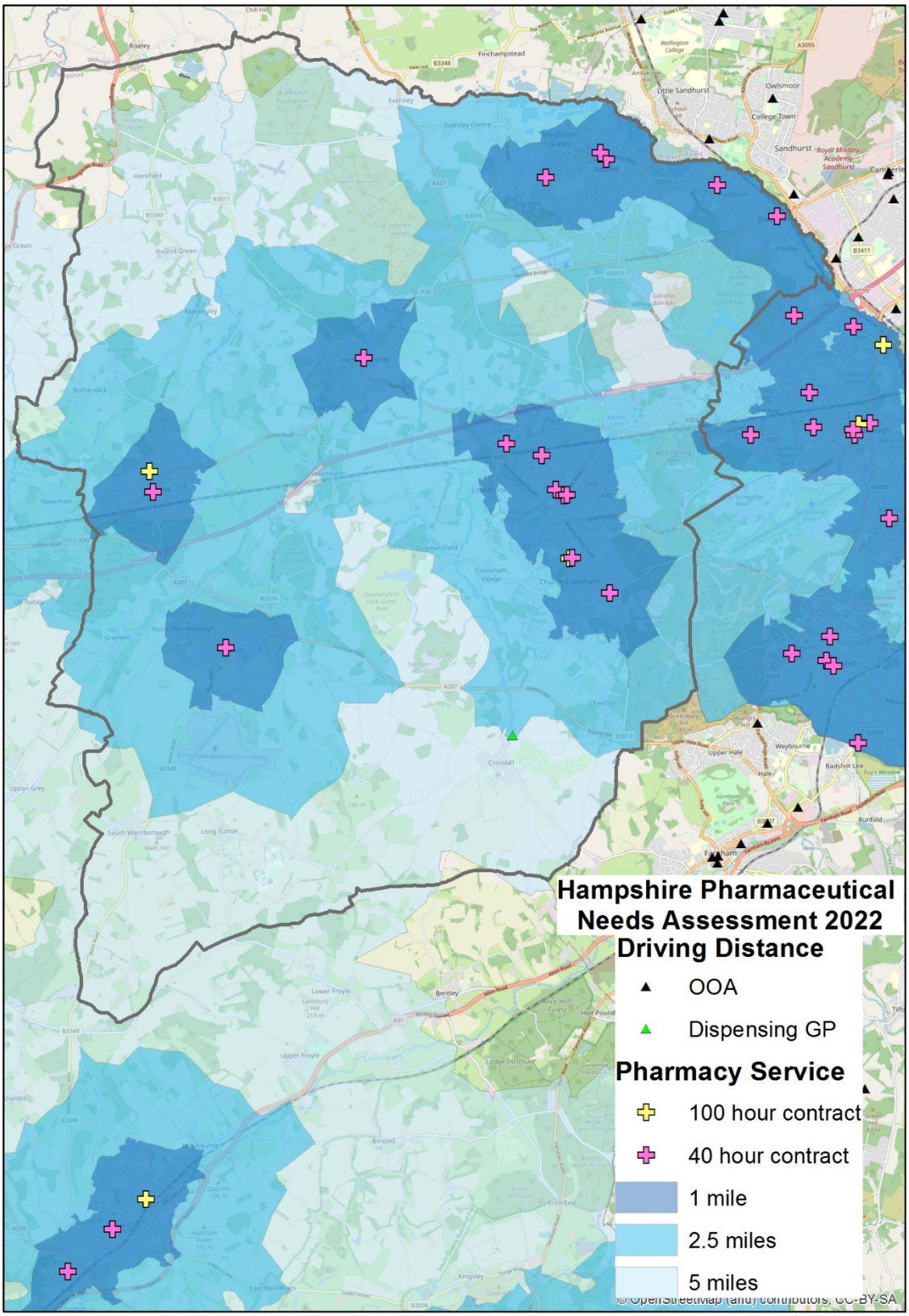
The area of Hart district predicted to experience the most population growth is Church Crookham. This area is served by three pharmacies, one in Church Crookham and two in the south of Fleet. One of these is a 100-hour pharmacy which is open late evening and weekends. In addition, there are a further three pharmacies located nearby in central Fleet.

The developments to the south of Hook are within a mile of the two existing pharmacies serving the village, including a 100-hour pharmacy.

Conclusion

There is good provision of pharmacy cover in Hart matching current need and future planned population growth. There are no identified needs for improvement and better access.

Map 12 – Showing Hart pharmacies and area within 5 miles distance by car



7. Havant

In 2022 the population of Havant is estimated to be 128,110. When compared to Hampshire the current population age and sex structure has a smaller proportion of working age population aged 30 to 49 years and a greater proportion of older people aged 60 years and over. 24.2% of the population are aged 65 and over. This is slightly higher than the Hampshire average of 22.6%, see figure 15. 95.2% of Havant resident population are of ethnic group 'White British'. This is higher than reported across the county as a whole (91.8%).

The population density is 2,281.7 people per square kilometre, which is higher than the overall population density of Hampshire (377.6). Havant is an urban area with almost the whole population living in areas classified as urban city or town (97%).

Deprivation is very similar to that reported in England as a whole. However, Havant is the most deprived district in Hampshire with around one third of Lower Super Output Areas (LSOAs) in the most 20% most deprived areas nationally. The areas of greater deprivation are around Leigh Park and Waterlooville. As at 2019, there were 4,010 (18.5%) children living in income deprived households, significantly higher than the national average. There were 4,264 (11.9%) people aged 60+ living in a pension credit household, significantly lower than the national average of 14.2% but higher than the figure for the county as a whole.

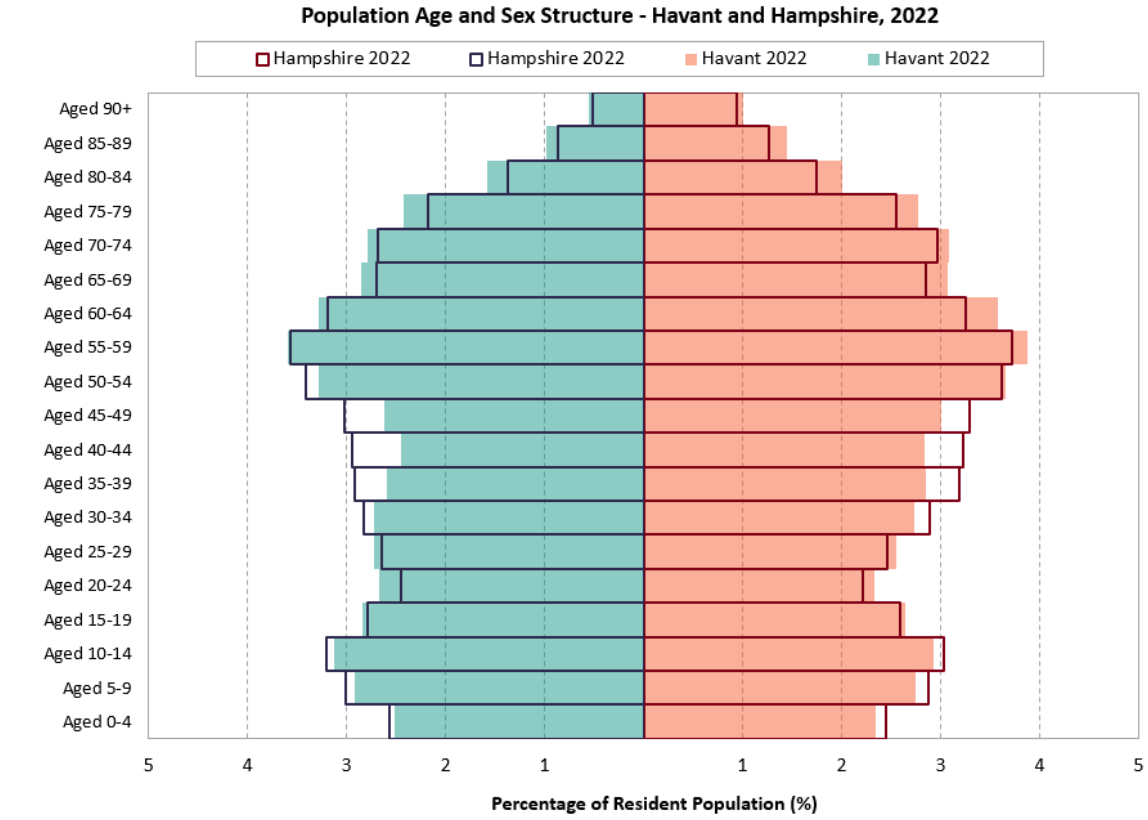
The health of people in Havant is generally worse than the England average. 19.3% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 5.6% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (80.4 years) and women (83.8 years) resident in Havant is higher than the England average but slightly lower than life expectancy in the South East region. There are inequalities across the district with a difference of 8.6 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 5.7 years for females.

Future growth

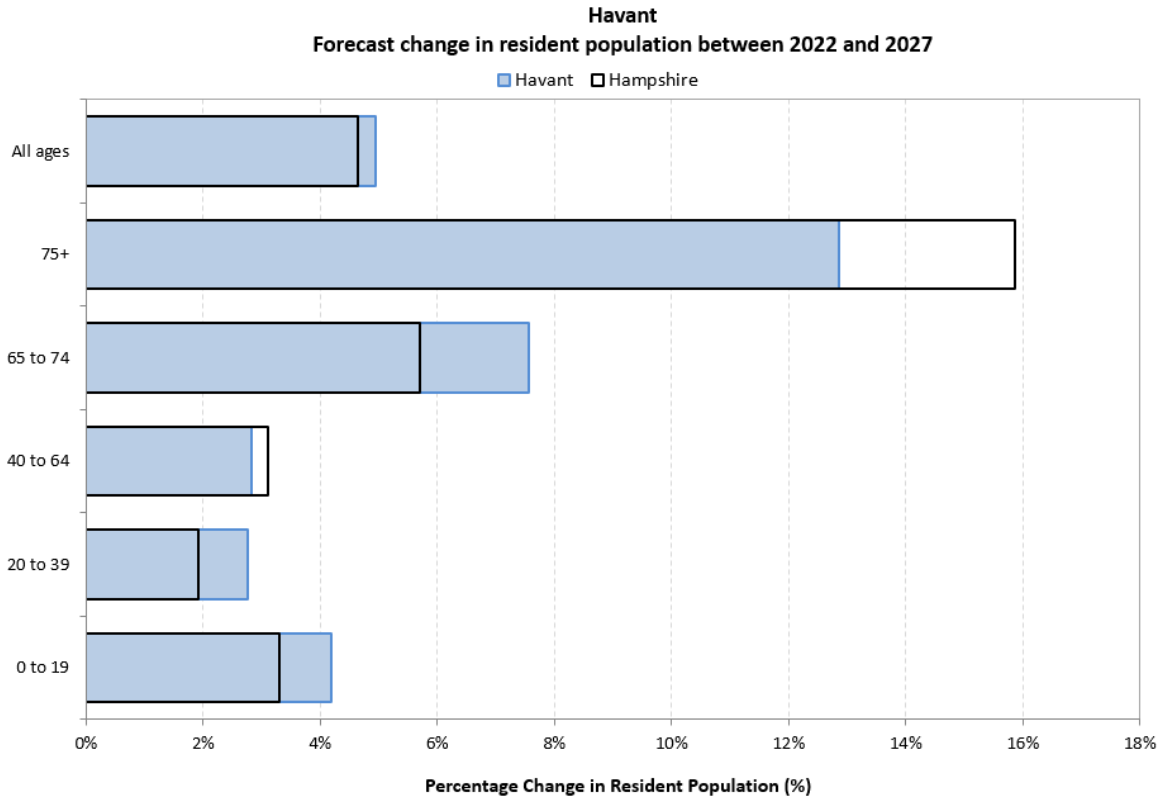
Over the next five years there is a forecast growth of 6,340 people with the largest increase forecast in the 75+ years cohort. This older age group is expected to increase by just over 2,100 people, see figure 16. There is a growth of 3,440 dwellings (6.0% change) predicted in Havant between 2022 and 2027. The area of largest growth over this period is between Emsworth and Havant town centre, see map 13.

Figure 9- Population Age and Sex Structure 2022: Havant compared to Hampshire



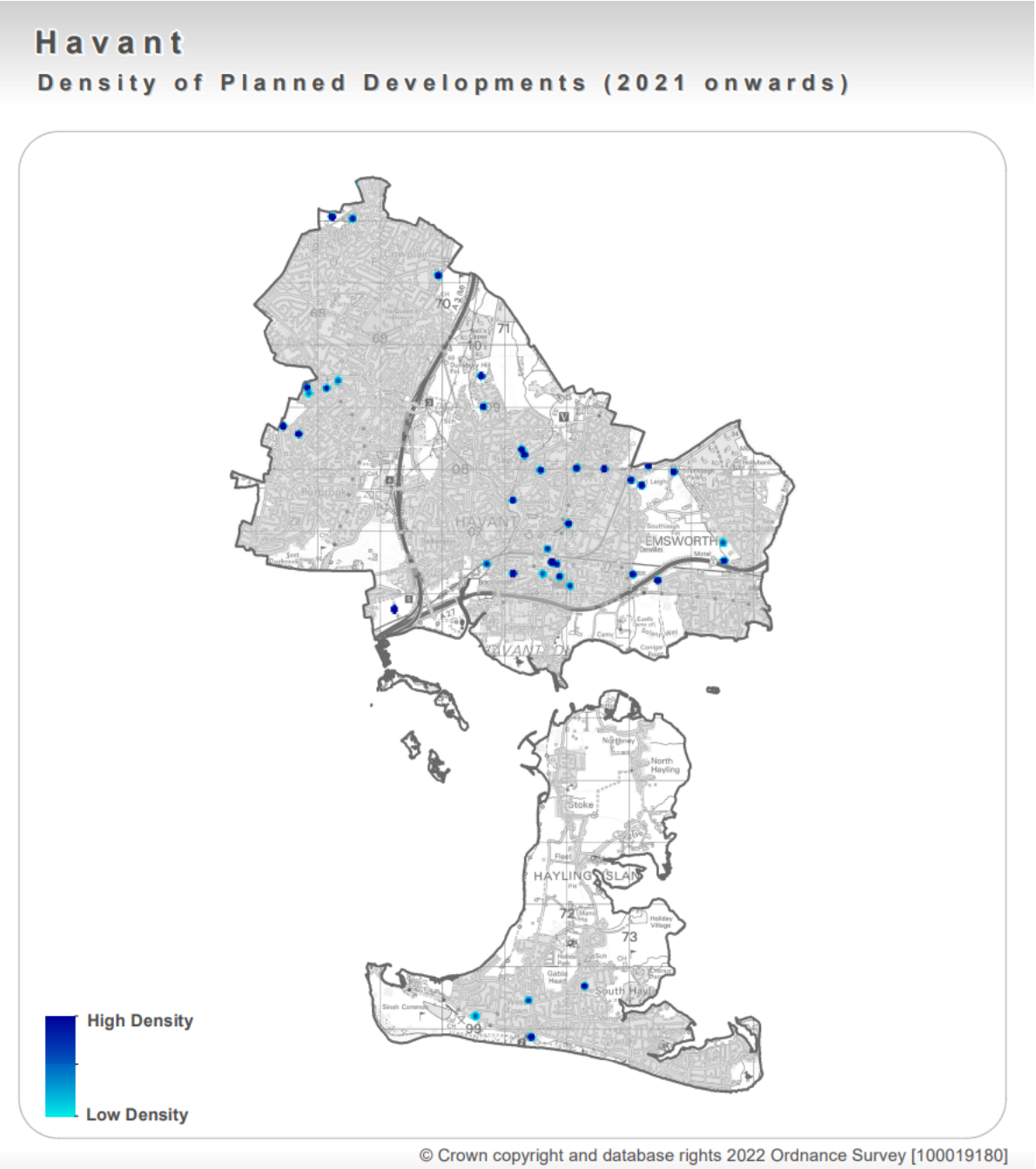
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 10- Forecast change in resident population between 2022 and 2027: Havant & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 13 - Planned developments in Havant from 2021 onwards



Pharmacy provision

As at February 2022, the district of Havant is served by 26 pharmacies in the week of which five are 100-hour pharmacies. These are well distributed throughout the area, see map 13. All five 100-hour pharmacies open before 9:00 in the morning as do a further three pharmacies across the district. Late evening provision is also provided by the 100-hour pharmacies, with one open until 20:00, one until 22:30, two until 23:00 and one until 00:00.

23 of Havant's pharmacies open on a Saturday with four open into the late evening until 22:00 or later. Coverage on Sunday is provided by five pharmacies open during the day. Further pharmacies are accessible in the city of Portsmouth and across the border in Westbourne and Southborne in Chichester district. The pharmacy provision in Havant serves one of the more deprived areas of the county where good access is essential.

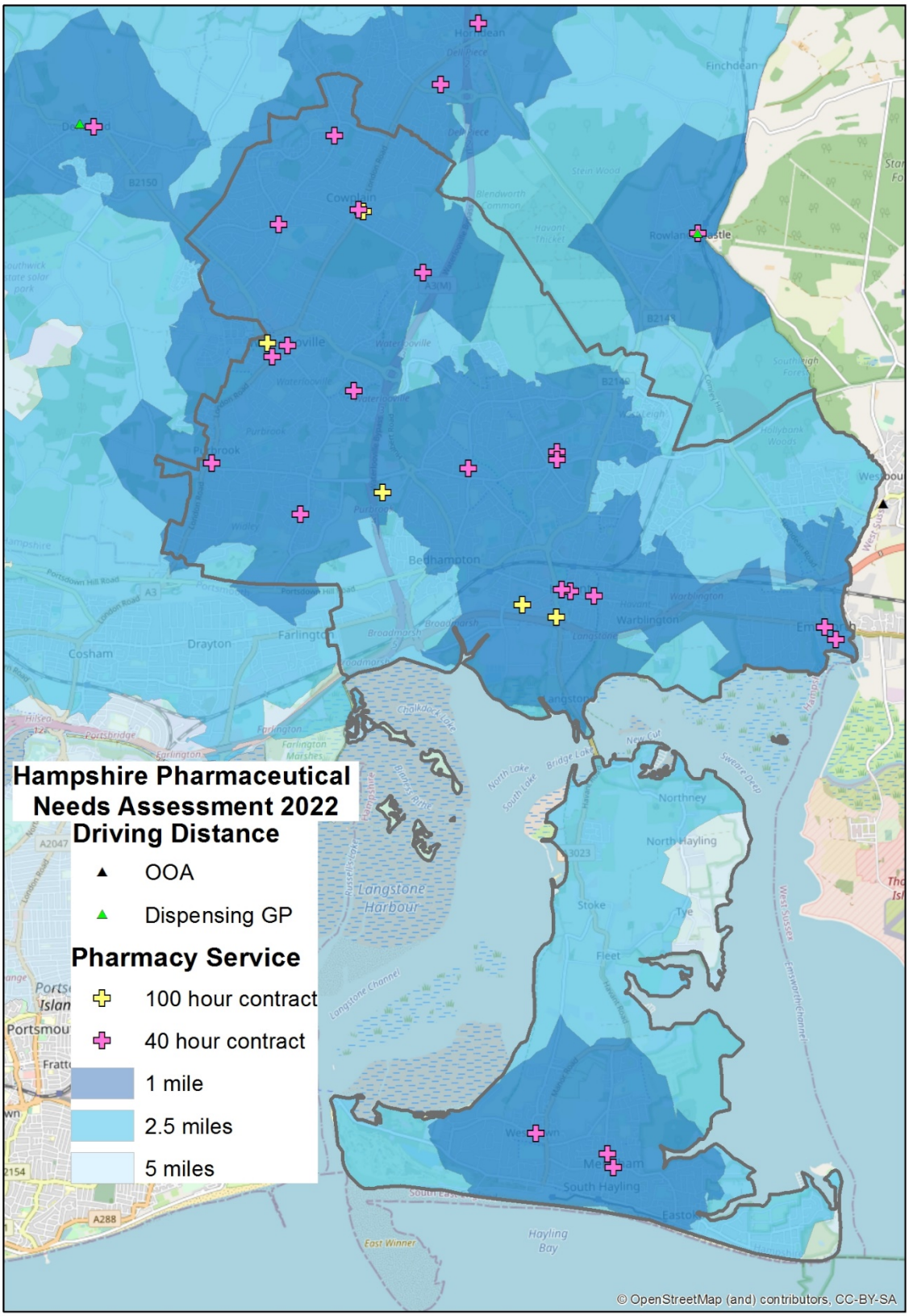
100% of the population live within 2.5 miles distance by car of a pharmacy with a small amount of areas outside of the range, see map 14. These are generally non-residential areas including Staunton Country Park to the north of Leigh Park in Havant and two golf courses on Hayling Island. Out of hours GP provision is based in Portsmouth with good out of hours pharmacy coverage provided nearby.

The area of Havant district predicted to experience the most population growth is between Emsworth and Havant town centre. This area is served by seven pharmacies, two located in Emsworth and five located in Havant, including two 100-hour pharmacies open late evenings and weekends.

Conclusion

There is good provision of pharmacy cover in Havant matching current need and future planned population growth. There are no identified needs for improvement and better access.

Map 14 – Showing Havant pharmacies, 100-hour pharmacies are highlighted and area within 2.5 miles distance by car



8. New Forest

The New Forest in the south west of Hampshire has an estimated resident population of 179,400 in 2022. 29.4% of the population are aged 65 and over. This is the greatest proportion in Hampshire and older than the Hampshire average which has around 22.1% of the population aged 65 and over. The New Forest has lower proportion of younger ages between 0 and 54 years, see figure 17. 94.9% of the New Forest population are of ethnic group 'White British', higher than the figure reported across Hampshire as a whole (91.8%).

The population density is 238.5 people per square kilometre, which is lower than the overall population density of Hampshire (377.6). The New Forest is a large district which is mainly rural but with urban areas in Totton and Hythe to the east, Lymington and new Milton on the coast and Ringwood in the west. These areas hold 73% of the district population. A further 16% of the population live in rural town and fringe area, whilst the remaining 11% are in rural villages.

Deprivation is lower than the national average for England. However, there are areas in Totton, near to Hythe, in Lymington and New Milton which are higher levels of deprivation than the rest of the New Forest. As at 2019, there were 3,113 (10.8%) children living in income deprived households. There were 4,763 (7.7%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively.

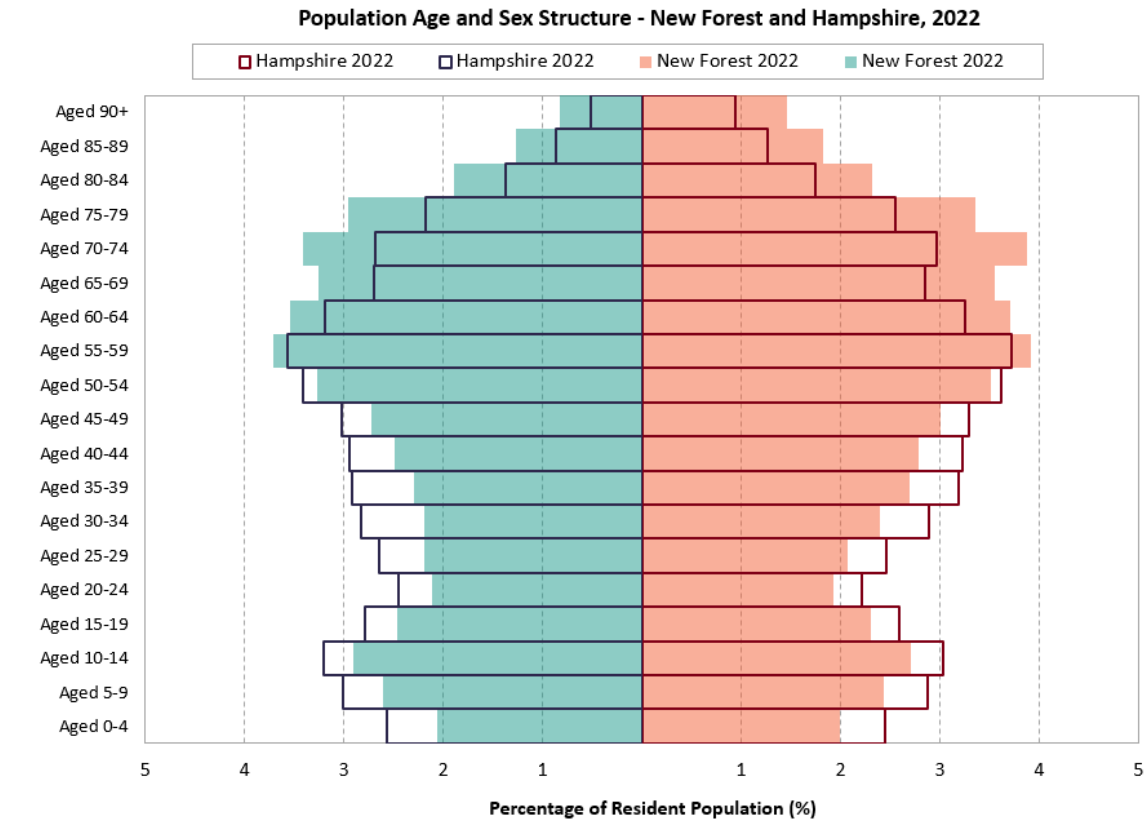
The health of people in New Forest is generally better than the England average. 15.7% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 4.9% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

Figures for 2018-2020, show that life expectancy for men (82.5 years) and women (85.5 years) resident in New Forest is higher than the England average and life expectancy in the South East region. There are inequalities across the district with a difference of 6.5 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 3.2 years for females**.**

Future growth

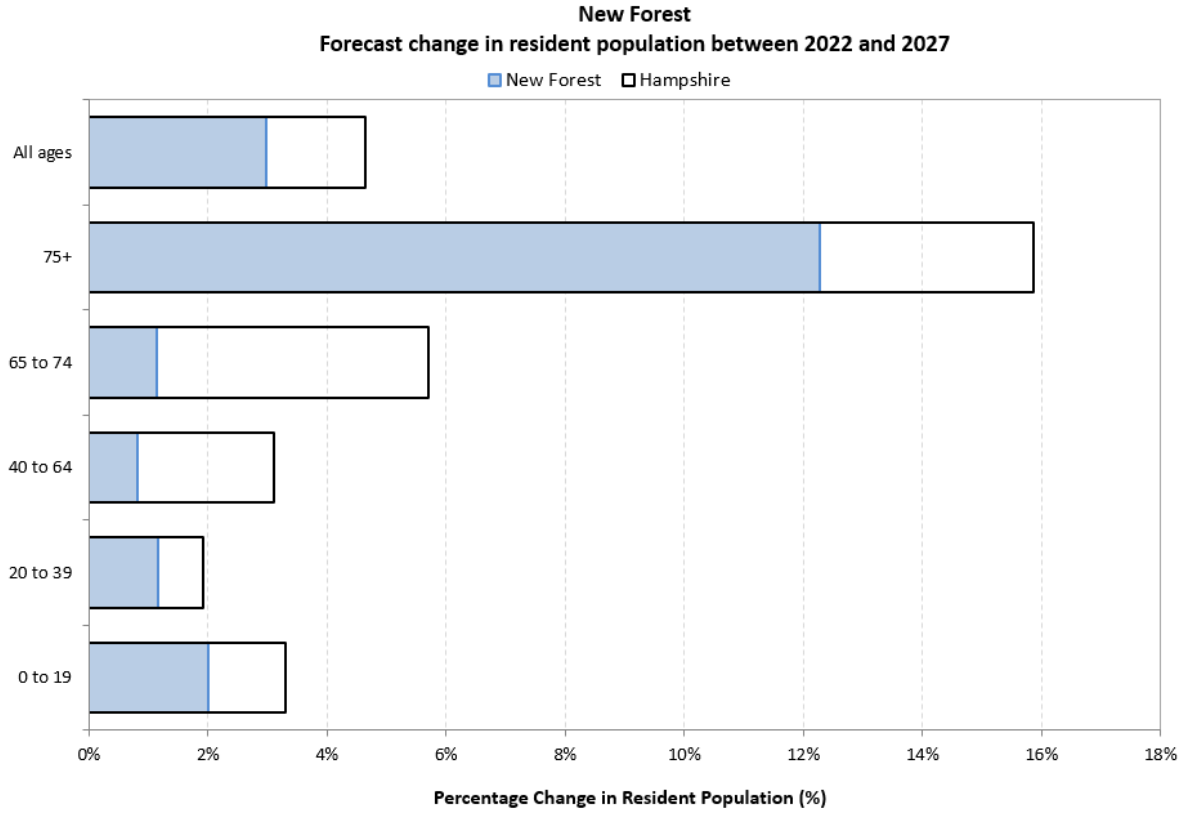
Over the next five years there is a forecast growth of 5,350 people with the largest increase forecast in the 75+ years cohort, see figure 18. Population forecasts suggest an increase of 3,500 in this segment of the population, representing an increase of 12%. Whilst this is smaller than the county average, this is still a substantial increase in absolute numbers due to the size of New Forest district. There is a growth of 3,520 dwellings (4.2% change) predicted in New Forest between 2022 and 2027. The areas of largest growth over this period are around Totton as well as Fordingbridge to the west of the district, see map 15.

Figure 11- Population Age and Sex Structure 2022: New Forest compared to Hampshire



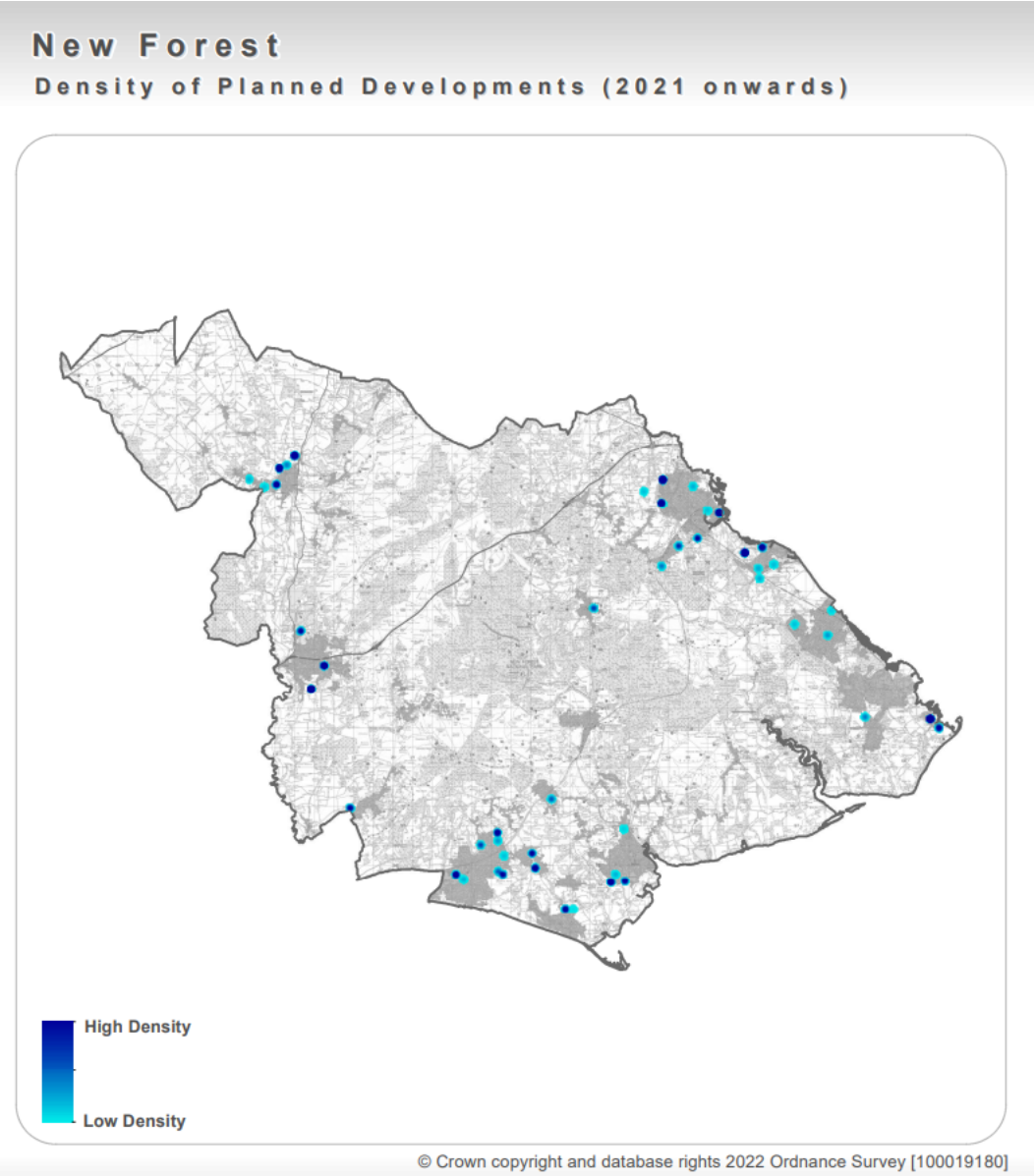
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 12 - Forecast change in resident population between 2022 and 2027: New Forest & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 15 - Planned developments in New Forest from 2021 onwards



Pharmacy provision

As at February 2022, the New Forest district has 36 pharmacies including four 100-hour pharmacies and two distance selling pharmacies. There are two dispensing GP practices in the district, located in Fordingbridge and Bransgore.

Four pharmacies provide late evening provision in the south west and far west, two are situated in New Milton, one in Fordingbridge and one in Milford. There is also additional provision across the district border in Southampton, Test Valley, Wiltshire, Dorset and Bournemouth, Christchurch & Poole.

30 pharmacies are open on a Saturday with evening provision up to 22:30. Seven pharmacies open on Sunday with two staying open in the early evening up to 19:00. This provision is available in the main towns of the New Forest with the far west accessing provision across the border in Dorset and Wiltshire, and the east from Southampton.

The out of hours services primary care services are based in Totton and Lymington. There is pharmacy provision in this area for out of hours prescription dispensing.

98% of the area's resident population is within 5 miles road travel of a pharmacy with very sparsely populated, rural areas being further away from a pharmacy, see map 16 and figure 19.

Areas of largest population growth over the next five years are around Totton and Fordingbridge to the west of the district. Fordingbridge currently has two pharmacies, including a 100-hour pharmacy which is open at weekends and into the evening. Totton has a total of four pharmacies, two in the centre of town. One of these is open seven days a week, open until 19:00 weekdays and weekends. Totton residents can also access cross boundary provision in the city of Southampton.

Conclusion

There is good provision of pharmacy cover in the New Forest matching current need and future planned population growth. The age of this population will need to be taken into consideration when considering pharmacy applications and border pharmacies will need to be taken into account when considering pharmaceutical needs. There is no identified need for improvements and better access.

Map 16 – Showing New Forest pharmacies (excluding distance selling pharmacies), area within 5 miles distance by car

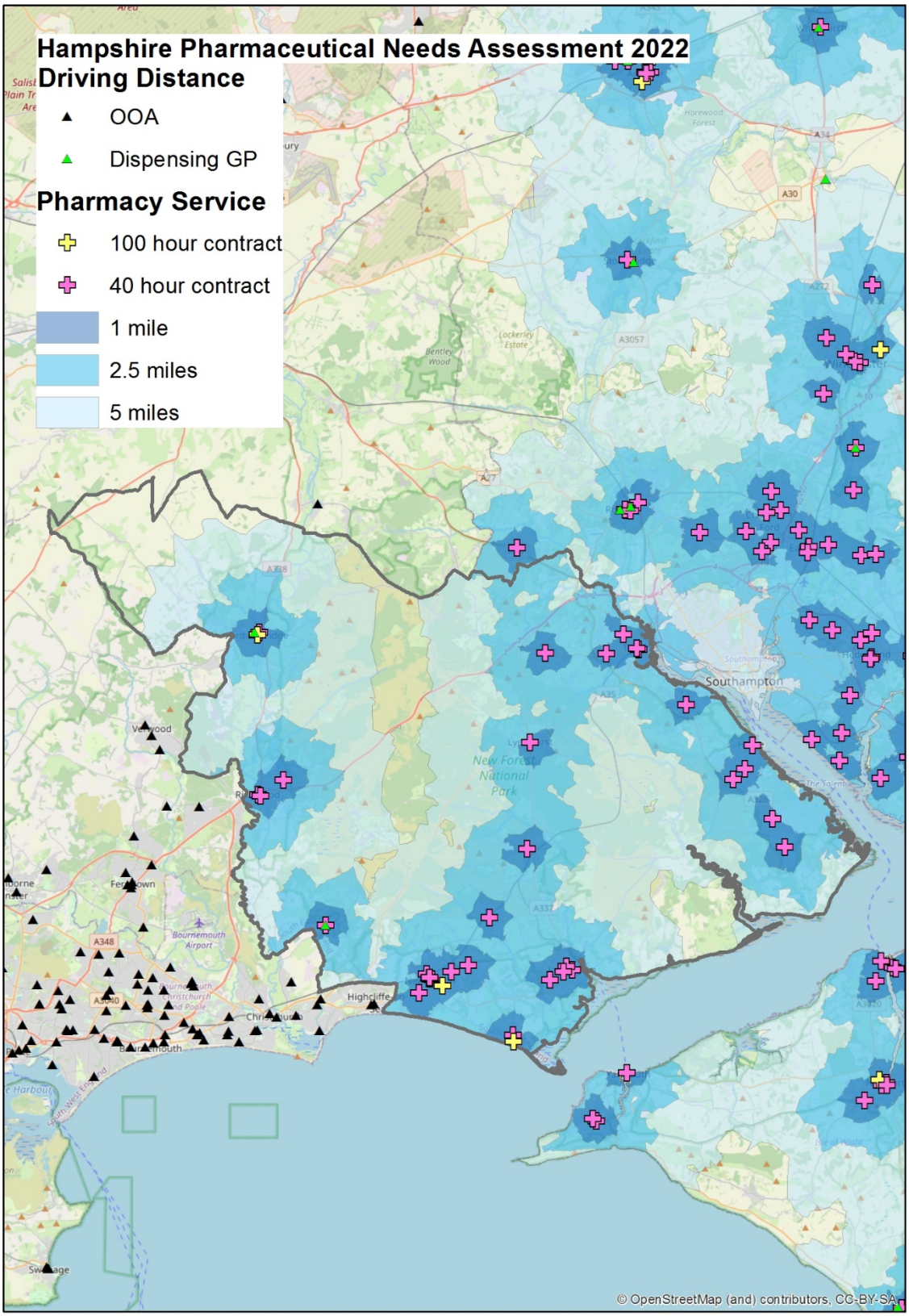
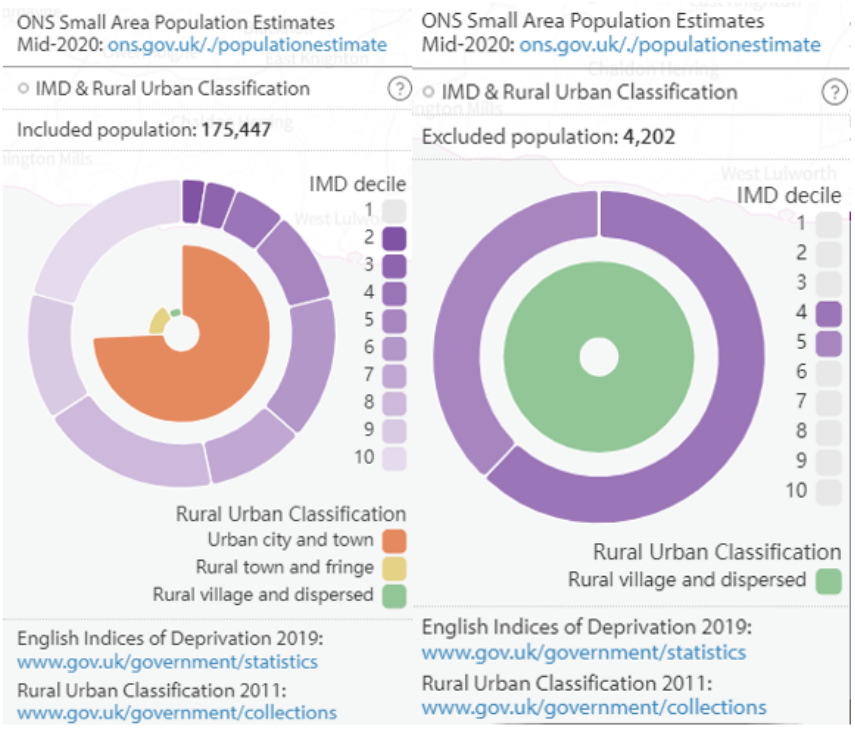


Figure 13 - Charts illustrating the characteristics of the included and excluded population of New Forest within 8 km / 5 miles distance of a pharmacy by car



9. Rushmoor

Rushmoor district in the north of the county is estimated to have 100,330 residents in 2022. The population includes a large Army base in Aldershot. The population has a significantly younger age population structure than Hampshire, with a higher proportion of 0 to 9 and 20 to 44 year olds and a lower proportion of 55 years and over. 15.8% of the population are aged over 65, this is younger than the Hampshire average of 22.1%, see figure 20. Over 10% of Rushmoor's population are from a non-white British ethnic group, the highest proportion by district across the county. Over 6,120 people living in Rushmoor district identified themselves as Nepalese in the 2011 Census.

The population density is 2,417.4 people per square kilometre, which is higher than the overall population density of Hampshire (377.6). Rushmoor is an urban area with the whole population living in areas classified as urban city or town.

Deprivation is lower than the national average for England but higher than deprivation in the South East region and Hampshire county. Rushmoor is one of the most deprived districts in Hampshire. The areas of greater deprivation are around Aldershot Park, Aldershot town centre and Cherrywood in Farnborough. As at 2019, there were 2,169 (11.4%) children living in income deprived households. There were 3,474 (19.8%) people aged 60+ living in a pension credit household. This suggests there were a significantly lower proportion of children living in income deprived households in the district, compared to the national average of 17.1%. However, there are significantly more older people living in pension credit households in Rushmoor compared to the national average of 14.2%.

The health of people in Rushmoor is generally better than the England average. 13.3% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 3.6% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally. This may be related to the relatively younger age of the population.

Figures for 2018-2020, show that life expectancy for men (80.2 years) and women (83.6 years) resident in Rushmoor is higher than the England average but lower than life expectancy in the South East region. There are inequalities across the district with a difference of 9.6 years between male life expectancy in the most and least deprived deciles of the district and a difference of 9.3 years for females**.**

Future growth

Over the next five years there is a forecast growth of 7,530 people with the largest absolute increase forecast in the 40 to 64 year old cohort. The older population aged 75 years and over is expected to experience the largest proportional growth, with a forecast increase of 23% and 1,040 individuals. Population forecasts suggest an increase in all age groups across Rushmoor. The forecast change (7.5%) is greater than Hampshire overall (4.6%), see figure 21.

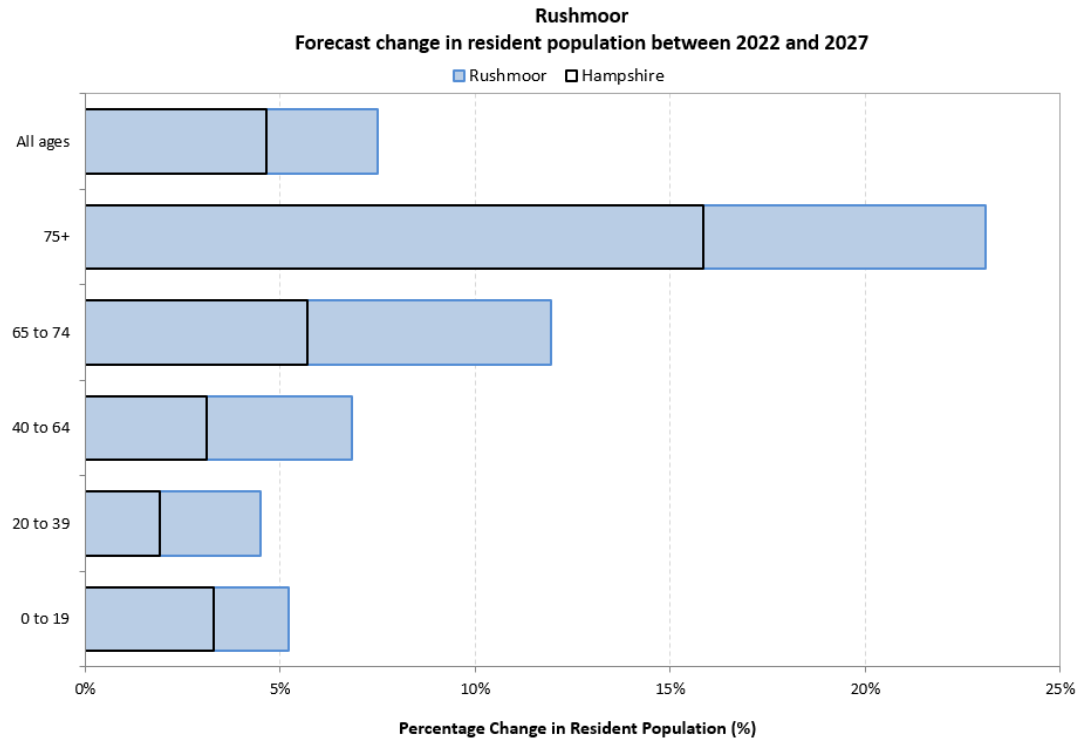
There is a growth of 3,860 dwellings (9.3% change) predicted in Rushmoor between 2022 and 2027 with an associated population growth of 11,512 residents (12% change). This represents the largest percentage change in dwellings and the second largest population percentage

change across the county. The area of largest growth over this period is around the town centre of Aldershot, north of the train station, see map 17.

Figure 14 - Population Age and Sex Structure 2022: Rushmoor compared to Hampshire

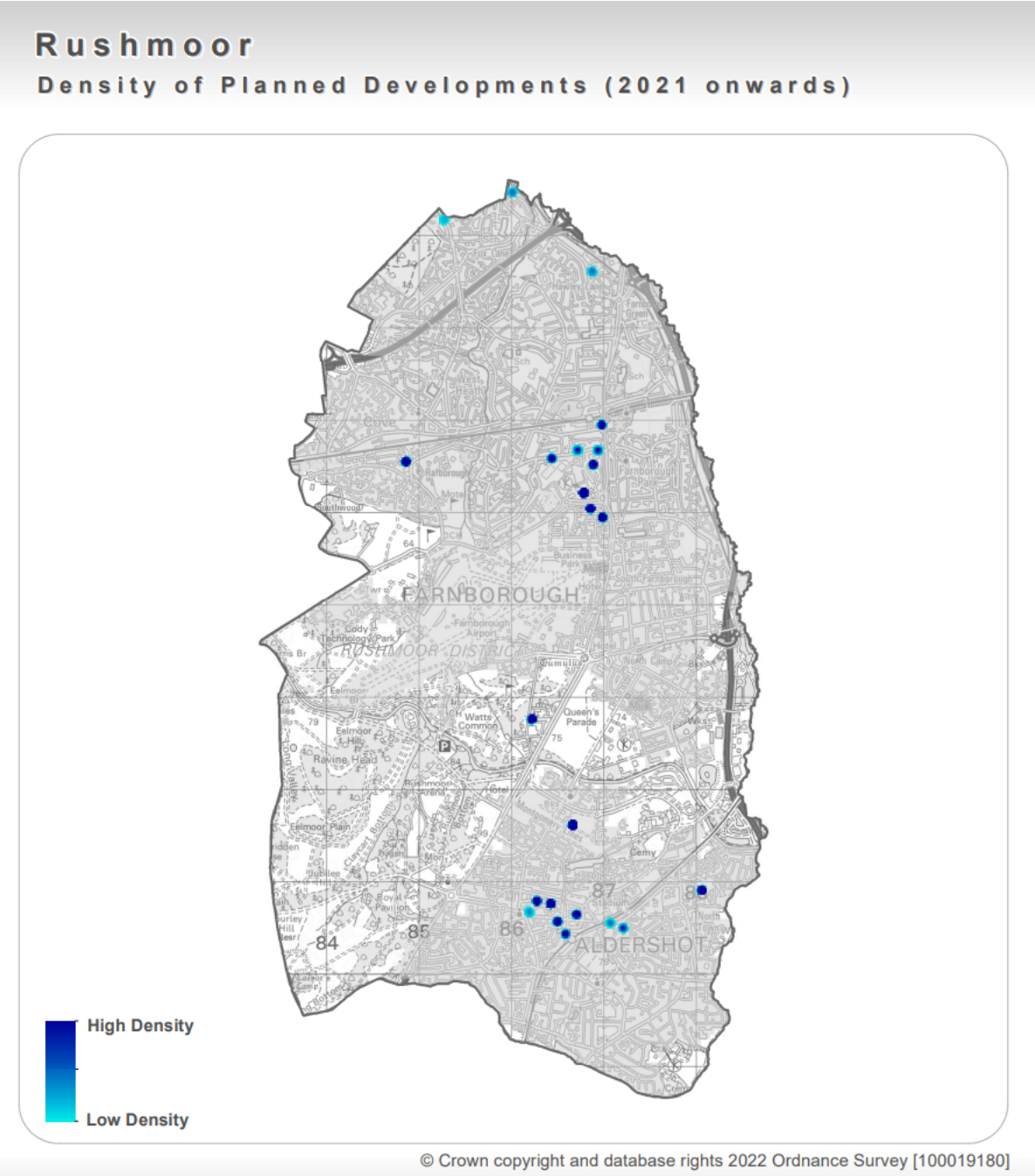
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 15 - Forecast change in resident population between 2022 and 2027: Rushmoor & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 17 - Planned developments in Rushmoor from 2021 onwards



Pharmacy provision

As at February 2022, Rushmoor had 20 pharmacies including two 100-hour pharmacies and two distance selling premises.

There is good early evening provision throughout the locality, with six pharmacies remaining open after 18:30 on week days and three pharmacies remaining open until late evening after 20:00, one until midnight. Eight pharmacies offers early morning provision opening before 09:00 with one pharmacy opening at 07:00.

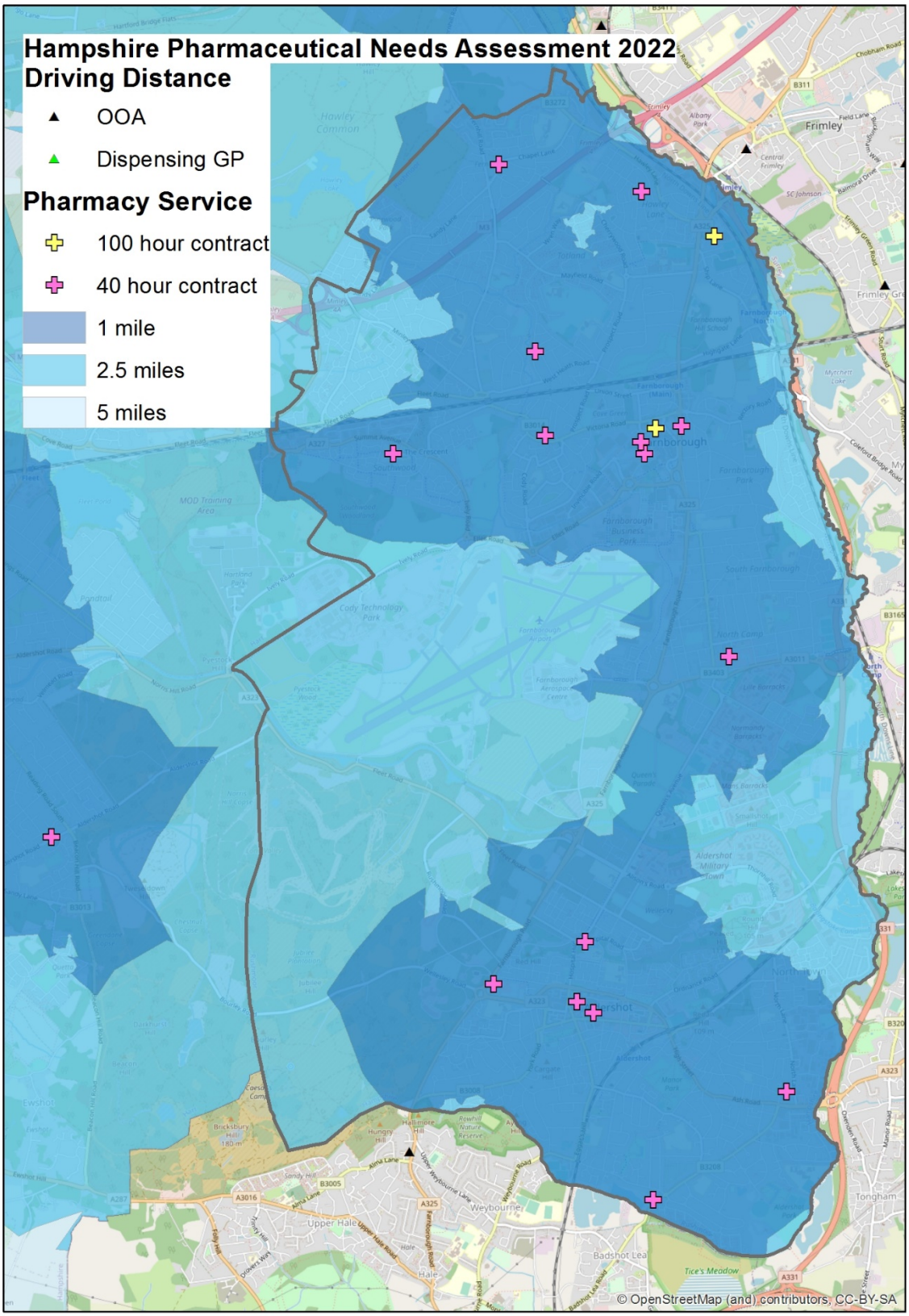
Weekend provision is provided by 15 pharmacies on a Saturday, with one opening until 22:00 in the evening and another open until midnight. Seven pharmacies are open on a Sunday. 100% of the resident population live within 2.5 mile drive of a pharmacy premises. The area not within 4 kilometres is sparsely populated, consisting largely of a Site of Special Scientific Interest (SSSI) at Bourley and Long Valley, see map 18. The local out of hours GP services are provided over the border in Surrey.

The area of largest growth over the next five years is forecast to be in the town centre of Aldershot, north of the train station. There are currently three pharmacies in the centre of Aldershot with two further pharmacies situated on the northern outskirts of the town. Between these five pharmacies, there is late evening provision until 21:00 on a weekday and 19:00 on a Saturday. Four of these pharmacies are open on a Saturday and two on a Sunday.

Conclusion

There is good provision of pharmacy cover in Rushmoor matching current need and future planned population growth. There is no identified need for improvements and better access.

Map 18 – Showing Rushmoor pharmacies (excluding distance selling pharmacies), area within 2.5 miles distance by car



10. Test Valley

As at 2022, the population of Test Valley is estimated to be 134,770. Test Valley's population structure is very similar to Hampshire's, there are slightly fewer people aged 15 to 44 years living in Test Valley compared to Hampshire, see figure 22. 92.6% of the Test Valley population are of ethnic group 'White British', similar to the figure reported across Hampshire as a whole (91.8%).

The population density is 202.6 people per square kilometre, which is lower than the overall population density of Hampshire (377.6). There are two main urban areas of Test Valley – Andover in the north of the district and Romsey in the south. These areas hold 68% of the district population. A further 25% of the population live in rural town and fringe area, whilst the remaining 7% are in rural villages.

Deprivation is lower than the national average for England, the South East region and Hampshire county as whole. However, there is an area of high deprivation in the north of Andover, close to Anton Lakes including Kingsway Gardens and East Anton. As at 2019, there were 2,138 (9.5%) children living in income deprived households. There were 2,367 (7.3%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively.

The health of people in Test Valley is generally better than the England average. 15.2% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 3.8% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

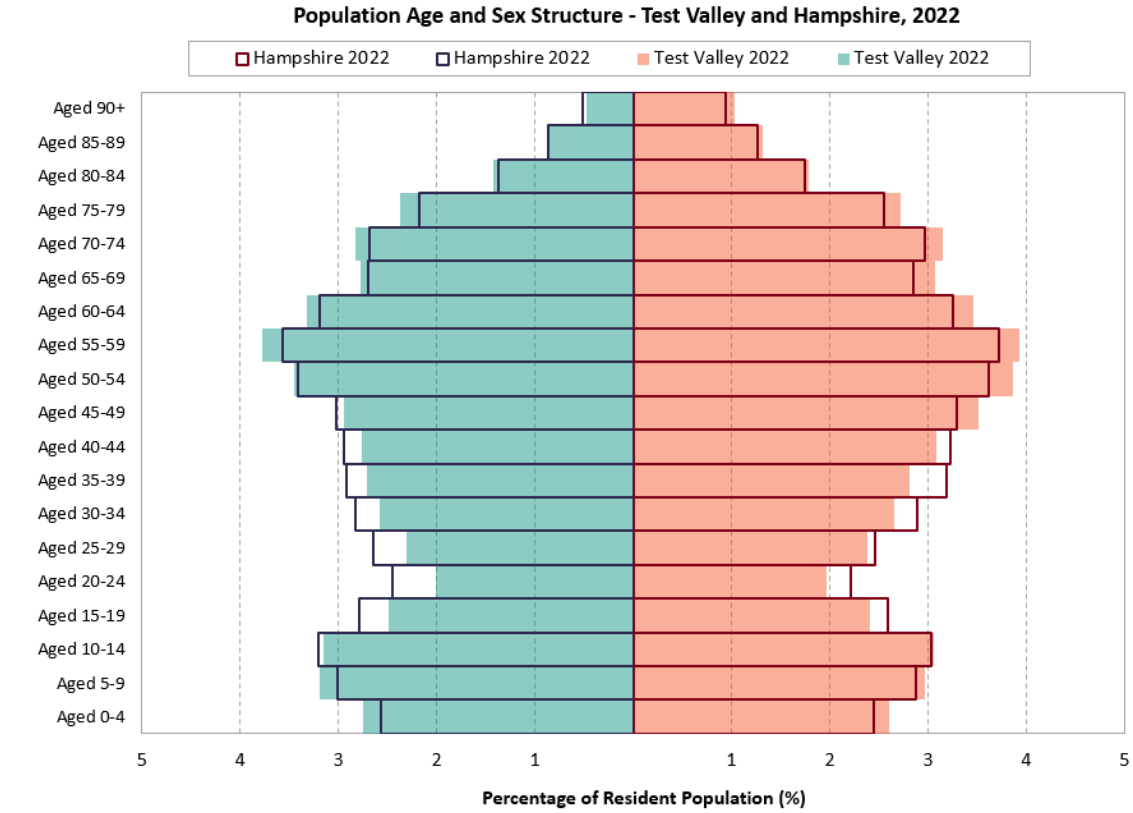
Figures for 2018-2020, show that life expectancy for men (81.7 years) and women (84.6 years) resident in Test Valley is higher than the England average and life expectancy in the South East region. There are inequalities across the district with a difference of 7.5 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 7.1 years for females**.**

Future growth

Over the next five years there is a forecast growth of 4,430 people with the largest proportional and absolute increase forecast in the 75+ years cohort. This section of the population is projected to increase by just over 3,230 people, representing an increase of 20% of the population. This is slightly higher than the projected increase for the county as a whole at 16%. The population aged 20 to 39 years is expected to fall slightly, with a decrease of around 460 people predicted over the next five years, see figure 23.

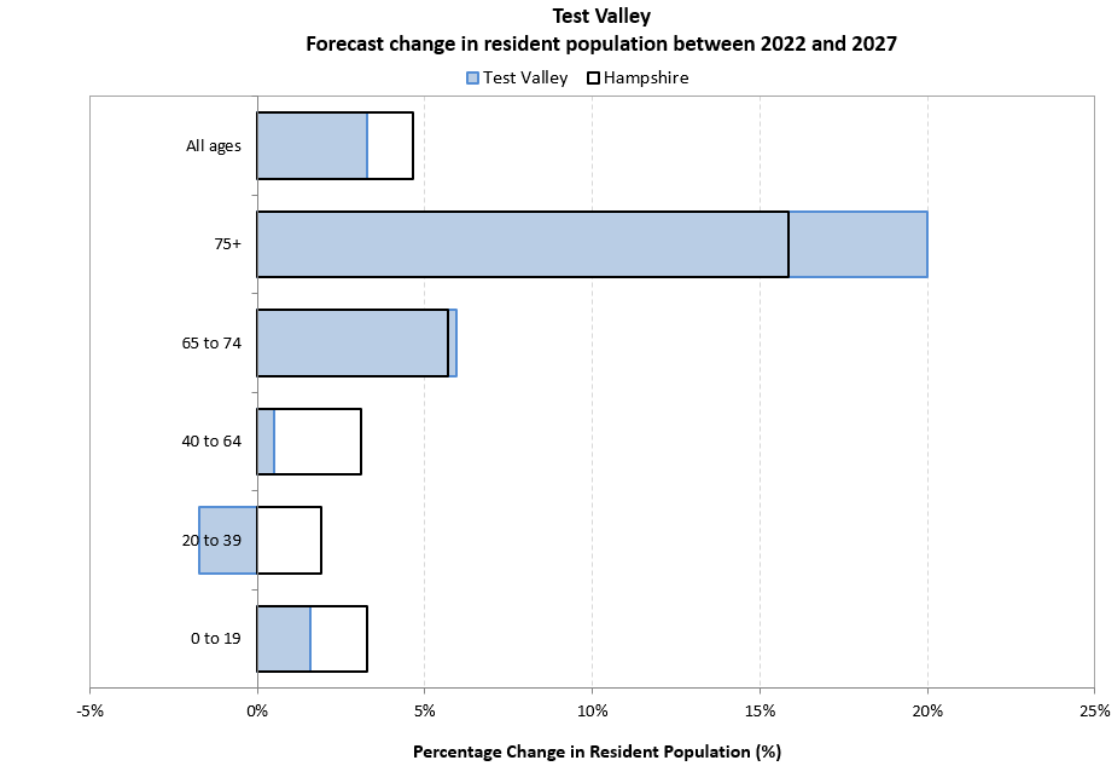
There is a growth of 2,360 dwellings (4.1% change) predicted in Test Valley between 2022 and 2027. The areas of largest growth over this period are towards the south of the district around Romsey and to the north east of Andover in Picket Piece and Picket Twenty, see map 19.

Figure 16 - Population Age and Sex Structure 2022: Test Valley compared to Hampshire



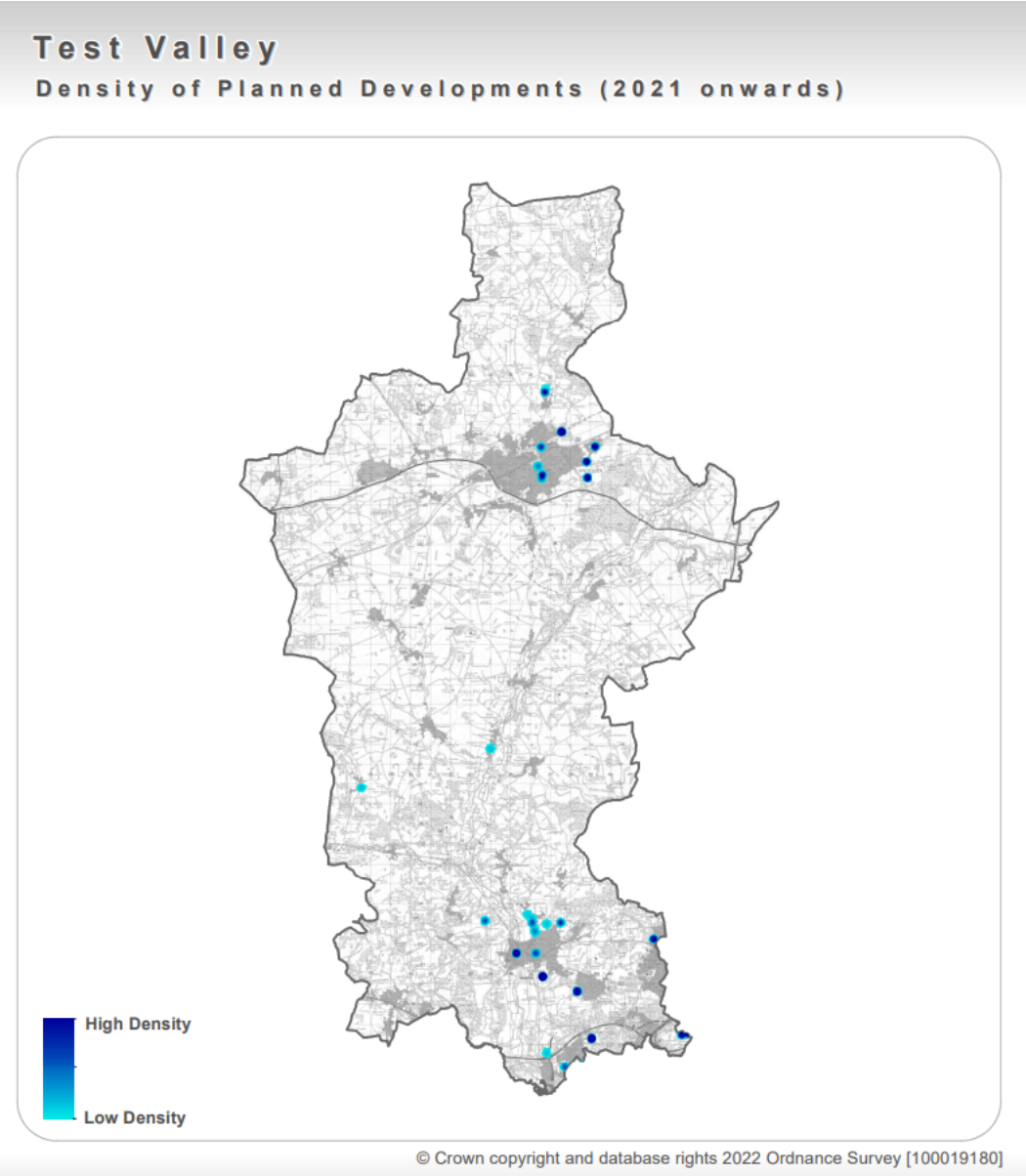
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 17- Forecast change in resident population between 2022 and 2027: Test Valley & Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 19 - Planned developments in Test Valley from 2021 onwards



Pharmacy provision

16 pharmacies cover Test Valley through the locality including two 100-hour pharmacies. The larger urban areas of Andover and Romsey are well served, with eight and four pharmacies respectively.

There are three pharmacies providing late evening opening hours during the working week, one in Romsey open until 19:00 and two in Andover opening until 22:30 and 23:00. Residents in the south of the district can access further late evening provision across the border in Southampton.

13 pharmacies are open on a Saturday with late evening provision proved by the two 100-hour pharmacies in Andover to the north of the area. Four pharmacies are open in the daytime on a Sunday in both Andover to the the north and Romsey to the south of the locality. Again, residents in the south of the district can access further weekend pharmacy provision across the border in Southampton and in Totton in New Forest district.

This area also has four dispensing doctors due to the rural nature of the area. This includes two in the town of Romsey. 92% of the area's resident population live within 5 miles drive of a pharmacy, however the rural nature of the area means that the areas further from premises are low in population density, see map 20 and figure 24. Some of these rural areas can access pharmacy provision in across the border. For instance, the village of Barton Stacey to the east of the district is within 8 kilometres drive of a pharmacy across the border in the village of Whitchurch in Basingstoke & Deane. The village of Shipton Bellinger to the west of Test Valley is within 8 kilometres drive of a pharmacy across the border in Tidworth in Wiltshire.

The areas of largest growth over the next five years are towards the south of the district around Romsey and to the north east of Andover in Picket Piece and Picket Twenty. Romsey is currently served by four pharmacies including one opening both Saturday and Sunday. Both Picket Piece and Picket Twenty are within 4 kilometres of provision in Andover, which has a total of eight pharmacies including two 100-hour pharmacies providing evening and weekend services.

Conclusion

There is good provision of pharmacy cover in Test Valley matching current need and future planned population growth. Border pharmacies need to be taken into account when considering pharmaceutical needs. There is no identified need for improvements and better access.

Map 20 – Showing Test Valley pharmacies, area within 5 miles distance by car

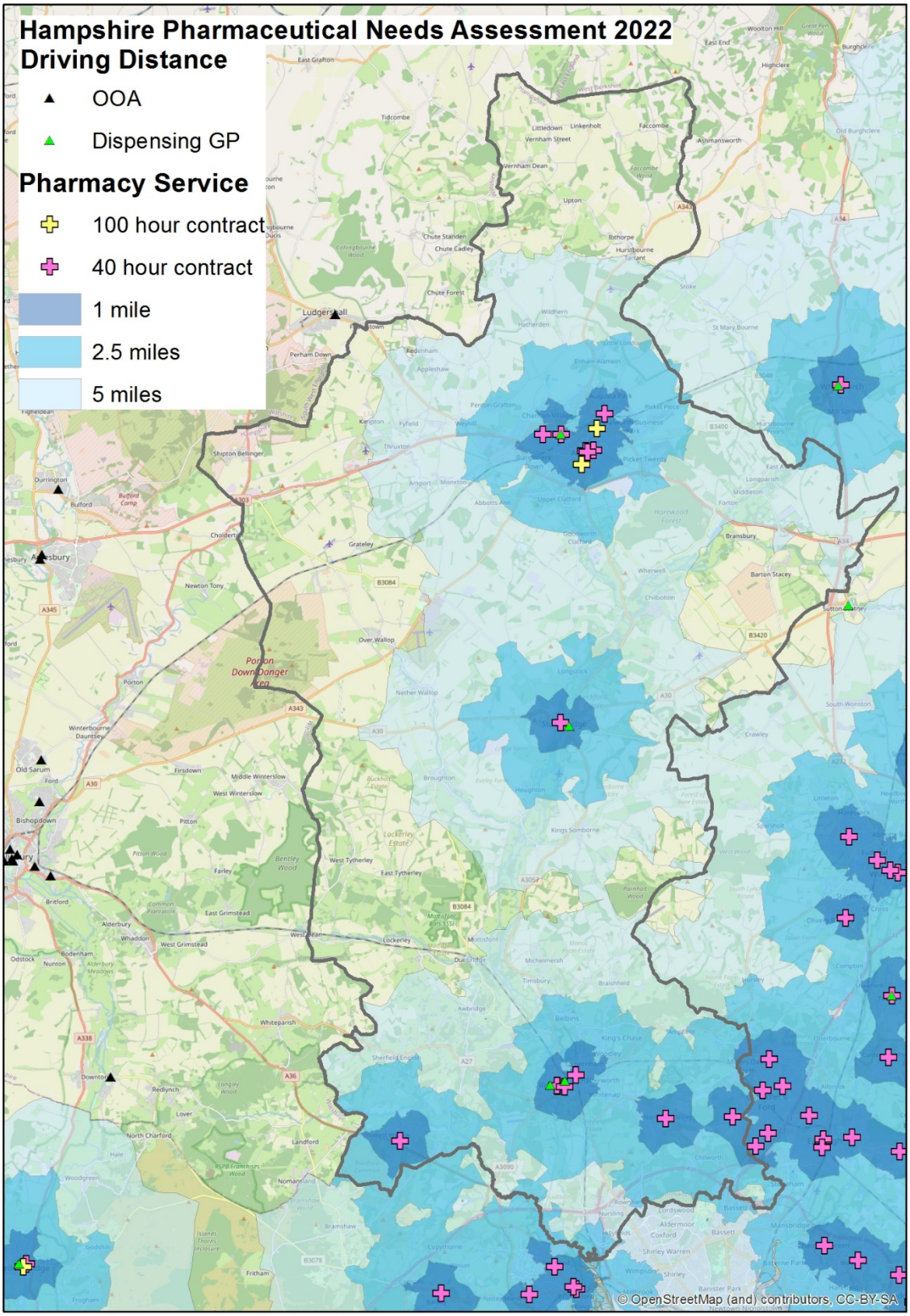
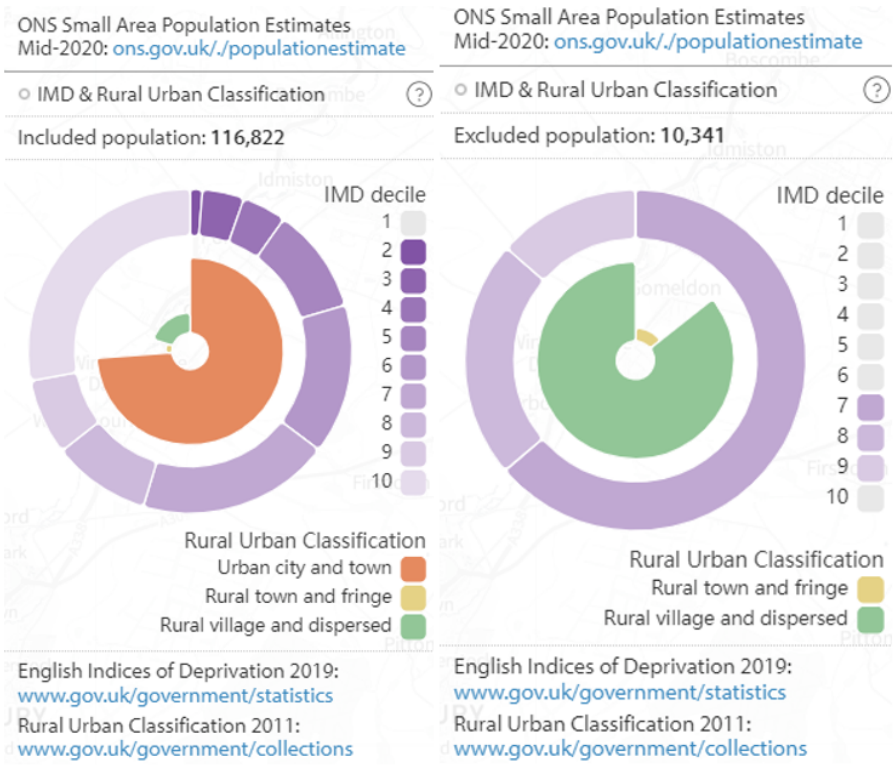


Figure 18 - Charts illustrating the characteristics of the included and excluded population of Test Valley within 8 km /5 mile distance of a pharmacy by car



11. Winchester

Winchester is a mainly rural district with the exception of the large urban area of Winchester City. The total population of the district is estimated to stand at 131,760 people in 2022. It is a university town, this is represented in the population age structure with a higher proportion of people aged 15-19 and 20-24 years when compared to Hampshire overall, see figure 25. 91.8% of the Winchester population are of ethnic group 'White British', the same as the figure reported across Hampshire as a whole (91.8%).

The population density is 190.5 people per square kilometre, which is lower than the overall population density of Hampshire (377.6). Winchester city is the main urban area which holds nearly 45% of the district population. A further 30% of the population live in rural towns and fringe areas, whilst the remaining 25% are in rural villages.

Deprivation is lower than the national average for England, the South East region and Hampshire county as whole. Overall, Winchester district has a high level of affluence, although there are pockets of deprivation within Winchester city in Stanmore and Winnall. As at 2019, there were 1,589 (7.2%) children living in income deprived households. There were 2,311 (7.3%) people aged 60+ living in a pension credit household. Both of these measures were significantly lower than the national averages of 17.1% and 14.2% respectively.

The health of people in Winchester is generally better than the England average. 14.5% of the population reported having a limiting long-term illness or disability compared to 17.6% nationally. 3.4% of the district's population described their health as 'bad or very bad' compared to 5.5% describing their health in this way nationally.

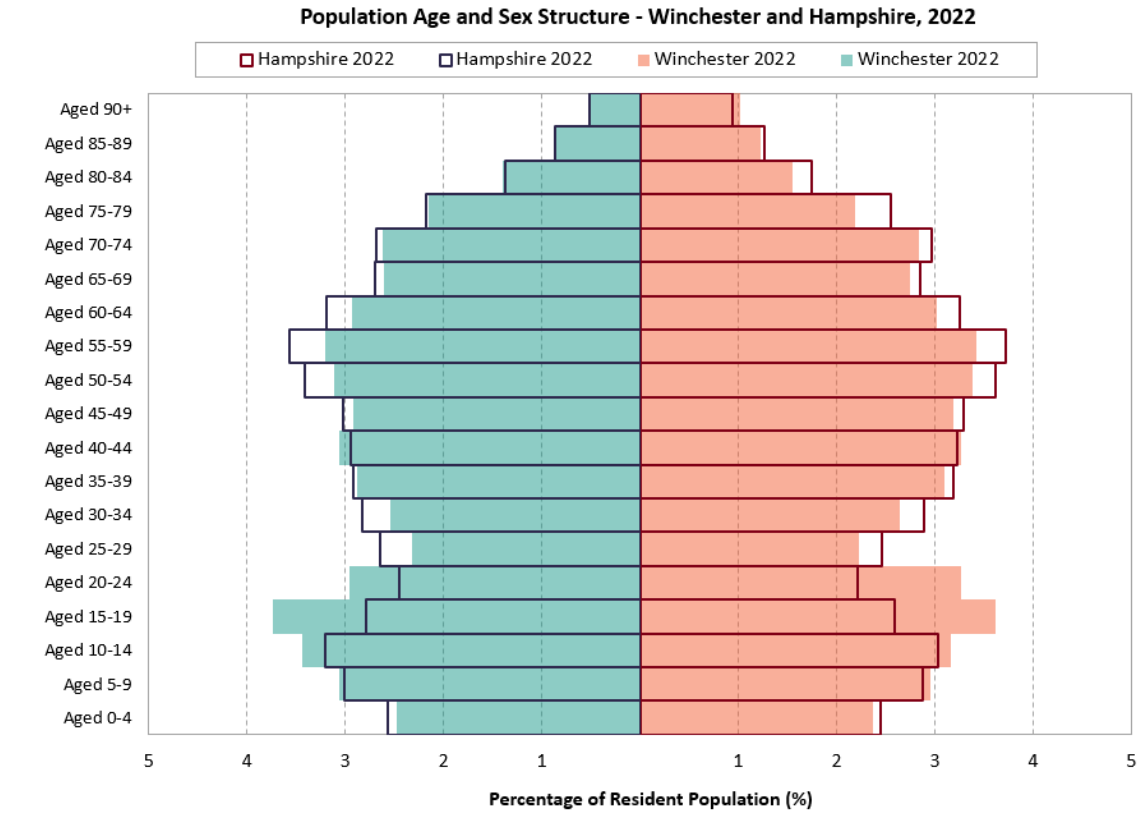
Figures for 2018-2020, show that life expectancy for men (81.9 years) and women (85.7 years) resident in Winchester is higher than the England average and life expectancy in the South East region. There are inequalities across the district with a difference of 8.1 years between male life expectancy in the most and least deprived deciles of the district and a corresponding difference of 5.0 years for females**.**

Future growth

Over the next five years there is a forecast growth of 10,400 people with the largest absolute increase estimated to be in the 0 to 19 year old population, forecast growth of a little over 2,500 individuals (8% increase from 2022). The largest proportional growth is in the oldest age group, aged 75 years and over who are forecast to increase by 17% by 2027 (representing an increase of 2,420 people in this segment of the population), see figure 26.

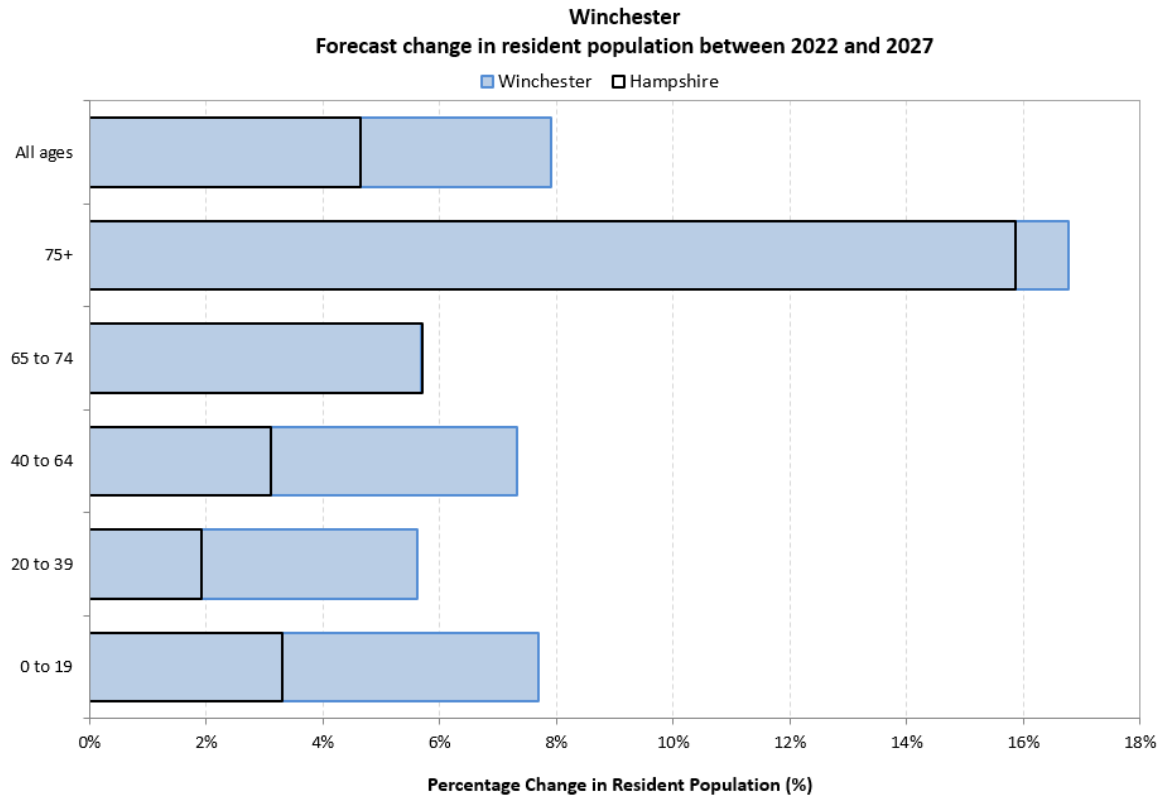
There is a growth of 5,200 dwellings (9.4% change) predicted in Winchester between 2022 and 2027. The areas of largest growth over this period are towards the north of Winchester City (Kings Barton) and in developments towards the south of the district near both Southwick and Durley, see map 21.

Figure 19 - Population Age and Sex Structure 2022: Winchester compared to Hampshire



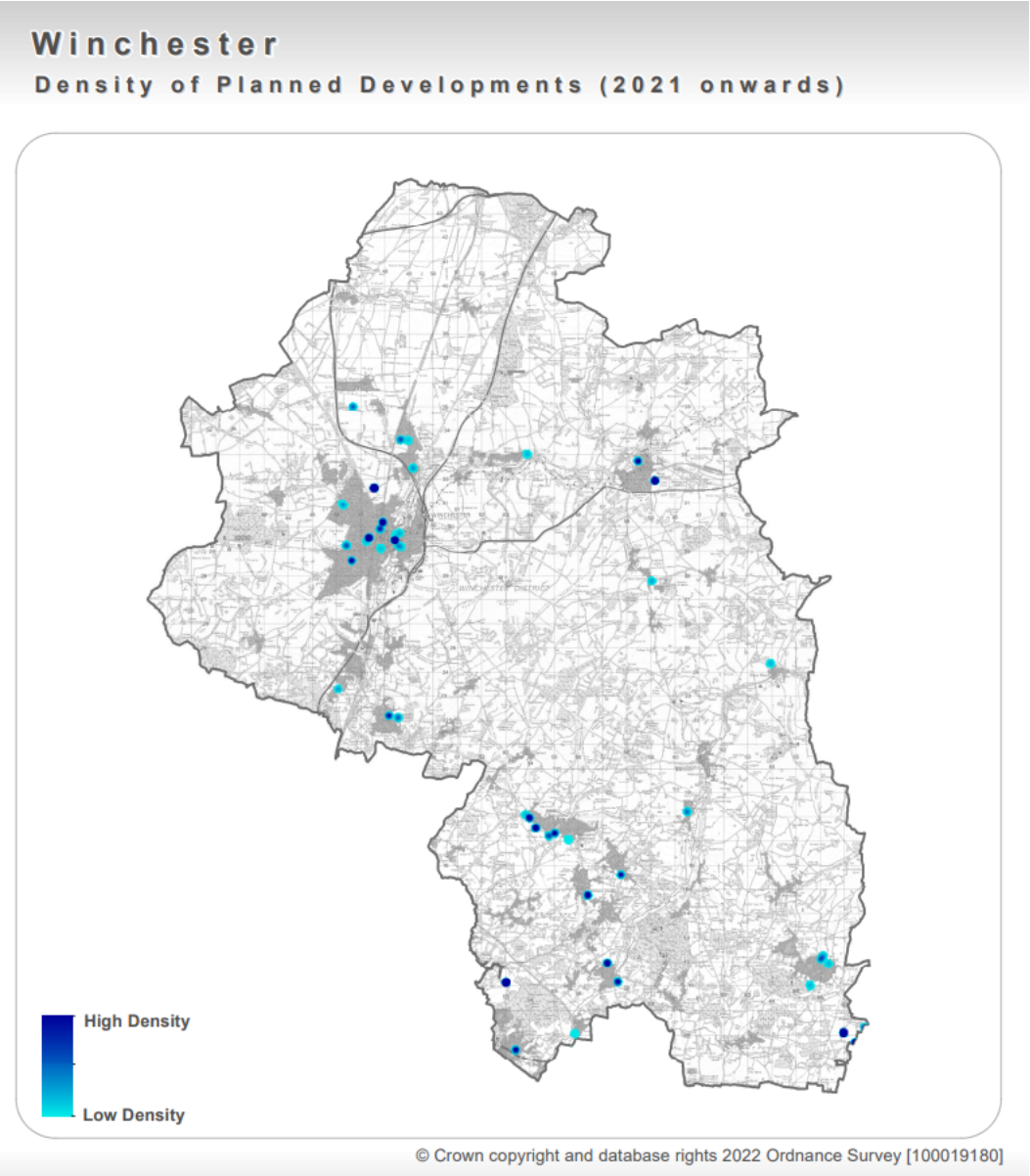
Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Figure 26 - Population Age and Sex Structure 2022: Winchester compared to Hampshire



Source - Hampshire County Council Small Area Population Forecasts, 2020-based

Map 21 - Planned developments in Winchester from 2021 onwards



Pharmacy provision

As at February 2022, Winchester has 15 pharmacies across the district with two 100-hour pharmacies in this locality and one dispensing appliance contractor. The 100-hour pharmacies are located to the north of the district in the city of Winchester and to the south in Whiteley on the Fareham border. Eight pharmacies open before 09:00 with one pharmacy in Winchester opening at 06:30 on weekday mornings. Three pharmacies are open after 18:30 with one opening until midnight during the week and on Saturday, two are located in Winchester and the other in the south of the district in Whiteley.

All pharmacies in the district are open on Saturday with evening availability up to midnight. Four pharmacies open on Sundays in Winchester district.

92% of the area's resident population lives within 5 road miles of a pharmacy with the rural population having further to travel, see map 22 and figure 27. There are seven dispensing doctors, one of which serves the rural West Meon area to the east of the district which falls outside the 8 kilometre travel time zones.

The area is serviced by good pharmacy provision in neighbouring localities. This includes pharmacies in Havant, Fareham and Eastleigh in the South and Basingstoke & Deane in the North. For instance, the village of Knowle which falls outside the 8 kilometre road boundaries within Winchester district is covered by provision across the border in Fareham.

Out of hours provision is based in Winchester hospital with a local 100-hour pharmacy nearby.

The housing development to the north of Winchester can access five existing pharmacies in the city, including a 100-hour pharmacy in Winnall. This pharmacy provides extensive opening hours, from 08:00 to 00:00 six days a week and from 10:30 to 16:30 on Sunday.

Housing developments in Southwick can access a number of pharmacies within a 5 mile driving distance. Two pharmacies in Winchester located in Denmead and Wickham as well two further pharmacies in Portchester in the district of Fareham and a number of pharmacies over the district border to the south in Portsmouth including a 100-hour pharmacy.

The new housing developments near Durley can access three pharmacies in the nearby town of Bishop's Waltham. There are also a further two pharmacies across the border in Fair Oak, Eastleigh within a 5 mile driving distance.

Conclusion

There is good provision of pharmacy cover in Winchester matching current need and future planned population growth. These is no identified need for improvements and better access.

Map 22 – Showing Winchester pharmacies, area within 5 miles distance by car

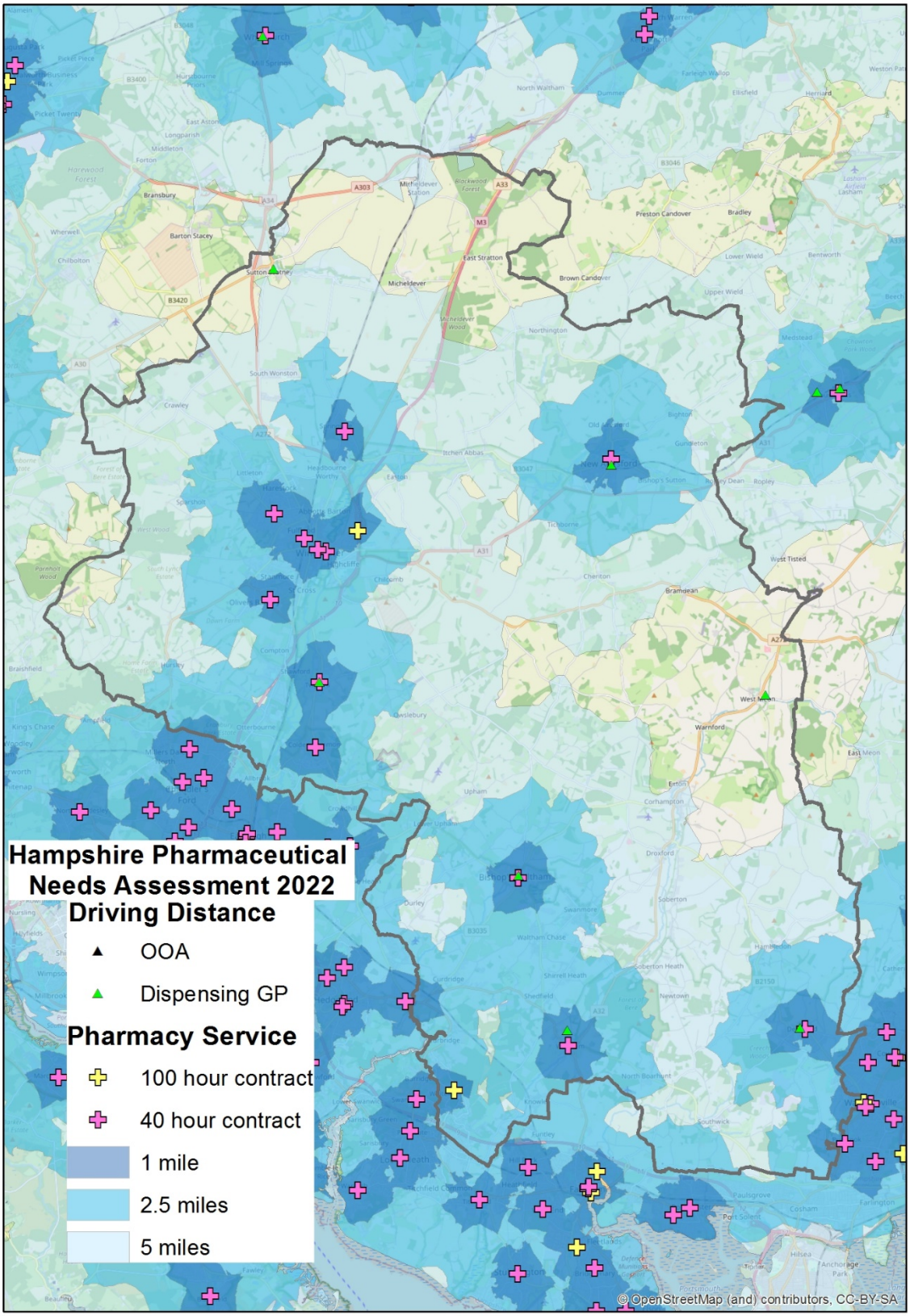
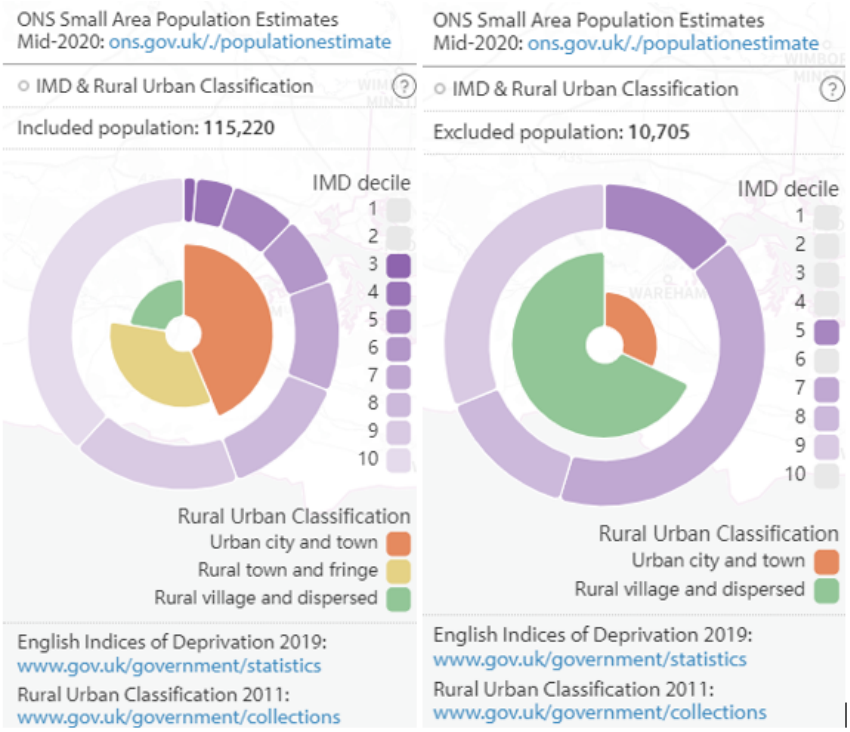


Figure 27 - Charts illustrating the characteristics of the included and excluded population of Winchester within 8km /5 miles distance of a pharmacy by car



HAMPSHIRE COUNTY COUNCIL

Report

Committee	Health and Wellbeing Board
Date:	6 October 2022
Title:	Integration and Better Care Fund Plan 2022/23
Report From:	Director of Adults; Health and Care

Contact name: Graham Allen

Tel: 0370 779 5574 **Email:** Graham.allen@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update the Health and Wellbeing Board on the recent developments associated with the Hampshire Integration and Better Care Fund (IBCF) Plan. It also records that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, the Executive Member agreed Chair's action to enable the submission of the 2022/23 Hampshire plan.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. The Health and Wellbeing Board is asked to note the approach to the 2022/23 Better Care Planning requirements.
3. To note that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, Chair's action was invoked to enable submission with required timescales.

Executive Summary

4. This report outlines

- The background to the Integrated Better Care Fund / Better Care Fund
- Key messages including a joint vision for a collaborative and integrated Health and Social Care pathway
- Governance (including the role of the Hampshire Place Board) of the BCF and associated funding
- Performance monitoring during the year
- Future direction for the BCF and associated funding

Contextual information

5. Introduced in 2013, the Integration and Better Care Fund (IBCF) intended to establish a nationally agreed single pooled budget to blend investment from the NHS and Local Government with the aim of strengthening local joint working in support of the drive towards local integration. The policy required Clinical Commissioning Groups (CCGs) and Local Authorities in every area of England to pool budgets based on a nationally determined value and to agree an integrated spending plan. The stated aim of the policy at the time was to protect Social Care services (not spend).

6. The latest policy requirements for 2022/23, published in July 2022 provided the framework for an update to Hampshire's plan. The plan consists of:

   - A narrative plan
   - A demand and capacity plan
   - A completed BCF planning template, including: -
     - planned expenditure from BCF sources of 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.

7. Our Full Year effect 22/23 Hampshire Better Care Fund (BCF) narrative plan describes the high-level vision for Health and Social Care services for the population served by the Hampshire Health and Wellbeing Board through the Hampshire and Isle of Wight Integrated Care System, Frimley Integrated Care System and Hampshire County Council. It builds on our previous submissions, demonstrating how the BCF investment supports our continued drive towards integrated Health and Social Care services delivery and explains how our system is working to meet national conditions as well as improving collaborative and partnership working at the place-based level.

8. The narrative set out in the policy requirements has been developed and submitted in accordance with nationally prescribed timescales.

9. The submission of the plan was agreed by the Executive Member under Chair's action having been approved for submission by:

   - Both CCG Chief Accountable Officers and Chief Finance Officers
   - The Chief Executive of Hampshire County Council
   - The Section 151 Officer, Hampshire County Council
   - The Director of Adults' Health and Care.

Key Messages

10. Our agreed joint vision has always been for a collaborative and integrated Health and Social Care pathway, supporting people to be as independent as possible and to remain in their communities.

11. The key changes since the previous year's Better Care Fund plan remain linked to the out of hospital model but with a wider emphasis on:

- admission avoidance – so reducing flow into our Acute Hospitals in the first place
- maintenance of the individual in their own community – place-based support through a wide range of services
- assessment outside of a hospital space to reduce discharge waits –
- D2A models for both Health and Social Care through Reablement and community-based services

12. We continue to allocate significant funds to these services, as indicated in the table below:

BCF Funding Allocation FY 22/23

Strategy	Activities	BCF Allocation
Admission Avoidance	• Carers strategy • Day Care • Urgent Community Response • Winter Pressure schemes • Step Up Services	£17M
Maintenance of the individual in their own community	• Disability Facilities Grants • Assessment responsibilities • Reablement • Hampshire Equipment Services • Domiciliary Care /Provider support • SHFT community services • FHFT community services • Tech Assisted Services	£109M
Assessment outside the hospital space	• Reablement /IIC service delivery • SHFT community services • FHFT community services • Care Provider support and management • Advocacy • Day Services	£17M
Total		**£143M**

13. The previous Integrated Commissioning Board reviewed the existing BCF arrangements in the summer of 2021 and concluded that all schemes were necessary and aligned to our joint priorities, with no opportunity to redirect any funds without there being a consequence for the area being supported.

14. It was recognised that the BCF arrangements could go further and wider and as part of transitioning to the new, Hampshire Place Board, it is important that the BCF morphs into a more robust and comprehensive arrangement and is then built upon to better reflect the shared intention to collaborate further and/or integrate more of what we do every day.

15. An underlying objective of working ever more collaboratively is to look at areas for development and to continue to 'push' for what is in the BCF, to be appropriately added to, with the value of budgets/funds that go through it increasing year on year as more of the work programmes that the NHS and the Local Authority has a joint and vested interest in are agreed to be taken forward jointly. This will enable greater amounts of the overall financial resources that the parties are responsible for, to be either pooled, aligned or earmarked for a greater array of joint initiatives.

16. Over the coming months Health and Social Care leads will continue to review the BCF investments particularly in terms of outcomes and increasing knowledge of what is being supported. This will enable the work described above to widen what is included in the BCF and for a joint longer-term strategy that confirms the areas of work to be developed.

17. The immediate priorities will drive performance against the following BCF metrics:

    - Admission Avoidance; target growth of 4% of Avoidable Admissions to the nationally held baseline (9% growth from the locally held baseline).
    - Discharge to Usual Place of Residence; maintenance of strong "Home First" performance that currently sits above 92%.

NB: The system has noted an increase of acuity and dependency of patients leaving hospital and as a consequence, there has been a growth in demand for Pathway 2 (interim bed) support in particular.

Hampshire Integration and Better Care Fund Plan

18. The Hampshire IBCF plan describes the high-level local vision for Health and Social Care services for the population served by Hampshire Health and Wellbeing Board through Hampshire, Southampton and Isle of Wight and Frimley Integrated Care Systems (ICSs) and Hampshire County Council. It builds on previous submissions, demonstrating how the IBCF investment contributes to the care and support of residents in the community and supports the move towards more integrated health and social care services delivery.

19. In essence the plan describes the IBCF as an enabler that supports our whole Hampshire system to deliver "joined up" Health and Social Care that meets the needs of local people in communities. It also describes how many partners are working to commission and deliver services to meet expectations of the NHS Long Term Plan and the Adults' Health and Care Strategy 2018 - 2023.

20. This approach supports the delivery of high quality, integrated person-centred Health and Care that removes artificial divides between primary, community and secondary Healthcare and Social Care. The plan promotes a prevention-based approach, wherever possible, to support individual health seeking behaviour, building patient activation and behavioural change. The IBCF investment is being targeted to make a direct impact to achieve the following:

- Improve health related quality of life for people with long-term conditions
- Help older people to recover their independence more quickly after illness or injury.
- Increase independence and self-reliance so that people retain control of their lives

21. In the longer term these changes to lifestyle will:
    - Reduce premature and total mortality from the major causes of death;
    - Reduce the difference in life expectancy between people living in the least and most deprived areas.
22. All providers and commissioners across Hampshire that are working within their local Integrated Care Partnerships (ICP) have designed, developed, contracted for and provide services that can care for people at locations as close to their home as possible, supporting them to manage long-term conditions, to live with dignity and independence at home and in the community and to access high quality hospital services when they need it.

Governance

23 As we move forward through 2022/23 and linked to the developing new ICS governance arrangements that has seen the recent establishment of an Integrated Care Board (ICB), we have established a Hampshire Place Board (please see Appendix A for the Boards Terms of Reference) to oversee and decide upon collaborative Health and Social Care commissioning. The Hampshire Place Board replaces and builds on the work of the previous Integrated Commissioning Board that led on strategic collaborative work between the CCG's covering Hampshire and North-East Hampshire and Hampshire County Council.

24. One of the key responsibilities for the Hampshire Place Board (HPB) that oversees the strategic relationship and key work areas between the Hampshire ICS's and Hampshire County Council's Adults Health and Care (combining Adult Social Care and Public Health) is to ensure that the Better Care Fund is robustly governed and is regularly monitored/reviewed.

Investment

25. In 2022/23, the value of the Hampshire BCF has increased to £143.5M. This sum includes the Health minimum contribution of £98M of which £64M is invested in NHS community-based services. There are no additional funds invested by stakeholders in the BCF plan. Due to the national delay in publication the plan has already largely been implemented for this year and spend has been allocated. The summary of investment is provided in Appendix 1 and supports:
    - Community Nursing and Therapy Services
    - Community Independence interventions

- Hospital Discharge Teams
- Reablement including a contribution to Hampshire Equipment Services
- Care Act duties
- Carer Support including day opportunities
- Palliative Care

26. As expected, the plan explains how Health and Social Care partners across Hampshire are working to use this investment in the context of national conditions and nationally determined performance metrics.

Performance Monitoring

27. There are 4 National conditions that are assessed through a national assurance process:

- A jointly agreed plan between local Health and Social Care commissioners and signed off by the Health and Wellbeing Board
- NHS contribution to Adult Social Care to be maintained in line with the uplift to Health minimum contribution
- Investment in NHS commissioned out-of-hospital services
- A plan for improving outcomes for people being discharged from hospital

28. The BCF Policy Framework requires the plan to demonstrate jointly agreed local ambitions against a set of national metrics, specifically:

- effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
- older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population
- unplanned hospitalisations for chronic ambulatory care sensitive conditions
- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence

29. It should be noted that system coherence to support hospital discharge (National Condition 4), the overarching approach is being delivered through the “Hospital Discharge and Home First Programme” across Hampshire and Isle of Wight. This programme has also facilitated additional short-term NHS investment within all systems held separate to the IBCF plan.

30. Quarterly national reporting against these metrics and expenditure is expected to recommence in the remainder of 2022/23

Consultation and Equalities

31. As this is an annual report / submission which outlines initiatives / services already being delivered, there is no overall EIA to accompany the submission. All services being delivered via this funding have their own associated EIAs where required.

Climate Change Impact Assessment

32. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2℃ temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does

33. This is an annual submission and associated cover report, so therefore no Climate Change assessment has been undertaken.

Conclusions

34. The BCF for 2022/23 builds on what has gone before and is designed to meet the BCF Policy Objectives. Recognising that this is a time of significant change and challenge in regard to the changing NHS landscape, public funding and relentless service demand, the BCF submission can be regarded as 'a work in progress'

35. As stated in this report, there is a strong resolve, linked to the establishment of the Hampshire Place Board for collaboration and integrated working across Health and Social Care to go further and wider as we look ahead to 2023/24 and beyond. Work to develop the BCF will now be taken forward jointly with the ambition being that what is finalised for next year clearly demonstrates strong local progress being made over the 2nd half of this year.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because: Health and Wellbeing Board agreement is a national requirement of the Integration and Better Care Fund policy

Other Significant Links

Links to previous Member decisions:	
Title	Date
Direct links to specific legislation or Government Directives	
Title	Date
B1296-Better-Care-Fund-planning-requirements-2022-23.pdf (england.nhs.uk)	19 July 2022

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. **Equality Duty**

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

1.2 Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionally low.

2. **Equalities Impact Assessment:**

2.1 As this is an annual report / submission which outlines initiatives / services already being delivered, there is no overall EIA to accompany the submission. All services being delivered via this funding have their own associated EIAs where required.

Appendix 1

Hampshire Health and Social Care Place Board
Terms of Reference

The Board Members are:

Hampshire County Council (HCC), Executive Officers or their nominated deputees of Hampshire and Isle of Wight Integrated Care System Executive team and Frimley Health and Care System (ICS) Executive team.

1. The Board's Strategic reason for being/'its role':

1.1 The Hampshire Health and Social Care Partnership Board (The Partnership Board) is acknowledged as being THE board that represents the 'place' of Hampshire within the governance architecture of the ICS/s. As such it is a Board of prime local importance. All the integrated business of Hampshire should flow through it.

1.2 The Partnership Board takes on the subsidiarity role of the ICS/s whereby local decisions are taken when they can be and when they can't, acts as the conduit to the ICS Board/s for HIOW geography determination.

1.3 In terms of reporting the Hampshire Place Board will be accountable to:

- The Integrated Assurance Committee as a key part of the new ICS governance, and
- the Hampshire Health and Wellbeing Board for its role in improving the health of the population, in the wider determinants of health and in the leadership of Health and Social Care collaboration and integration in Hampshire including all matters pertaining to the BCF, delivery of BCF savings and governance over the elements of the BCF plan.

2 Purpose

The Place Board:

2.1 will ensure effective collaboration, assurance and robust governance for the commissioning arrangements between Hampshire County Council and the ICS(s) which cover the Hampshire County Council footprint.

2.2 will receive and consider reports on service development, budget monitoring, audit and inspection reports in relation to those services which are the subject of formal partnership arrangements under Section 75 of the NHS Act 2006.

2.3 has a wider remit to lead the integration agenda for Hampshire. It will also act as the designated Partnership Group overseeing and driving (adding to) the Better Care Fund plan (BCF).

2.4 is the forum for discussion and agreement in relation to system leadership

and direction for Hampshire integrated and collaborative commissioning, including:

- Overall Governance of all services within the BCF which include:
    - Community Health Services
    - Social Care Services
    - Reablement Services
    - Integrated Intermediary Care Services
    - Discharge Services
    - NHS Continuing Healthcare Services (CHC) Management of Complex conditions in the community) D2A
    - Hampshire Equipment Services (HES)
    - Disabled Facilities Grant (DFG)

- Governance of all section 75s in respect of pooled budgets, lead commissioning and integrated management of NHS and HCC teams

- Governance of Section 256 Arrangements - Agreeing and overseeing funding arrangements under Section 256 NHS Act 2006

- Governance of Older Adults work areas not covered by the above that could be the subject of closer collaboration and/or integration

- Governance of Younger Adults Learning Disability/Mental Health Integration

- Governance of Prevention and Demand Management Services

- Responsibility for ensuring strategic alignment between plans and Joint Strategic Needs Assessment (JSNA) and wider government integration policy.

- Responsibility for overseeing the work of the Public Health Board and other Boards that come to fruition as integrated working in the Hampshire place develops.

- Provision of resources and support required to deliver the integration agenda

- Engagement in dialogue with the provider sector.

- Oversight of financial benefits realisation (processes and involvement).

- Oversight of financial flows and accountability for the value for money.

2.5 will agree priorities for commissioning activities, how they will be implemented and review and monitor progress.

2.6 will monitor the performance of each of the priority work areas, providing direction and constructive challenge as appropriate.

2.7 acknowledges that evidence-based commissioning will be key to achieving integrated and collaborative commissioning and thus the Board will be informed and driven by needs assessment, market analysis, user experiences, consultation and engagement.

3 Aims

3.1 The Board Members have a shared ambition for change to push further and faster towards the aim of transforming the delivery of Health and Social Care across the Hampshire footprint so that it is better collaborative and/or integrated, delivered as locally as possible, person centred and with an emphasis on prevention and intervening early to prevent escalation.

3.2 The Board will:

- Act together for the population of Hampshire by:
    - aligning and allocating as appropriate, our collective resources to achieve priority outcomes that make real differences.
    - orientate our work to the whole population, or to groups of the population where significant improved outcomes can be secured.
    - support people to become more independent and do things for themselves by changing the relationship between citizens and services.
    - be innovative and have an appetite for risk to make the change.
    - make the most of new opportunities and powers.
    - build on our existing good work.
    - ensure that the system is financially sustainable and flexible enough to meet current and future challenges.
    - be clear, open and honest with ourselves about priority work areas that we are going to jointly take forward and commit to resourcing and delivering the expected change outcomes.

Commissioning Principles

Core integrated and collaborative commissioning principles are:

- Giving people a bigger say in their health and care: Involving them when we set our priorities, engaging when we commission services on behalf of the communities we serve and by supporting and enabling people to take greater responsibility for their own and their children's health and wellbeing. This will reduce the reliance on public services required to improve people's long-term wellbeing.

- Commissioning services to reduce inequalities in access to health and care

services and hence outcomes. Our commissioned services must be part of a common goal to reduce this deprivation.

- Commissioning services to continue to support and develop a motivated, flexible workforce with the right staff and resources, at the right time and in the right places.

- Commissioning for a sustainable and financially stable health and care system that manages demand and harnesses the contribution of the third sector and local communities so that out residents can plan for their future with confidence.

- Commissioning and delivery priorities will be based on where a partnership approach will improve outcomes and promote greater efficiencies

- Approval, monitoring and assurance of the integrated commissioning plan will ensure it meets agreed priorities, objectives, savings and performance targets and aligns commissioning arrangements, financial and business planning cycles of Board Members.

- To ensure that all Hampshire Health and Social Care Partnership Board commissioning decisions are made in line with the principles set out in an Integrated Commissioning plan.

- The response to risks identified and the assurances against them will be integrated.

- All financial planning commitments across areas of integrated commissioning for pooled or non-pooled budgetary provision will be agreed in advance in line with the Board Members decision-making arrangements.

4 Scope

4.1 There will be services in scope for which the commissioning responsibility / decision-making remains solely with either Hampshire County Council or the ICSs in the Hampshire footprint. However, the Board will work to ensure alignment towards the delivery of a jointly agreed commissioning and delivery strategy.

4.2 There will be services out of scope that may impact on commissioning and delivery which will need to be understood and/or included in the business of the board, specifically where there might be consequences of change/s on others.

4.3 The Board may, where appropriate, develop a wider range of services subject to final approval of the County Council and the ICS Governing Bodies. Examples might include the wider determinants of health such as the environment, transport, communities, housing etc.

5 Review

5.1 These Terms of Reference will be reviewed and approved by the Hampshire Health and Wellbeing Board on a regular, to be determined/agreed basis.

6. Membership and frequency

6.1 The Board Members will each have representatives on the Board:

6.1.1 The Hampshire County Council's representation will be:

- the Director of Adults' Health and Care
- Director of Public Health
- the Deputy Director of Adults' Health and Care
- the Assistant Director for Younger Adults
- Adults' Health and Care Finance Business Partner

6.1.2 The NHS Hampshire and Isle of Wight ICS Executive Team representation will be:

- Director of Partnerships
- Managing Director, South-East Hampshire
- Managing Director, South-West Hampshire
- Managing Director, North and Mid Hampshire
- Deputy Director of Finance
- Director of Mental Health Transformation and Delivery
- Associate Director, NHS Continuing Healthcare and Placements

6.1.3 Frimley Health and Care ICS Executive Team representation will be:

- Place Managing Director
- Chief Transformation Officer (Designate)

6.1.4 Joint Place Board resources

- Associate Director Strategic Work Programmes
- Strategic Integration Lead
- Business Manager, Adults' Health and Care

6.2 The Place Board will be chaired by a senior HCC representative and in this case it is agreed that the Chair will be the Deputy Director of Adults' Health and Care.

6.3 The deputy chairs for the Place Board will come from the NHS Hampshire and Isle of Wight ICS Executive Team representation and from the Frimley Health and Care ICS Executive Team representation. It has been agreed that the Director of Partnerships for the former and Place Managing Director for the latter will assume the deputy roles.

6.4 HCC and the ICS's Executive Team's may send nominated deputies in any absences and each Board Member will be represented at each meeting.

6.5 Other Invitees:

- Subject to the agreement of Hampshire County Council and the ICS Governing Bodies, the Board membership can agree to include in their membership any other partner who jointly commissions with HCC and the ICSs and other agency representatives, may be co-opted as necessary.

- The relevant commissioning lead for any S75 including the Better Care Partnership Agreement will attend as appropriate at specific meetings to present the performance report for any S75 Partnership Agreement.

6.6 The Board will meet bi-monthly.

7. Decision Making and delegated authority

7.1 The Hampshire Health and Social Care Partnership Board is not a formal decision-making body. Individual representatives sitting on the Board have authority to make decisions within their remit as governed by their respective constitutions.

7.2 The quorum for meetings of the Hampshire Health and Social Care Partnership Board shall be a minimum of [one representative from each Partner organisation].

7.3 The Hampshire Health and Social Care Partnership Board will operate within the governance structure set out in Figure 1 below. It is authorised within the limits of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:

- authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund; and

- agree progression in respect of commissioning arrangements.

7.4 The decisions to be taken at the Board may be operational, strategic or financial and each decision will be taken in line with the governance arrangements of the individual organisation.

7.5 Board Members will come to a consensus and matters may be deferred for further consideration where this is not possible.

7.6 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.

7.7 Decisions outside the remit of the representatives will be taken forward, as agreed, in line with their respective constitutions.

7.8 The Board will receive reports on matters arising on health and social care, with the considerations and any recommendations of the Board being minuted. Items will then be referred to the relevant decision maker.

7.9 Minutes of all decisions shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.

8 Information and Reports

8.1 Each Pooled Fund Manager shall supply to the Hampshire Health and Social Care Partnership Board on a Quarterly basis the financial and activity information as required under the Agreement.

9 Post-termination

9.1 The Hampshire Health and Social Care Partnership Board shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

Annexes

4 Priority Areas

This is first stage we will be evolving and broadening the workstreams going forward but these are seemed to be our immediate priorities.

1. Prevention

This covers the wide range of all things, prevention, including how prevention can play an increasing important role in the immediate term in terms of helping to reduce service demand levels. The workstream will also help to bring coherence to the way in which health and social care work with the voluntary and community sector. Longer term prevention ambitions and transformation opportunities in Public Health overseen by the Public Health Board will also form key parts of the overall prevention focus. This includes work that is currently being pursued in four priority areas namely: Cardio Vascular Disease, Smokefree Hampshire, Substance Misuse and Children and Young People.

2. Discharges

This covers the timely (and safe) discharge of clients/patients mainly from acute hospital settings but also extends to community hospitals with clear and timely access to appropriate care using resources wisely and avoiding duplication. The key approaches are to provide equality of resource and approach across the Hampshire Place and in a manner that is sustainable and can be relied upon.

3. CHC

This covers the intention to move towards an integrated or more collaborative CHC arrangement from 2022/23 that is focussed on client outcomes which significantly improves the efficiency and effectiveness of the CHC D2A end to end process.

4. Mental Health

This covers, moving towards an improved (new?) rehabilitation/reablement pathway to better support the population within the Hampshire Place who have complex mental health needs and who require additional support as they move on through their recovery journey. This specifically targets those with complex needs and those with a diagnosis of EUPD and is intended to move people from a less restricted environment to one better supported locally.

Integrated and collaborative commissioning

Integrated and collaborative commissioning will be based on the following criteria:

- Realising a shared vision, – including a shared focus on prevention and early intervention and community solutions to promote independence & a shared commitment to realise improved outcomes.

- Sharing risks and benefits associated with implementation of the shared vision, enabling us to do the “right thing” without unfairly disadvantaging or advantaging the other organisation.

- Commissioning against a single agreed set of common outcomes and priorities and making best use of resources.

- Sharing of needs data and good practice evidence – leading to more intelligent commissioning.

- Developing innovative solutions to meet people’s needs in the round (as opposed to commissioning in silos) for people’s “health” versus “social” needs – leading to improved outcomes for people.

- Bringing together health, public health and social care resources and to eliminate duplication, leading to savings and efficiencies.

- Commissioning for a more joined up health and care system, developing together whole pathways from prevention to care, with fewer gaps in commissioned provision.

- Enabling providers to develop more innovative integrated pathways and organisational models, leading to less fragmentation.

- Increasing understanding and management of demand through greater influence over assessment and review processes.

Better Care Fund Governance

The arrangements continue reflect the fundamentally different approach in an agile system leadership required to deliver plans that focus on a common goal. Integrated arrangements for Hampshire continue to be overseen by the Hampshire Health and Wellbeing Board (HWB). Monitoring the direct delivery of Integration and Better Care Fund schemes and overseeing the operational detail of all Section 75 agreements is delegated to the Integrated Commissioning Board.

The membership of the Health and Social Care Partnership Board incorporates Hampshire County Council, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group and NHS Frimley Clinical Commissioning Group. The Board acts as a single health and wellbeing commissioning voice for Hampshire to ensure effective collaboration, assurance, oversight and good governance across the priority areas for integrated commissioning arrangements between partners. This Board has been established to compliment and not duplicate work done within local “place-based” system level covering natural communities across the scale of the Hampshire geography and has operated in a similar way to the separate “Hospital Discharge and Home First Programme” approach that aligns local and County-wide change management. There are an

agreed set of priorities that blend the IBCF areas and other wider aspirations to maximise the opportunity for integrated commissioning such as supporting people with mental health needs, jointly commissioning services for people living with a learning disability and those who are assessed as eligible for NHS Continuing Healthcare.

In this way, assurance of the overall delivery of the IBCF continues to be integral and monitored through and reported to the Integrated Commissioning Board and HWB. Delivery of the schemes and performance is being assessed through existing CCG Contract and Performance quality monitoring meetings with providers and where applicable involve the County Council.

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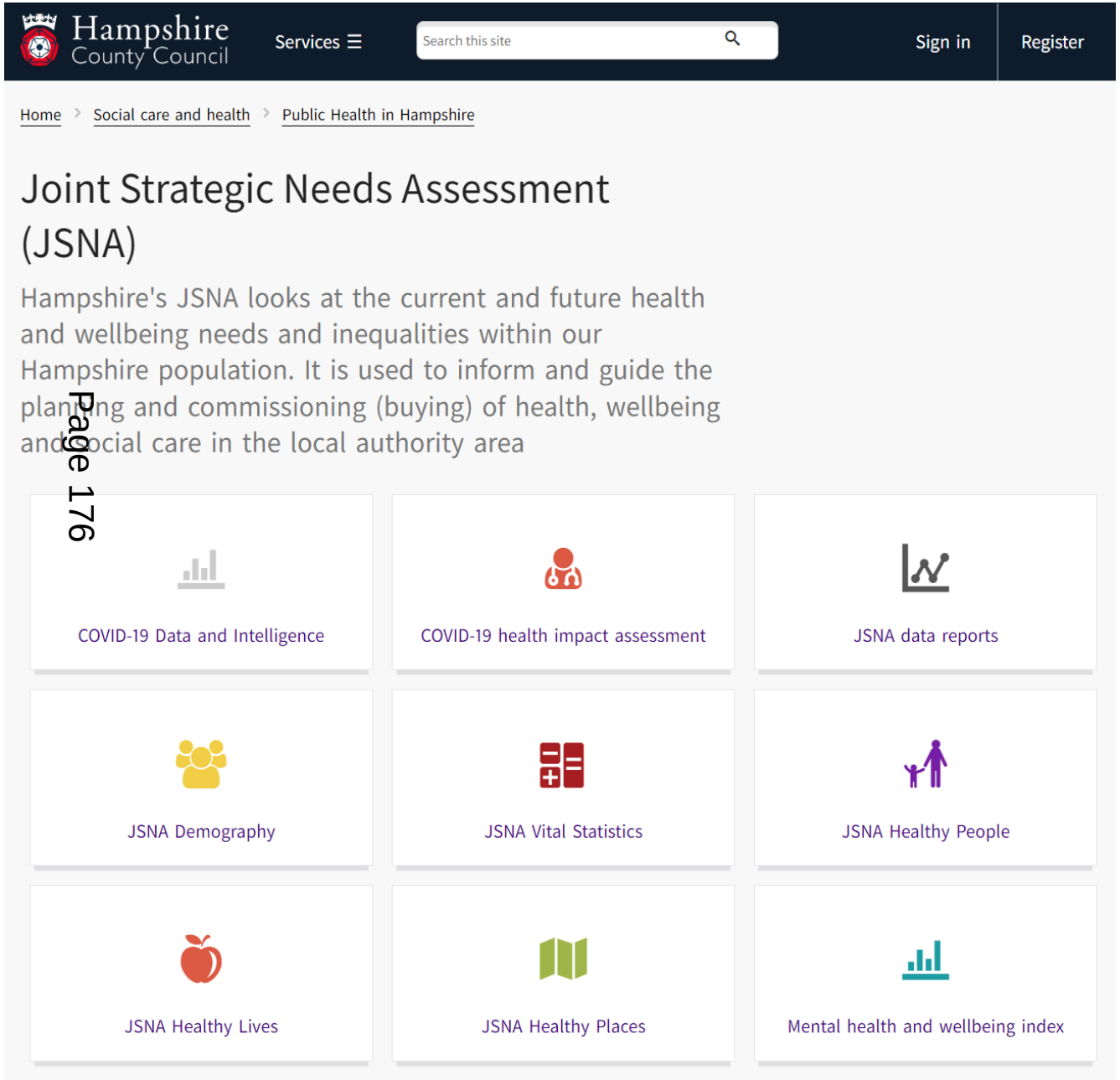
Joint Strategic Needs Assessment Update

Hampshire County Council

Hampshire Health and Wellbeing Board

Hampshire and IOW JSNA work programme



Structured on the ONS Health Index domains and provides as a resource with a written high-level summary and PowerBI data report which enables data to be analysed at smaller geographies such as GP, PCN, LSOA, District.

Completed reports

COVID-19 Health Impact Assessment – a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.

JSNA Demography -This chapter focuses on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.

JSNA Vital Statistics - This chapter provides births and deaths data and trends analysis

JSNA Healthy Places - This chapter focuses on the social and commercial drivers for health – includes district reports

JSNA Inclusion Health Groups- This chapter considers inclusion health groups across Hampshire and Isle of Wight and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face – includes district summary

JSNA Healthy People - This chapter focuses on the health outcomes of our population and the health inequalities which are evident. Includes a separate long term conditions report

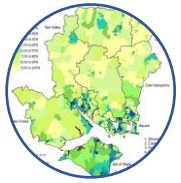
To be published (Oct 2022)

JSNA Healthy Lives - This chapter focuses on risk factors including behavioural risk factors and some of the wider determinants of health.

What do we know about need in Hampshire?

Demographics – At, **over 1.4 million** residents, Hampshire is one of the most populous counties in England. Ethnic diversity is dispersed, greater in Basingstoke and Deane and Rushmoor compared to Hampshire overall, and is increasing. Hampshire's population is ageing. In the next 5 years, the 75+ age group, is expected to grow by 25.3% with likely increases in complex multimorbidity, a big driver of health service need.

"Prevent ill health across the life course to ensure healthy ageing"



Deprivation – **16th least deprived** upper tier authority in England and home to Hart, the least deprived lower tier authority in the country, yet also home to significant socioeconomic deprivation in **Rushmoor, Havant, Gosport** and **Eastleigh**, with pockets also in the **New Forest**. Burden of multimorbidity and healthcare activity falls disproportionately on those living in deprived conditions, with lower life expectancy and healthy life expectancy at birth. On average, people in the more deprived areas of Hampshire live a shorter life than those in the least deprived areas (7.5 years less for men and 5.3 years for women).

"Take a system leadership role and "place based" approach with partners to tackle deprivation and the wider determinants of health"

Maternity, early years and children and young people - **12,891** births in 2020, continuing the decrease observed in recent years. Smoking rates among pregnant women (7.9%) are above the national ambition of 6% by 2022 end. Many babies and mothers would have missed out on the best start in life during the COVID-19 pandemic, which is also leading to increasing childhood obesity, mental health disorders and missed vaccinations

"Focus on the 'first 1,000 days' to impact on children's health in adult life, alongside the six national early years and school-age high impact areas including the seventh locally identified high impact area on maternal smoking"

Lifestyles – 19% of routine and manual workers smoke compared to 10% of managerial and professional workers, emphasising the need for smoking cessation uptake in routine and manual workers. Two thirds (63.2%) of adults are overweight or obese, significantly higher in Gosport (71%), and other more deprived lower tier authorities. Continued focus on lifestyle risk factors such as smoking and obesity in light of the impact on COVID-19, their contribution to health inequalities and cardiovascular disease (CVD) alongside acting on wider determinants

"Address leading health risks for the prevention and treatment of long term conditions"

Inequalities - Several population groups in Hampshire experience more health risks (CVD, diabetes, COPD, SMI) and outcomes. People in disadvantaged areas are at greater risk of having multiple conditions and that too, 10 to 15 years earlier than people in affluent areas. Additionally, COVID-19 has exposed, exacerbated, and created new health and social care inequalities.

"Use data insights to identify worsening inequalities gaps and devise interventions to level up and close these gaps"

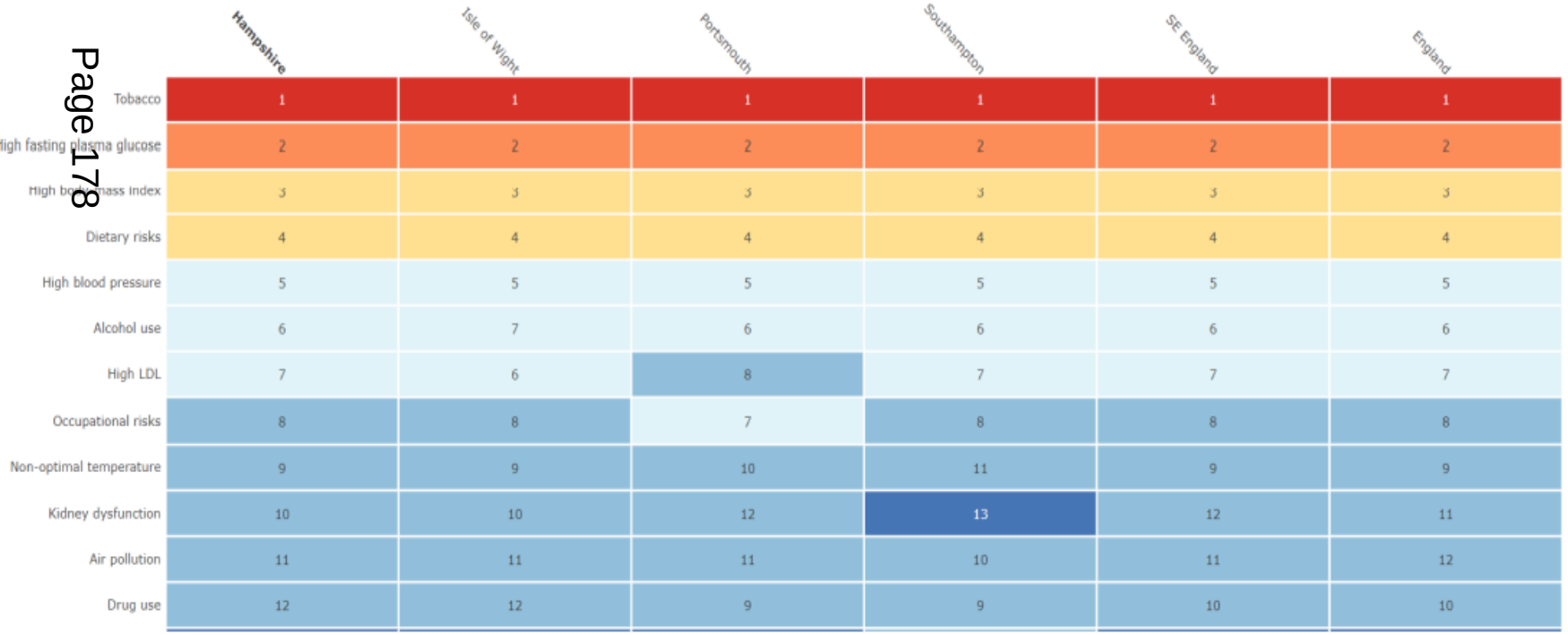
Ill health and Multimorbidity – Gosport and Rushmoor have the highest preventable, premature death rates, again highlighting the focus on prevention. Deaths from these causes are also major contributors to the gap in life expectancy between the most and least deprived quintiles across Hampshire. CVD is the single biggest condition where lives can be saved.

"Tackle avoidable mortality (preventable - through effective primary prevention and public health measures, and treatable through more effective and timely health care interventions)."

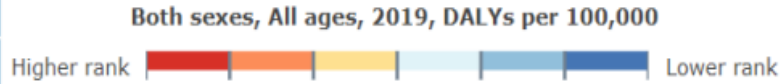
What is causing ill health in Hampshire?

Overweight and obesity, high blood sugar, smoking, alcohol and drug use, high blood pressure, and air pollution account for around 40% of years lived in poor health. Diagnosed mental health conditions are also a significant contributor to year, accounting for 14% of disability in Hampshire and we know that poor emotional health and wellbeing contributes to additional time spent in ill health on top of this. The circumstances in which we are born, grow, live and work are the things which have the strongest influence and biggest impact on health and often include factors outside the control of individuals so while there are steps we can take to improve our health the biggest changes will only come by focussing on these wider factors. We know that while people in Hampshire are generally relatively healthy, there are significant differences in the number of years people live in good health between different groups, There are also differences between people of different ethnicities, for people with learning disabilities, veterans, migrants and certain other groups.

What risk factors drive the most death and disability combined?



Tobacco, high blood sugars and high body mass index drive the most death and disability across the ICS.



HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	6 October 2022
Title:	Health Protection Annual Report
Report From:	Director of Public Health

Contact name: Simon Bryant

Tel: 0370 779 3256 **Email:** Simon.Bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to present the Director of Public Health's Health Protection Annual Report, ahead of publication.

2. This is the first Health Protection report which describes the work undertaken in 2021 and early 2022 to protect the health of the people of Hampshire and describes the future focus of health protection activities in the year to come.

Recommendation

That the Hampshire Health and Wellbeing Board:

3. Notes the 2021-2022 Health Protection Annual Report of the Director of Public Health and proposed areas of work requiring partnership engagement

Health Protection Report

4. This first Health Protection Annual Report covers April 2021 to end of March 2022. It reflects the context within which the Health Protection function was being delivered and therefore focuses heavily on the COVID-19 pandemic response, with a summary of other issues.

5. During the COVID-19 pandemic the Council was asked to set up a Health Protection Board to oversee the local pandemic response. As the pandemic

has progressed and policy changes implemented, the need for a regular weekly board has shifted and the board stood down.

6. The COVID-19 pandemic has highlighted the important role of the local authority within the wider health protection system. The coming year presents an opportunity for the Council to build on working relationships with key stakeholders across the system. A new quarterly Health Protection Board has been set up chaired by the Director of Public Health and bringing together Council colleagues and external partners to work on health protection issues of relevance to the Council.

7. Over the course of the next year, the three key areas of activity for the will be the following:
    - Working to operationalise the UK Government's 'living with COVID-19' strategy: This will mean retaining a core surveillance function and ensuring that the most vulnerable members of our community are protected against surges in infection.
    - Responding to other emerging health protection matters: Through horizon scanning and use of the latest intelligence, the public health team will continue to prepare for and respond to emerging threats and health hazards, including infectious diseases and adverse weather events.
    - Renewing efforts across vaccination programmes: we will work with the NHS at strategic level in shaping the new national vaccination strategy, and at operational level to recover and improve delivery of routine vaccination programmes.
8. These three core activities will be underpinned by a strong communications plan for 2022-2023.

9. Oversight and assurance of the Council's health protection work will be provided by the Hampshire Health Protection Board. This board, which first met during the height of the pandemic and focused on COVID-19, will now meet quarterly or as required to coordinate action across the system with regard to health protection.

Consultation and Equalities

10. This report considers some of the health protection issues that are relevant to Hampshire residents. It does not directly impact on people and communities as would a specific proposal or project. It identifies the current situation, including any activities already in place, which address these health protection issues, and explores future work areas which will further impact positively on Hampshire's population and future health protection requirements

Conclusions

11. The 2021-2022 Health Protection Annual Report sets out future priorities for delivery through joint work with partners across the health protection system and oversight by the Health Protection Board.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
Title	Date
The Health and Social Care Act 2012	2012

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. **Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionally low.

2. **Equalities Impact Assessment:**

This report considers some of the health protection issues that are relevant to Hampshire residents. It does not directly impact on people and communities as would a specific proposal or project. It identifies the current situation, including any activities already in place, which address these health protection issues, and explores future work areas which will further impact positively on Hampshire's population and future health protection requirements [For HWB Board reports, please delete this section if it is not relevant to what you are presenting]

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Hampshire County Council
Health Protection Annual Report
April 2021 – March 2022

Public Health
www.hants.gov.uk
(August/2022)

Table of Contents

Introduction

1. Hampshire County Council has a critical role in protecting the health of its population, both in terms of planning to prevent threats from arising, and in ensuring appropriate responses when things do go wrong.

2. Health Protection seeks to prevent and reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. As well as major national immunisation programmes to protect people, and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.

3. This first Health Protection Report provides assurance to Cabinet on the Council's health protection responsibilities. Health protection as an area of work, was brought into sharp focus with the COVID-19 pandemic, however there are many other aspects to health protection that this report will outline. The period of the report covers April 2021 to end of March 2022. It therefore reflects the context within which the focus was on, being the COVID- 19 response, with a summary of other issues.

4. Its purpose is to provide information on some of the key areas of work by the health protection team over a 12-month period, acknowledging that this is not representative of the totality of the Council's health protection work activity in pre-pandemic times. As such, the report focuses heavily on the COVID-19 response, and only provides a brief summary of other health protection activities undertaken during this time.

5. During the COVID-19 pandemic the Council was asked to set up a Health Protection Board to oversee the local pandemic response. This was chaired by the Director of Public Health. As the pandemic has progressed and policy changes implemented, the need for a regular weekly board has shifted and the board stood down. Therefore, we have set up a new quarterly Health Protection Board to focus on all elements of health protection, working with Council colleagues and external partners on issues of relevance to the Council.

Responsibilities

6. The health protection system is complex and multi-agency in nature. The 2012 Health and Social Care Act[1] placed a statutory duty on local authorities to improve and protect the health of their residents. This duty is fulfilled by the Council Public Health team through its specialist health protection function to ensure that threats to health are understood, and to seek assurance that these threats are properly addressed. The scope and scale of work by local authorities to prevent threats to health emerging, or reducing their impact, are driven by the health risks in the local area. The team works with the UK Health Security Agency (UKHSA), the NHS and

[1] Health and Social Care Act 2012 (legislation.gov.uk)

District and Borough Council Environmental Health Teams as part of the local health protection system.

7. Functions of partner agencies in the local health protection system are as follows:

   7.1. The UKHSA delivers the specialist health protection response, including the direct response to incidents and outbreaks.

   7.2. The NHS is responsible for planning, commissioning, and delivering health services needed to protect health, for e.g., screening and immunisation programmes, mobilising resources in response to incidents and outbreaks and delivering infection prevention and control services.

   7.3. District and Borough Council Environmental Health teams monitor and manage local air quality, food safety, ensure compliance with occupational health and safety regulations, pest control, and deal with contaminated land.

The Health Protection Board

8. Oversight and assurance of the Council's health protection work will be provided by the Hampshire Health Protection Board which will commence in September 2022 and have a strong focus on communicable diseases and vaccination. The Director of Public Health will chair, bringing together Council departments and external partners who are key to protecting the health of our local population. The board will be an important forum for partners to jointly plan and coordinate activity on health protection issues.

COVID-19 review

9. In December 2019 a novel coronavirus was detected in Wuhan in the People's Republic of China. It spread globally and by the end of January 2020, two cases of the virus were identified in the UK. The spread of the virus was declared a Public Health Emergency of International Concern by the World Health Organisation and subsequently became known as the COVID-19 pandemic.

10. Over the course of the pandemic England experienced successive waves of COVID-19 infections due to different variants of the COVID-19 virus, alongside changes in measures being implemented.

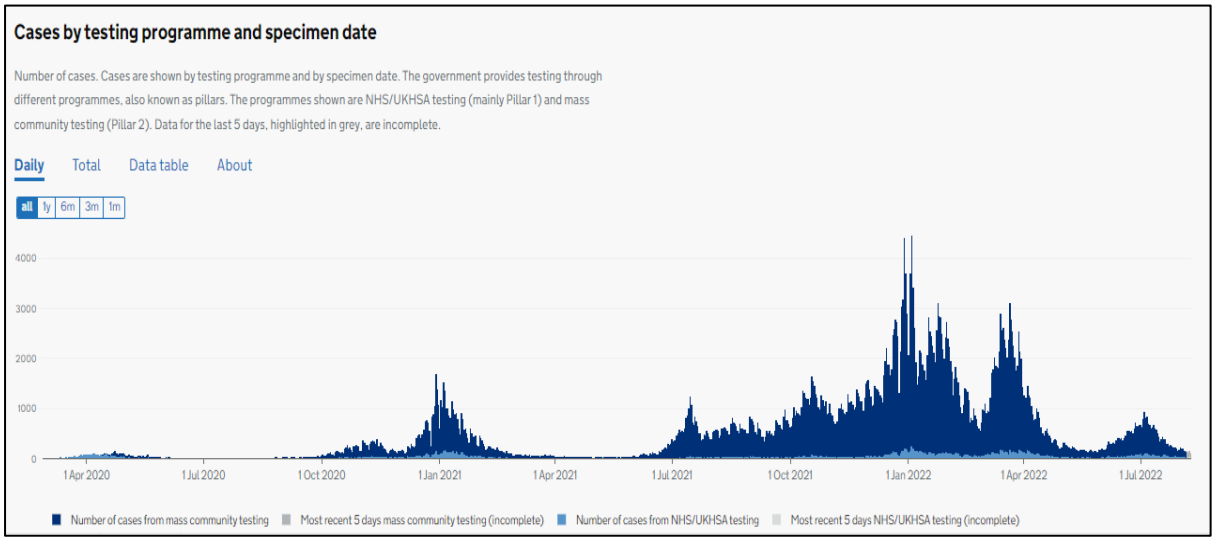
11. One of the most significant developments in the course of the pandemic occurred in December 2020, with the national roll-out of the COVID-19 vaccine programme initially aimed at older adults and frontline health and social care workers.

12. The Government's objective in the next phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, minimising morbidity and mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, especially during periods of waning immunity, that could again threaten people's health and place the NHS under unsustainable pressure. Therefore, vaccines form the basis of the Government's strategy for living with COVID-19.

Local Situation

13. The first case of COVID-19 was identified in Hampshire at the beginning of March 2020. The UK Government's COVID-19 dashboard shows that between 1st March 2020 and 31st March 2022, there were approximately 420,000 COVID-19 'infection episodes'[2] in Hampshire. This very much followed the same patterns across England with some regional variation.

Hampshire cases by testing programme and specimen date[3]



Source: UK COVID-19 DASHBOARD

14. Throughout the pandemic, the peaks and troughs in hospitalisation data have broadly mirrored trends in case-level data, albeit with a slight delay. However, it is evident that the numbers of COVID-19 inpatients seen in more recent waves of the pandemic have been much lower than the numbers seen at the start of the pandemic, before the availability and roll-out of COVID-19 vaccines.

15. Similar to trends in hospitalisation data, trends in mortality have generally reflected the local epidemiological situation in COVID-19 cases in Hampshire, with a reduction in peak numbers in more recent waves of the pandemic. From the start of the pandemic until 31st March 2022, there were 2,954 deaths in Hampshire within 28 days of a positive COVID-19 test (by date of death)[4].

16. In addition to monitoring trends on cases, hospitalisations and deaths, a significant focus has been on tackling health inequalities unmasked or exacerbated by the COVID-19 pandemic. In October 2021, the Public Health team produced a COVID-19 Health Impact Assessment Report[5] which provided important information on how the pandemic had disproportionately impacted some groups more than others.

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[2] If a person tests positive within 90 days of a previous positive test, this is seen as the same 'infection episode' and counted as one case.
[3] During the first wave of COVID-19 only Pillar 1 (NHS/UKHSA laboratory) testing was available. This testing was available to people admitted to hospital and people living or working in a health or care environment. Pillar 2 mass community testing (available to the general public) began on 14th July 2020 and since then case data includes both testing Pillars (unless otherwise specified). Due to these different testing strategies, it is not possible to directly compare case numbers between successive waves of the COVID-19 pandemic.
[4] UK COVID-19 Dashboard: Data on deaths in Hampshire within 28 days of a positive COVID-19 test (by date of death)
[5] Hampshire County Council COVID-19 Health Impact Assessment

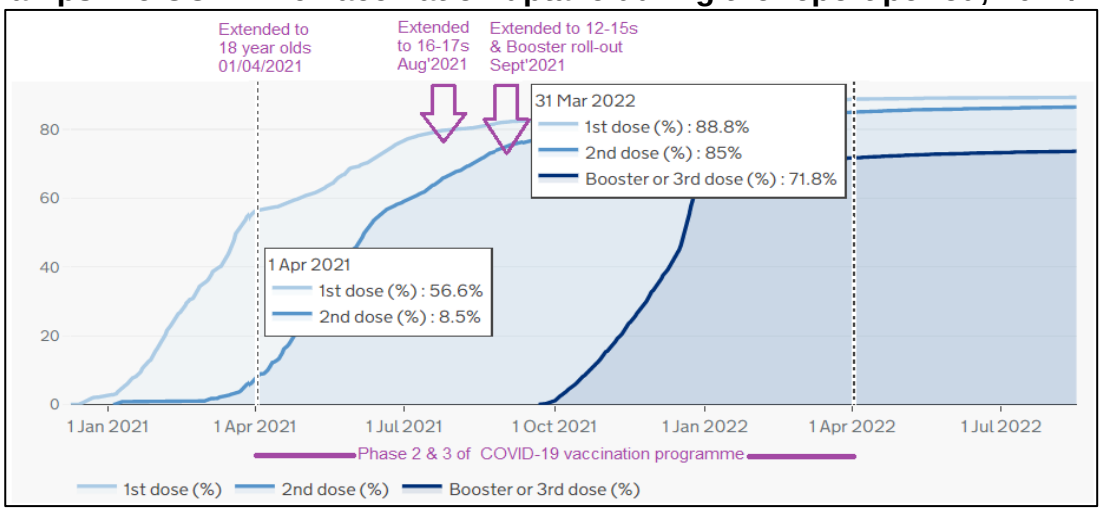
Furthermore, the rigorous monitoring of the performance of the COVID-19 vaccination programme highlighted some crucial inequalities in vaccine uptake across Hampshire and created the space for innovative models to be developed to ensure access to vaccination and outreach to under-served communities. It showed that local knowledge for equitable delivery is crucial. Whilst overall uptake was good there were populations in areas that remained unprotected. Deprivation explains some but not all of the reasons for low uptake and that there may be other socio-economic, demographic characteristics responsible for suboptimal uptake. We need to continue to focus on and understand these priority populations where uptake is consistently low to reduce ongoing inequalities in vaccine uptake.

COVID-19 vaccination

17. The COVID-19 pandemic has highlighted the role of vaccination in protecting the health of the population from infectious diseases.

18. The figure below presents COVID-19 vaccination uptake in Hampshire for the period covered by this report, equating to phase 2 and 3 of the national programme[6]. It shows the high achievement, in particular the sheer scale of the 2nd vaccine dose and booster uptake, over this period of time. An estimated 3.2 million vaccines have been administered in Hampshire as of 10th August 2022[7].

Hampshire COVID-19 vaccination uptake during the report period, 2021/22



Source: UK COVID-19 DASHBOARD

19. At an Integrated Care System (ICS) level, Hampshire and the Isle of Wight and Frimley Health ICS have achieved some of the highest COVID-19 vaccine uptake levels in the country. System-working across the NHS, the Council, and other partners (including the military, voluntary sector and prison), strong communication and marketing campaigns, the powerful use of intelligence, and a focus on fair and equal access to reach those least likely to contact health care services, are some of the factors behind this success.

[6] Greenbook chapter 14a - COVID-19 (publishing.service.gov.uk)
[7] UK COVID-19 Dashboard: Vaccinations in Hampshire

Summary of the Local Authority role and actions

20. In May 2020 Hampshire along with all local authorities were instructed to produce a COVID-19 Local Outbreak Management Plan. This outlined how the Council would work with its partners, alongside UKHSA and the NHS, to identify, contain and manage local COVID-19 outbreaks.[8]

21. Hampshire County Council established a COVID-19 Health Protection Board and a Local Outbreak Engagement Board. The primary purpose of the Health Protection Board was to bring together key organisations in Hampshire to ensure a coordinated response to the local COVID-19 situation and related outbreaks.

22. A small Testing team was set up to oversee the roll-out of both symptomatic and asymptomatic COVID-19 testing across Hampshire.

23. Contact tracing teams were set up locally as a key enabler to limiting the transmission of COVID-19 early in the pandemic.

24. The Department of Health and Social Care (DHSC) provided each Local Authority in England with an additional COVID-19 grant called the Practical Support Grant (PSG)[9].

25. The Director of Public Health also chaired meetings of the Pan-Hampshire Health Protection Collaborative Forum – a platform for the four local authority public health teams across Hampshire and Isle of Wight.

26. Additionally, the Council's health protection team:

    26.1. Supported COVID-19 outbreak management, working closely with UKHSA and NHS infection prevention and control teams, as well as other Council services. This work mainly focused on Hampshire's vulnerable settings such as children's care settings (open and secure), prisons, hospitals, and care homes.

    26.2. Provided public health intelligence that informed local communication and vaccination plans to reach the most vulnerable or at-risk populations in Hampshire, ensure equitable access to vaccination and thus reduce inequalities.

    26.3. Developed bespoke guidance for settings around testing and outbreak management, including webinars for education settings.

    26.4. Worked with the Hampshire County Council Safety Advisory Group (SAG) to provide guidance to organisers of events and gatherings and reviewed event plans and risk assessments.

[8] Hampshire Council COVID-19 Local Outbreak Management Plan 2021 V3.0

[9] The PSG scheme was in addition to the £500 Test and Trace Support Payment that was awarded to eligible self-isolating individuals, administered by District and Borough Councils.

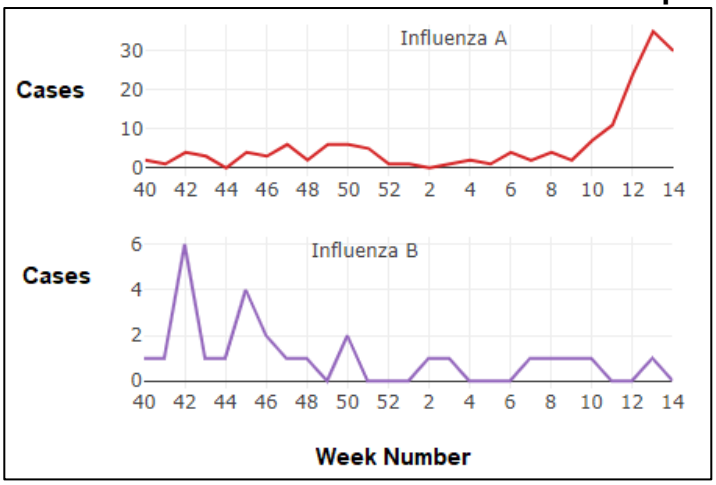
Other Infections

27. One of the key functions of the Council's health protection team is to monitor and manage reports of infectious diseases that impact, or could impact, the health of the local population. Two of the key infections are highlighted here.

Influenza

28. There was low influenza activity in Hampshire over the last season (2021/2022). An unusual increase in cases was seen towards the end of the influenza season, in March, but numbers declined again within a few weeks as charted below.

Reported cases of influenza in 2021-2022 season in Hampshire



Source: UKHSA Weekly Local Influenza Report South East

Influenza vaccination

29. Each year the NHS prepares for the unpredictability of flu. For most healthy people, flu is an unpleasant but self-limiting disease with recovery generally within a week. However, there is a particular risk of severe illness from catching flu for older people, the very young, pregnant women, those with underlying disease, and those who are immunosuppressed. Annual flu immunisation is recommended to protect these risk groups.

30. With COVID-19 in circulation, the 2021/22 annual flu programme continued to be prioritised. Uptake of flu vaccination in Hampshire exceeded the national and regional average for each eligible cohort. The uptake of 87.2% in the over 65 age group was the highest ever seen, even before COVID-19, but uptake in children was not as good as previous years.

Tuberculosis (TB)

31. At 4.3 per 100,000 for 2018-20, Hampshire's TB incidence case rate is lower and better than the England rate of 8.0 per 100,000. Whilst the overall Hampshire TB incidence case rate is relatively low, it varies at a lower tier local authority level. Rushmoor at 18.2 per 100,000 has the highest TB incidence case rate, significantly higher than the England rate. Prevention, more timely detection and treatment,

including TB treatment completion and coinfection with HIV, are key areas for Hampshire to prioritise in coming years.

Vaccination

32. Many infections can be prevented through vaccination, and a core remit of the Council's health protection team is to review performance of a number of routine national vaccination programmes, with the large majority of these covering childhood immunisations such as measles, mumps and rubella (MMR) vaccination and the 6-in-1 vaccine[10].

33. Vaccination uptake is published by UKHSA on a quarterly basis. Quarter four data (January to March 2022) within the scope of this report, was published in June 2022. Uptake is reported at aged 2 (MMR 1) and 5 years (MMR 2).

34. In Hampshire, the uptake for MMR 1 from January to March 2022 was 94.7%. This is higher than the national average which was 89.7%. The uptake for Hampshire for MMR 2 from January to March 2022 was 91.8%, and again higher than the national average of 85.9%. The only quarter that uptake in Hampshire dipped below 90% was for MMR 2 in July to September 2021 when it was 89.9%.

35. The quarter four uptake for Hampshire before the COVID-19 pandemic (January to March 2020), was 94.3% for MMR 1 and 91.2% for MMR 2.

36. While the uptake in Hampshire is good, it does not reach the 95% target set by the WHO. There is work to do both nationally and locally to improve uptake such as continued campaigning as depicted below.

Hampshire County Council MMR vaccination communications campaign

Source: Hampshire County Council Communications Team

[10] The 6-in-1 vaccine provides protection against 6 infections: diphtheria, tetanus, whooping cough, *Haemophilus influenzae* type B, polio and hepatitis B.

Future focus

37. COVID-19 has been the main focus of activity and presented the greatest opportunities and challenges for the Council's public health team in 2021/22. COVID-19 is a harsh example of the risk posed by emerging infections. Moving forward, the team will take on a stronger horizon scanning function to monitor, assess, and respond to emerging threats to the health of the Hampshire population. These threats are likely to include infectious diseases, both new and 'old', as well as aspects related to infection, such as antimicrobial resistance. Some of the key areas of activity are:

Shifting gears to living with COVID-19:

38. In the upcoming year, the objective for the team will be translating the UK Government's 'living with COVID-19' strategy[11] into its day-to-day function. This will mean continued work to mitigate against the spread of this virus and the emergence of new COVID-19 variants, while also considering how the health protection system 'recovers' and the areas of health protection that will require renewed focus in the coming years. It will mean continued surveillance of global, national and local COVID-19 epidemiology, supporting the management of outbreaks in Hampshire's vulnerable settings, providing advice to the general public and settings (in line with UKHSA guidance), and supporting the NHS roll out of the COVID-19 Autumn booster campaign and uptake of the COVID-19 vaccine 'evergreen offer'. There will be a continued focus on work to reduce the inequalities unmasked by the COVID-19 pandemic and ensuring activities to mitigate the spread of the virus are reaching our under-served communities. All of this work will build on a foundation of strong partnership working, with the acknowledgment that the lessons learnt, and successful ways of working, will shape the way we work with partners in years to come.

Responding to other emerging health protection issues:

39. One of the infections that will be given special focus will be Tuberculosis, with the aim of supporting the local achievement of priorities and actions as set out in the TB Action Plan for England[12] and ensuring that our health service delivery model can provide the necessary care to those most vulnerable to the disease.

40. Similarly, there will be a renewed focus on the targets of the UK Action Plan for Antimicrobial Resistance (AMR)[13] and the activities we can take as a health protection system to mitigate against development of antimicrobial resistance in our population. This will involve close working with NHS infection prevention and control colleagues, as well as settings where interventions can be adopted to help influence antibiotic prescribing practices.

41. In addition to the work on infectious diseases, the health protection focus will also continue to monitor developments with respect to other threats, including the increasing frequency of hot and cold weather events.

[11] COVID-19 Response: Living with COVID-19 - GOV.UK (www.gov.uk)
[12] Tuberculosis (TB): action plan for England - GOV.UK (www.gov.uk)
[13] UK 5-year action plan for antimicrobial resistance 2019 to 2024 - GOV.UK (www.gov.uk)

Renewing efforts across vaccination and shaping the National Vaccination Strategy:

42. The COVID-19 pandemic has created challenges in the delivery of routine vaccination programmes that are a key component in protecting the health of Hampshire residents. The focus will continue supporting the roll-out of the COVID-19, seasonal influenza and MMR vaccination programmes (with the latter being part of the national effort to re-instate the UK's 'measles-free' status).

43. Throughout 2022 and early 2023, the NHS will be consulting stakeholders on the development of a new National Vaccination Strategy. The team will input into this strategy and work with the NHS to build a sustainable future service that delivers maximum uptake and coverage across all populations, deploys targeted models for under-served populations to minimise health inequalities, and is able to respond rapidly and flexibly to changes or surge requirements.

44. The above three areas of activity will be underpinned by a strong focus on communications, with the development of a 2022/23 Health Protection communications plan being one of the key deliverables for the team. The health protection team will work with the corporate communications team, as well as communications colleagues within UKHSA and the NHS, to promote national and regional health protection communication campaigns and develop local campaigns to raise awareness of health protection issues and provide a platform for Hampshire residents to seek information on how to stay well and protect themselves from ill health.

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Health and Wellbeing Board
Forward Plan for Future Meetings
6 October 2022

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Strategic Leadership										
Health and Wellbeing Board Business Plan Update				X						
Board Survey Response and Actions			X							
Joint Strategic Needs Assessment (JSNA) Programme Update			X		X		X	X		
JSNA Work Programme and HIA Findings Summary	Workshops held on 29/11/21, 27/01/22			X						
DPH Annual Report: COVID 19 Inequalities in Mental Health and Wellbeing in Hampshire						X				
Health Protection Annual Report								X		
Starting Well										
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Last Received December 2019				X					
Hampshire Safeguarding Children Board Annual Report	Last Received December 2020				X				X	
Theme Focus	Last Received October 2020					X				

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Living Well										
Hampshire Safeguarding Adults Board Annual Report	Report Circulated July 2021									
Theme Focus	Last Received December 2020						X			
Starting, Living and Ageing Well										
Hampshire Physical Activity Strategy				X						
Mental Health and Wellbeing Recovery Update	Last Received December 2020									
Hampshire Healthy Weight Strategy					X					
Suicide Prevention Strategy for Hampshire	Last received March 2018					X				
Healthier Communities										
District Forum Report on Housing and Health Topic	Last Received July 2020									
Theme Focus		X							X	
Fire and Rescue Service Draft Community Strategy						X				
Aging Well										
Theme Focus			X						X	
Dying Well										
Theme Focus			X							X
Integrated Care Systems										

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
The HIOW Integrated Care System (ICS) - National Context, Local Progress to Date and Next Steps		X								
The HIOW I Integrated Care System - Deep Dive			X							
ICS Update	Written Update November 2021			X			X			
Additional Business										
Forward Plan	Standing item	X	X	X	X	X	X	X	X	X
Integrated Intermediate Care (IIC)	Pending update	X								
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy	Last Received December 2020									
Election of Vice-Chairman				X						
Pharmaceutical Needs Assessment			X (Update)				X (Draft)	X		
Hampshire Integration and Better Care Fund Plan 2021-22					X				X (Update)	
Terms of Reference Review									X	
Annual Report										
Health and Wellbeing Board Annual Report	Summary shared for circulation	X					X			
Written Updates										

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Autism Partnership Board Report	Circulated September 2020									
Hampshire Local Dementia Profile - Alzheimer's Society	Circulated September 2021									
Adults' Departmental Safeguarding Report	Circulated December 2021									
Annual Community Safety Strategy Group Report	Circulated December 2021									
District Forum Housing and Health Survey Findings	To be circulated									
Violence against Women and Girls Task Group Briefing	Circulated March 2022									
HIWFRS Community Safety Plan 2022-2025	Circulated April 2022									
Healthwatch Hampshire Annual Report 2021-2022	Circulated August 2022									