

Cumbria Pharmaceutical Needs Assessment 2018



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1 Executive Summary

This Pharmaceutical Needs Assessment (PNA) is published by Cumbria's Health and Wellbeing Board (HWB) to fulfil the requirements of the HWB detailed in the Health and Social Care Act 2012.

The Health and Social Care Act 2012 established HWBs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 that came into force on 1st April 2013 mean that each HWB must publish a copy of its approved PNA on or before 1st April 2018.

This assessment will be the basis for determining future pharmaceutical service provision and market entry to support local health need.

This document sets out the background to the development of the PNA. An overview of the regulations is provided, in addition to the range of pharmaceutical services that are currently provided, or may be commissioned in the future.

The geographical area of the HWB area has been divided into six districts based on the district council boundaries.

A comprehensive range of sources has been used to identify the social and health profile of the HWB population and this document provides full details at district level of:

- Population demographics: age, deprivation, health needs;
- Number and location of community pharmacies and dispensing doctor practices;
- Analysis of any gaps in necessary services;
- Analysis of any gaps in improved services or access to services; and
- Suggested new or future services.

After considering all the elements of the PNA, Cumbria **HWB concludes that there is adequate provision of pharmaceutical services across Cumbria** although recognises there is variability across the districts. Pharmaceutical services that could be improved with better access conditions vary in each district.

There are many rural communities within Cumbria and it is acknowledged that across Cumbria people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

In considering current and future access to community pharmacies, a balance between sustainability of the pharmaceutical services provided and value for money must be ensured.

Cumbria HWB consulted on this PNA for a period of 60 days, commencing on 24th November 2017 and closing on 23rd January 2018. The PNA stakeholder group considered the comments received and amendments were made accordingly.

2 Introduction

This Pharmaceutical Needs Assessment (PNA) is published by Cumbria's Health and Wellbeing Board (HWB) to fulfil the requirements of the HWB detailed in the Health and Social Care Act 2012.

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from Primary Care Trusts (PCTs) to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 which were amended by the Health and Social Care Act 2012 and came into effect on 1st April 2013, can be found at:

<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

These replace the NHS (Pharmaceutical Services) Regulations 2012 and the NHS (Local Pharmaceutical Services) Regulations 2006 as the new legislative regime which governs the arrangements for the provision of pharmaceutical services in England.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations. The development of this PNA and its subsequent publication was carried out in accordance with these regulations.

3 PNA development in Cumbria

The PNA was conducted in accordance with Part 2 (Regulation 9) of the Regulations. Due consideration was given to the following information:

- The demography of Cumbria;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;
- Different needs of different districts in Cumbria;
- The pharmaceutical services provided in the area of any neighbouring HWB which affect the need for pharmaceutical services in Cumbria, or whether further provision of pharmaceutical services in Cumbria would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in Cumbria;
- Any other NHS services provided in or outside Cumbria (not covered above) which affect the need for pharmaceutical services in Cumbria, or whether further provision of pharmaceutical services in Cumbria would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in Cumbria;
- Likely future needs;
- Cumbria Joint Strategic Needs Assessment (JSNA).

The PNA steering group was responsible for overseeing the development of this PNA. The terms of reference and membership of this group are included in the Appendices.

In accordance with Regulations 5 and 6, Cumbria HWB will, as a minimum, publish a revised PNA within three years of the publication of this assessment. The HWB will publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. In accordance with Regulation 4(2), Cumbria HWBs will keep a map up to date, in so far as is practicable (without the need to republish the whole of the assessment or publish a supplementary statement) of available pharmaceutical providers in Cumbria at: <https://www.cumbriaobservatory.org.uk/health-social-care/health-social-care-further-information/>

4 Cumbria Profile

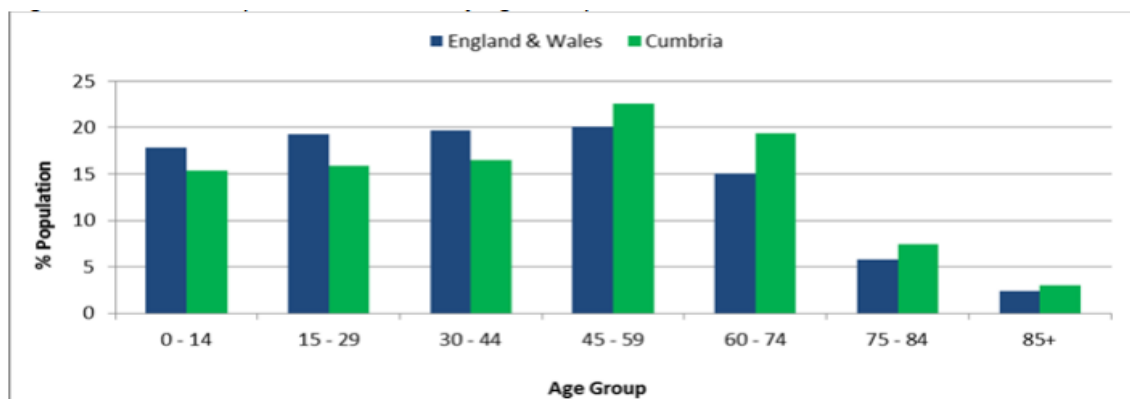
4.1 Geography

Cumbria is England's second largest county and covers an area of 6,767 square km. With an average population density of 74 people per square km, the county is much more sparsely populated than the national average (England & Wales 375 people per square km). Over half (54%) of Cumbria's residents live in rural areas, compared to 18% across England & Wales.

4.2 Demography

The resident population of Cumbria was estimated to be 498,000 persons in mid-2015; an increase of +1,000 persons (+0.2%) since mid-2005 (England & Wales +8%). Carlisle, Allerdale and Eden experienced increases in population between mid-2005 and mid-2015 (+2.5%, +1.7% and +1.7% respectively). However, Barrow-in-Furness, South Lakeland and Copeland experienced decreases in population over the same time period (-4.3%, -0.8% and -0.4% respectively). These are the 2nd, 10th and 15th greatest decreases out of all 348 local authority districts in England and Wales.

Figure 1: Mid-2015 Estimates: England & Wales and Cumbria: % Persons: By Age Group:



Source: Office for National Statistics

When compared to England & Wales, Cumbria has an older age profile; with lower proportions of residents in the three youngest age groups and higher proportions of

residents in the oldest four age groups. The age profile of Cumbria's districts varies considerably. Barrow-in-Furness, Carlisle and Copeland have the greatest proportions of residents in each of the three youngest age groups. Conversely, Allerdale, Eden and South Lakeland have the greatest proportions of residents in each of the three oldest age groups. Out of the 348 Local Authority districts in England and Wales, South Lakeland and Eden have the 5th and 11th lowest proportions of residents aged 0-15 respectively, whilst South Lakeland has the 12th highest proportion of residents aged 65+.

Cumbria's population is expected to decrease every year to 2019, in contrast to England where it is expected to increase every year. By 2019 Cumbria's population is expected to decrease by 9,826 people (-2.0%), the only decrease amongst counties in England (which is expected to increase by 16.5%). Allerdale (-1.5%), Barrow (-9.8%), Copeland (-6.0%) and South Lakeland (-0.1%) are all expected to lose population. The decrease in Barrow is the largest fall expected of all the districts in the country. The decline in Copeland is the third largest expected fall, Allerdale is the 7th largest and South Lakeland the 10th. Carlisle is expected to increase by 2.3% and Eden by just 0.1%.

The projected changes in Cumbria's population are also not spread evenly across age bands. By 2039, the number of 0-15 year-olds is expected to decline in Cumbria by 6,740 people (-8.2%). This is the greatest projected decline across all of the counties in the country (which is, itself, expected to increase by 10.2% in this age group. All 6 districts are expected to show a fall in this age group and Barrow and Copeland having the highest declines of all the districts nationally. For those aged 16-64, the projected decline is even higher, falling by 48,207 people by 2039 (-15.9%). This is, again, the highest projected fall of all of the counties and contrasts to a national projected increase of 6.6%. As with those aged 0-15 years, this decline is expected across all of the districts in the County, with Barrow-in-Furness and Copeland expected to have the 2nd and 3rd highest declines in the whole country. All districts are in the top 20 districts nationally with the biggest expected falls.

In contrast, the number of residents aged 65+ is expected to increase each year to 2038, with a small fall between 2038 and 2039. By 2039, the number of residents aged 65+ is expected to increase in Cumbria by 45,100 (+39.9%) compared to a growth rate of 59.2% in England. All districts in the County are expected to increase in the population of this age group. The proportion of residents aged 65+ is expected to account for nearly a third of the County's population (32.4%) by 2039. This is the 4th highest proportion of all the counties in the country. England's proportion is 24.0%. All districts will have a greater proportion aged 65+ than nationally. South Lakeland and Eden are projected to have the greatest proportions of residents aged 65+ (37.3% and 35.6% respectively by 2039).

An older population will create a greater demand for personal health and social care at a time when there are less people of working age to provide it.

It is not just numbers of existing Cumbrian residents that impact on both service demand and provision; but the number of visitors and tourists to the county, as well as second home owners. An estimated 45 million visitors visit Cumbria and the Lake District per year; however, it is worth noting that some of those visitors may already be existing Cumbrian

residents. In the 2011 Census, there were around 21,800 people who were usually resident outside of Cumbria, with a second address in the county, be it for work, holiday or other.

4.3 Ethnicity and Minority Groups

17,734 Cumbrian residents reported that they were from Black and Minority Ethnic (BME) groups in the 2011 Census (3.5%). Whilst this is much lower than the average for England and Wales (19.5%), it is still a factor that health and social care services need to take into account.

The 2011 Census reported that 315 Cumbrian residents (0.1%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is the same as the England & Wales average. At both a national and local level, when compared to all other ethnic groups, a much greater proportion of Gypsy and Irish Travellers reported that their general health was 'bad or very bad' within their 2011 Census questionnaire. Across Cumbria's wards, Carlisle's Castle ward had the greatest numbers of residents who identified their ethnic group as Gypsy or Irish Traveller (20 persons), while Lyne ward in Carlisle had the greatest proportion of residents who identified their ethnic group as Gypsy or Irish Traveller (0.5%).

4.4 Migration

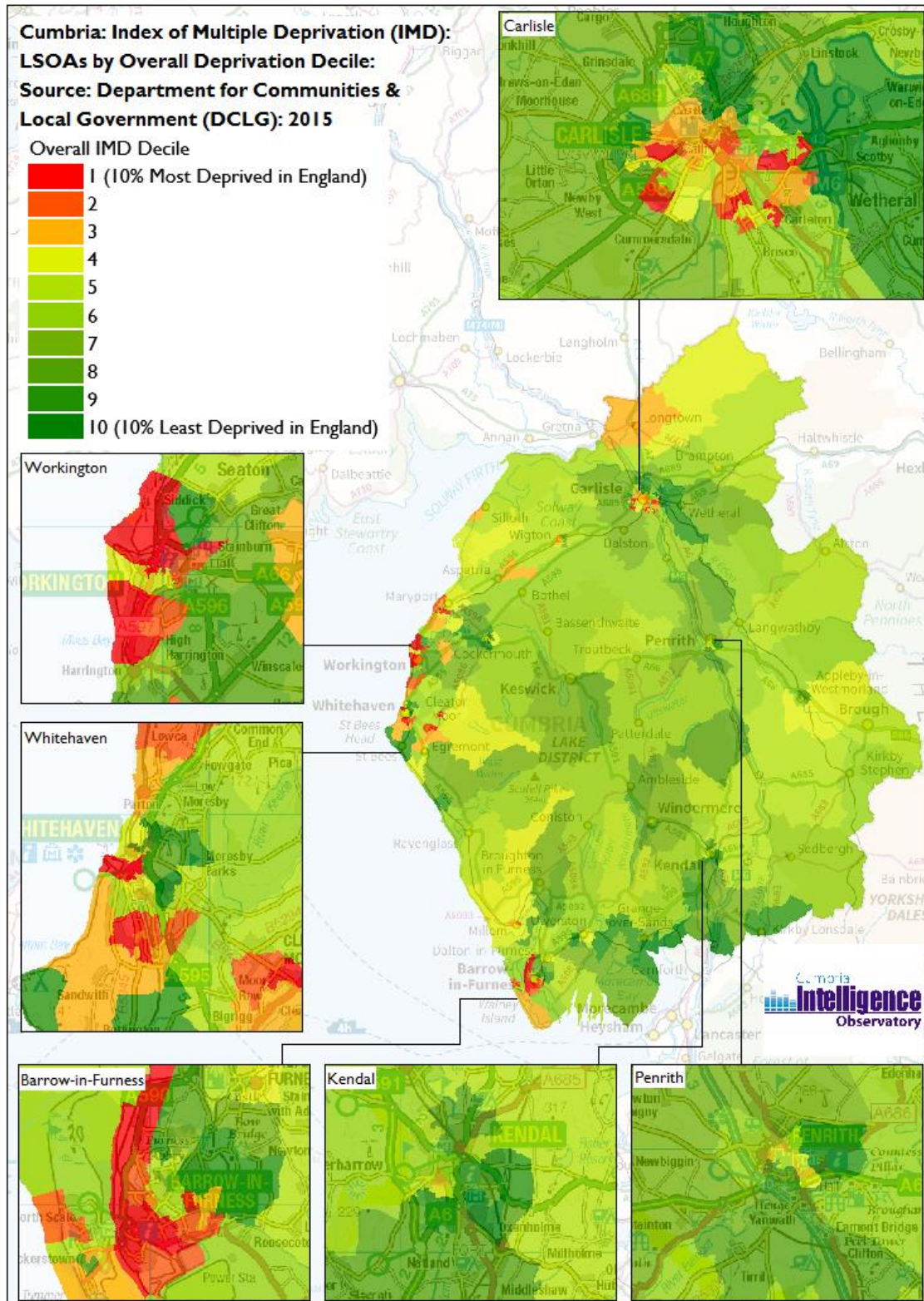
The Office for National Statistics estimate that between mid-2005 and mid-2015, 20,600 people migrated into Cumbria from overseas whilst 16,100 people migrated from Cumbria to overseas, resulting in a net balance of 4,500 overseas migrants moving into the county over the decade.

The 2011 Census reported that 18,694 residents in Cumbria were born outside of the UK (3.7%). Of these non-UK born residents, 1,207 were born in Ireland, 3,504 were born in EU countries that were EU member countries in March 2001, 4,557 were born in EU countries that joined the EU between April 2001 and March 2011 and 9,426 were born in countries other than those listed above.

4.5 Deprivation

Cumbria has 29 Lower Super Output Areas (LSOAs) that rank within the 10% most deprived in England, with 8.5% of the county's population living in those areas. Furthermore, 12 of Cumbria's LSOAs fall within the 3% most deprived nationally, with 3.6% of the county's population living in those areas. Figure 2 presents each LSOA (statistical area) in Cumbria shaded according to the national deprivation decile - a decile of 1 (areas shaded in red) represent the 10% most deprived in England, while a decile of 10 (areas shaded in dark green) represent the 10% least deprived in England.

Figure 2: Cumbria and overall deprivation, 2015



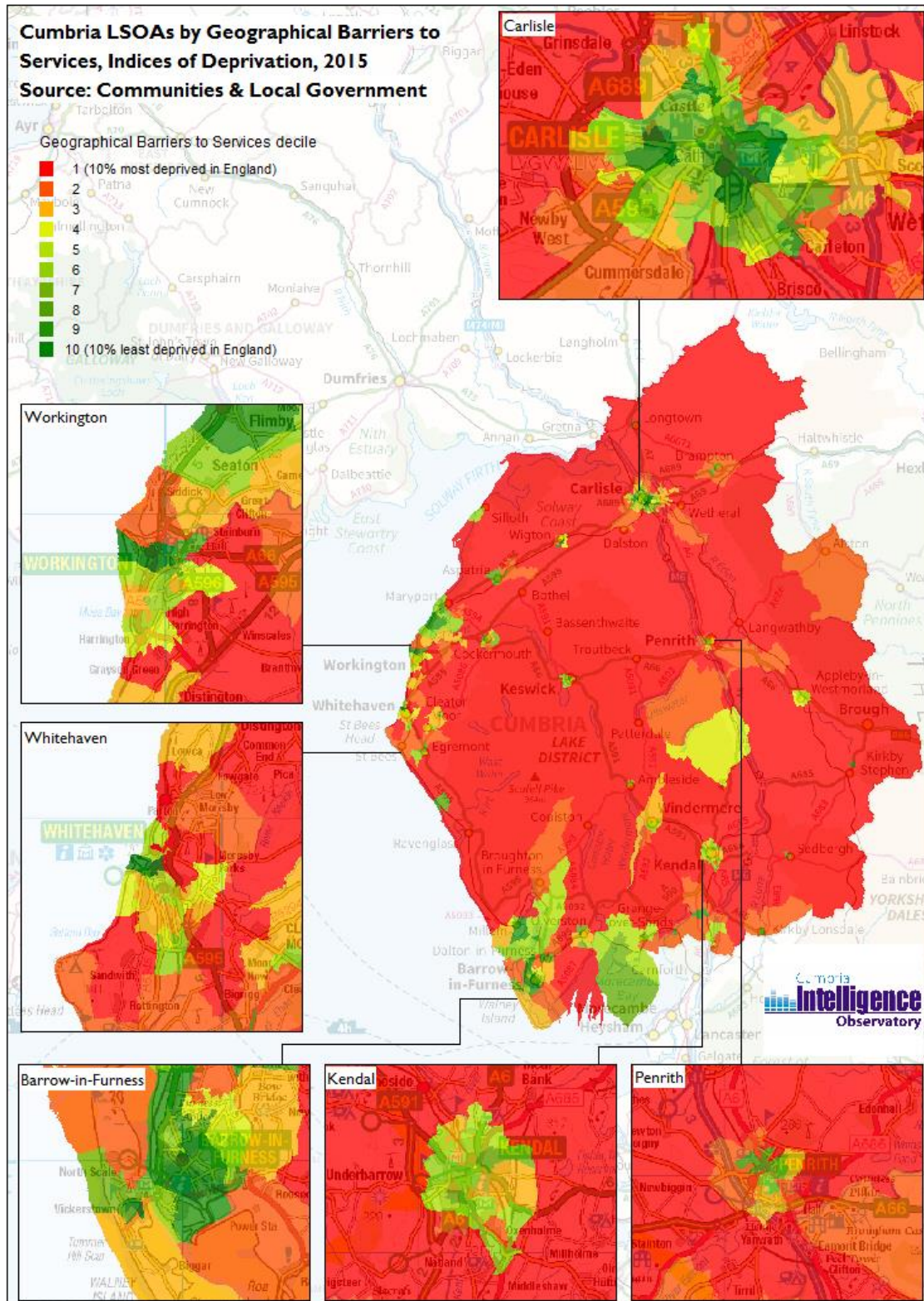
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It is important to note that not all socially and economically disadvantaged people in Cumbria will be living in the most deprived areas of the county and that they may reside in more affluent areas, therefore consideration should be given to all.

Levels of deprivation can be broken down further into domains and sub-domains. The 'geographical barriers to services' sub-domain relates to the physical proximity of local services including a post office, primary school, general store/supermarket, and GP surgery. Across Cumbria 82 LSOAs rank within the 10% most deprived in England in relation to this sub-domain.

Figure 3 presents each LSOA in Cumbria shaded according to the national decile in relation to the 'geographical barriers to services' domain; a decile of 1 (LSOAs shaded in red) represent areas that are in the 10% most deprived in England, while a decile of 10 (LSOAs shaded in dark green) represent areas that are in the 10% least deprived in England.

Figure 3: Cumbria and geographical barriers to services, 2015



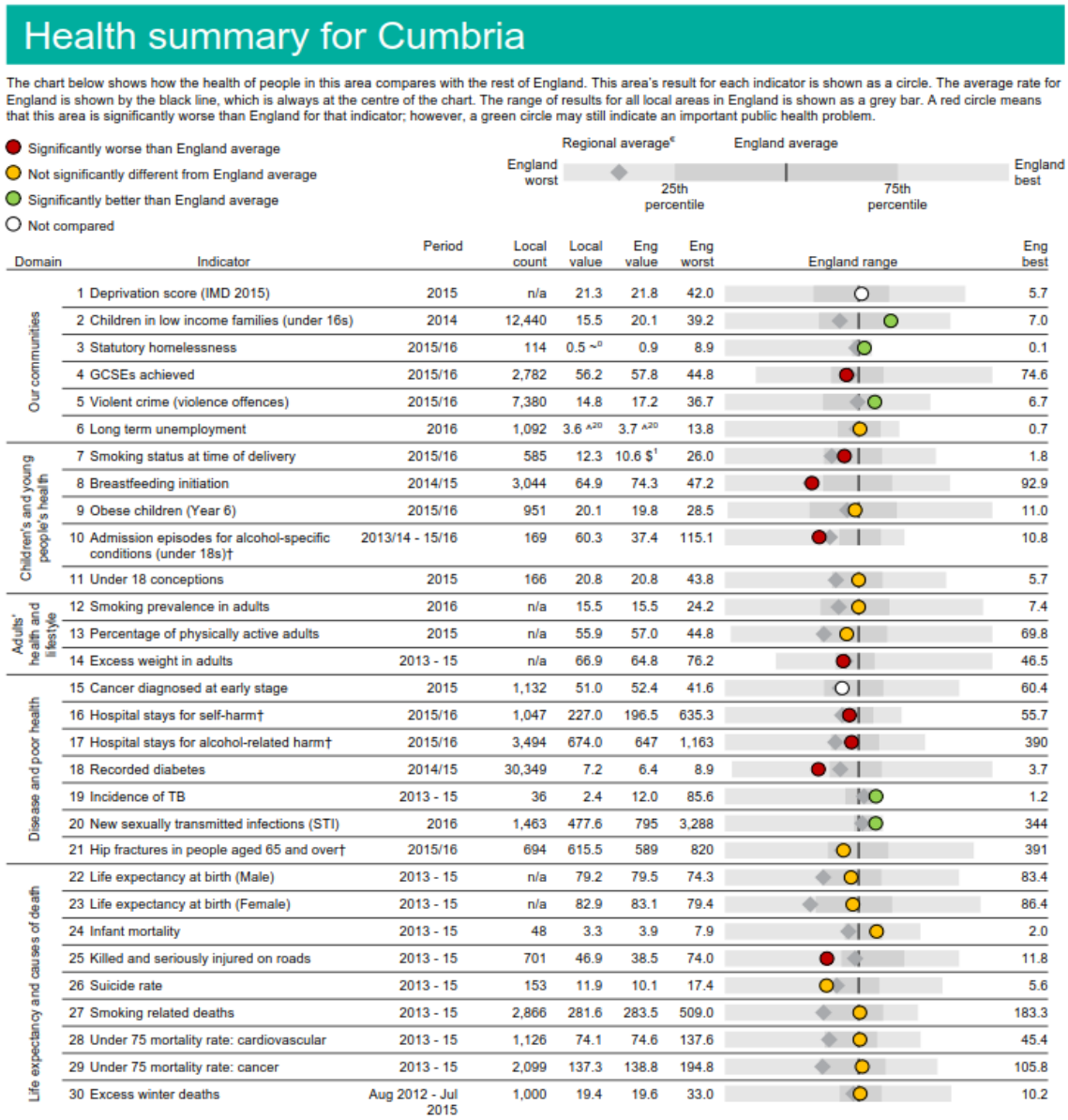
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4.6 Health Profile

The health of people in Cumbria is varied compared with the England average. Around half of the indicators are similar to the England average, including long-term unemployment, obese children (at age 11), under 18 conceptions, smoking prevalence and smoking related deaths, physical activity, life expectancy and infant mortality and suicide rates. A small number of the indicators are significantly better than average such as children in low income families, statutory homelessness, incidence of TB, violent crime and new sexually transmitted infections. However, a number are significantly worse than average, such as smoking status at time of delivery, breastfeeding initiation, admissions for alcohol-specific conditions for under 18s, hospital stays for self-harm and alcohol-related harm and recorded diabetes.

Early death rates continue to decline from diseases such as cancer, heart disease and stroke. However the number of people living with long term conditions is likely to increase. This is partly due to increased numbers of older people but also because some risk factors such as obesity and alcohol misuse are increasing.

Figure 4: Public Health England 2017 Health profile for Cumbria



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths. % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

²⁰ Value based on an average of monthly counts \$¹ There is a data quality issue with this value ~² Aggregated from all known lower geography values

If 25% or more of areas have no data then the England range is not displayed.

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4.7 Strategic Direction

NHS England's strategic direction for community pharmacy:

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/>

NHS England intends to use the recommendations of the Independent Review of Community Pharmacy Clinical Services, commissioned by the Chief Pharmaceutical Officer, to inform its approach to the future commissioning of NHS community pharmacy services.

The independent review, chaired by Richard Murray of the King's Fund, was commissioned in April 2016 following the opportunity presented by publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The review is due to be completed by the end of 2016.

The need for an in-depth pharmacy review was decided by:

- The changing patient and population needs for healthcare, in particular the demands of an ageing population with multiple long term conditions.
- Emerging models of pharmaceutical care provision from the UK and internationally.
- The evidence of sub-optimal outcomes from medicines in primary care settings.
- The need to improve value through integration of pharmacy and clinical pharmaceutical skills into patient pathways and the emerging new care models.

The review examined the evidence base of the clinical elements of the current Community Pharmacy Contractual Framework and other clinical services. It made recommendations for commissioning models and clinical pharmacy services aimed at ensuring community pharmacy is better integrated with primary care and making far greater use of community pharmacy and pharmacists.

NHS England set up a Pharmacy Integration Fund to support these changes and to help transform how pharmacy will operate in the NHS.

The Health and Wellbeing Strategy 2016-19 agreed by Cumbria Health and Wellbeing Board has laid out a vision that everyone in Cumbria will have improved health and wellbeing and that inequalities across the county are reduced. The health and wellbeing strategy delivery plan includes the aim to continue to work with pharmacies in regards to the stop smoking service and support signposting for this activity.

The governance landscape has changed since the last PNA and there are now two clinical commissioning groups in Cumbria; North Cumbria CCG and South Cumbria is now part of Morecambe Bay CCG. The CCGs have Sustainable transformation plans in line with STP footprints.

Sustainability and Transformation Plans (STPs) were announced in NHS planning guidance published in December 2015. NHS organisations and local authorities have come together to develop 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016. These plans go through a process of assessment, engagement and further development

The STP plan for West North and East Cumbria includes an aim to help stabilise and sustain primary care and the intention is to support this by extending the role of community pharmacies to provide a wider range of enhanced services.

The STP plan for Lancashire and South Cumbria includes the intention to develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues. It is highlighted that GPs will work with colleagues in community pharmacy to promote best access for those with minor self-limiting conditions, those on multiple medications and those needing medicines management support.

The STP plan also includes plans to implement innovative approaches to the challenge of ensuring an adequate primary care workforce with local training, development and recruitment strategies for GPs, Nurse Practitioners, Clinical Pharmacists, Practice Nurses and Paramedic Practitioners as well as new generic roles which offer wellbeing support.

Integrated Care Communities (ICCs) is one of the terms being used nationally and locally to describe the ambition to join up health and care services in a given community, tailored to the needs of the local population. Both STP plans include reference to Integrated Care Communities or models. An ICC will see health and social care professionals, GPs, the voluntary sector and the community working as one team within one system to support the health and care needs of the population it serves. It will focus on helping the population to manage long term health conditions and improve access to information about healthier lifestyles locally. Evidence shows that the most successful Integrated Care Communities will reduce the overall number of people who need to be cared for in hospital and improve the health and wellbeing of communities.

The evidence is supported locally by early work in Millom that has shown that providing more care outside hospital, particularly for the frail and elderly, has led to faster recovery times as well as allowing for the treatment of more people. The leaders from all partners across the system including Cumbria Partnership NHS Foundation Trust, North Cumbria University Hospitals Trust, NHS North Cumbria Clinical Commissioning Group, NHS Morecambe Bay Clinical Commissioning Group, Cumbria County Council and GP practices have made a firm commitment to develop integrated care communities and have started to work together to provide better support to teams locally, many of whom are already using principles of integrated working in providing care.

West, North and East Cumbria have been divided into eight Integrated Care Communities to align with clusters of GP practices and their registered populations. South Cumbria has been divided into seven ICCs. The boundaries are displayed in Figure 5.

There are also two processes that are ongoing across Cumbria which involve the utilisation of technology and current provision to improve patient service. These are electronic prescribing service and repeat dispensing.

Electronic Prescribing Service (EPS) enables prescribers (such as GPs and practice nurses) to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. In Cumbria, EPS is well established in comparison to other CCGs.

As at end of Q4 2016/17, 79.45% of practices within NHS Cumbria CCG were submitting EPS. This compares to 92.28% within Cumbria, Northumberland, Tyne and Wear Area Team and 91.01% nationally. For the same period, 48.04% of all items within Cumbria CCG area were supplied electronically. This compares to 58.93% within Cumbria, Northumberland, Tyne and Wear Area Team and 53.86% nationally. It is worth noting that EPS uptake in GP Practices located in rural areas may be lower, as dispensing GPs are unable to use the service when dispensing from their own practices.

Repeat dispensing is a partnership between patient and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals without the need for any contact with the GP's practice at each prescription request. Repeat dispensing is less well established in comparison to other CCGs. As above, it is worth noting that repeat dispensing is a function of EPS and therefore cannot be used by dispensing GP Practices in some areas.

For the 12 months (April 2016 - March 2017) 3.75% of NHS prescribed and dispensed items were dispensed using repeat dispensing in NHS Cumbria CCG. This compares to 22.1% within Cumbria, Northumberland, Tyne and Wear Area Team and 9.2% nationally. For the same period, 3.7% of electronic prescriptions were prescribed as electronic repeat dispensing in NHS Cumbria CCG. This compares to 28.31% within Cumbria, Northumberland, Tyne and Wear Area Team and 12.18% nationally.

5 Determination of localities

In accordance with Schedule 1 of the Regulations (Regulation 4(1)) the PNA steering group considered how to assess the differing needs of the different localities in the area. The various options for dividing the population into distinct localities were considered based on geographic, demographic and social characteristics of Cumbria. It was concluded that the best approach to this process was to use the local authority district, borough or city council boundaries whilst still recognising the other boundaries where relevant. This was because:

- The Joint Strategic Needs Assessment (JSNA) refers to local authority boundaries;
- Public health and demography data would be available at local authority boundaries basis;
- The six local districts authority boundaries almost mirror some of the ICC boundaries;
- Further data to assess need was easily available at ward level if required;
- Commissioning of future services will be undertaken on a boundary basis depending on the commissioner.

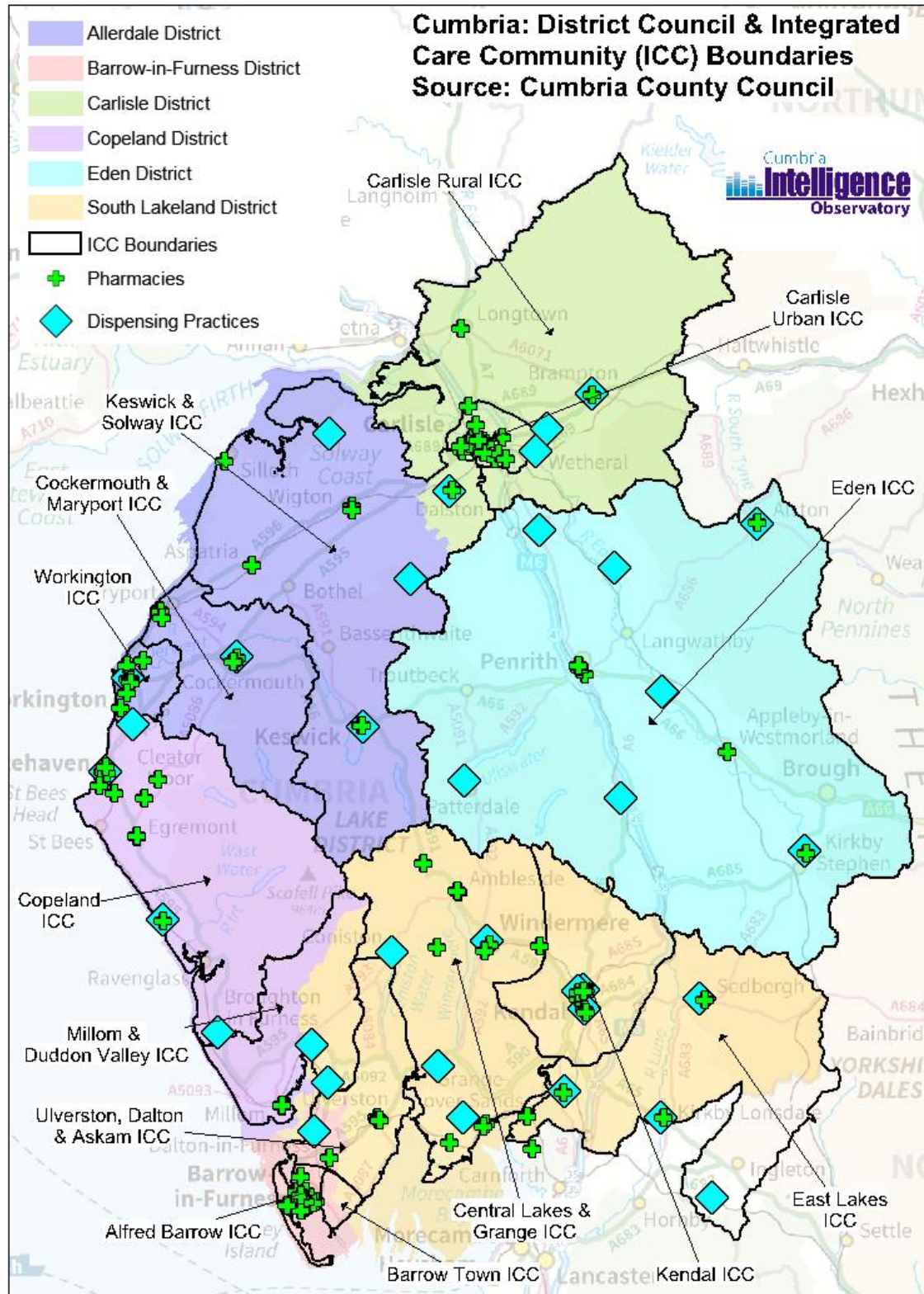
As mentioned above, the six local district boundaries closely match some ICC areas, however, Millom area falls into South Cumbria rather than North Cumbria; this Assessment is based on local authority districts and therefore Millom will be included in the boundary of Copeland and will form part of North Cumbria when considering district data.

Throughout this document any anomalies in figures due to the difference in boundaries will be highlighted. However, for the purpose of pharmaceutical needs, unless qualified as above, any reference to a 'district' will mean the local authority district, borough or city

council boundaries. Figure 5 shows the map of Cumbria with the six local authority boundaries, ICC boundaries; and location of community pharmacies and dispensing practices.

Districts have been used to break down Cumbria to aid presentation and interpretation of information. However, wherever possible, analysis has not been restricted to boundaries to ensure the needs of the population are accounted for accurately and appropriately.

Figure 5: Community pharmacies and dispensing practices in Cumbria



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6 Provision of Pharmaceutical Services

When carrying out this assessment of need for pharmaceutical services, the provision of all pharmaceutical services commissioned by NHS England has been considered together with any health services provided by community pharmacies through other commissioning routes such as the Local Authority.

The current provision of pharmaceutical services was informed by information held within the 'pharmoutcomes' software system and information held by NHS England and Cumbria CCG.

6.1 Community Pharmacy Contractors

For community pharmacy contractors on its pharmaceutical list, it has been considered that the term 'pharmaceutical services' includes all essential services, all advanced services and those services currently commissioned locally. These have been used in this document to assess the adequacy of provision of pharmaceutical services.

The service categories are described as the following:

- **“essential services”** which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service as the dispensing of medicines, promotion of healthy lifestyles and support for self-care. (The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the Regulations);
- **“advanced services”** there are six Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF) these are: Medicines Use Reviews (MUR); Flu Vaccinations; New Medicine Service (NMS); Appliance Use Reviews (AUR); and Stoma Appliance Customisation (SAC); Community Pharmacies can choose to provide these services as long as they meet the requirements set out in the Secretary of State Directions <http://psnc.org.uk/contract-it/pharmacy-regulation/>
- **“locally commissioned services”** these can be contracted via a number of different routes and commissioned by different commissioners including local authorities, Clinical Commissioning Groups (CCGs), and local NHS England teams. Those services commissioned by NHS England may also be known as “enhanced services”. Examples of locally commissioned services include:
 - Anticoagulant Monitoring Service
 - Care Homes service
 - Disease Specific Medicines Management Service
 - Gluten Free Food Supply Service~
 - Independent Prescribing Service
 - Home Delivery Service
 - Language Access Service
 - Medication Review Service
 - Medicines Assessment and Compliance Support Service
 - Minor Ailments Scheme~
 - Needle and Syringe Exchange Service^
 - NHS Health checks ^

- On Demand Availability of Specialist Drug Service*
- Out of Hours Services*
- Palliative Care~
- Patient Group Direction Service^
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service^
- Supervised Administration Service^
- Supplementary Prescribing Service

*Services currently commissioned from community pharmacies by NHS England

^Services currently commissioned from community pharmacies by Cumbria County council (or sub-contracted via a commissioned provider)

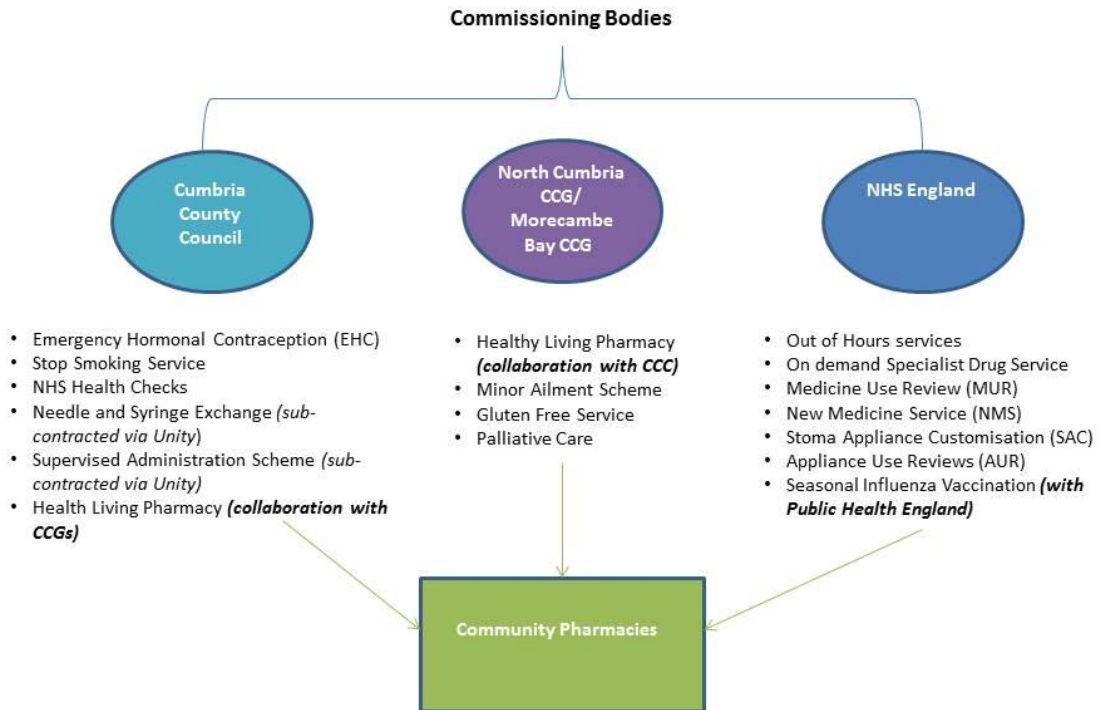
~Services currently commissioned from community pharmacies by North Cumbria CCG; and Morecambe Bay CCG

6.2 Local Authority Commissioned Services

The commissioning of services by Cumbria County Council as the lead local authority has been introduced since the transition of Public Health from NHS to Local Authorities. The Local Authority commission through community pharmacies: Emergency Hormonal Contraception (EHC) as a Patient Group Direction Service; Stop Smoking Service; NHS Health Checks; the Needle and Syringe Exchange (sub-contracted via a commissioned provider); and the Supervised Administration Scheme. The Local Authority, in collaboration with the CCGs, are currently rolling out the Healthy Living Pharmacy (HLP) quality assurance scheme.

Figure 6 displays the services commissioned by the Responsible Body.

Figure 6 – Community Pharmacy Commissioning



There are currently 111 community pharmacies in Cumbria, identified in Figure 5. They all provide essential services and most offer advanced services and enhanced services commissioned by NHS England, Cumbria CCG or Cumbria County Council. Current pharmacy service provision for each pharmacy is detailed in the Appendices.

Current commissioning provision and intentions with regards to the Enhanced Services commissioned by NHS England are given in the Appendices.

Consideration has also been given in this assessment to pharmaceutical services provided by community pharmacy contractors on neighbouring HWB areas, which provide essential services to Cumbria’s population. The pharmacy in Silverdale and dispensing practice in Bentham are included in all maps of services.

Services currently commissioned by local authority were also considered if they were considered to impact on pharmaceutical services currently or in the future.

6.3 Local Pharmaceutical Services (LPS)

In the previous submission there were two Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contractors in Cumbria located in Grasmere and Hawkshead. This was a pilot scheme aiming to make small pharmacies viable in rural areas which reached their termination date on 31 March 2015. In place of the previous ESPLPS there is now one Local

Pharmaceutical Service (LPS) located in Grasmere (Grasmere Pharmacy). LPS contracts allow NHS England to commission tailored pharmaceutical services in order to meet local needs; they provide flexibility and a wider (or narrower) range of services, including services which are not traditionally associated with pharmacies.

6.4 Dispensing Doctors

In accordance with Regulation 3(2), only the provision of those services set out in their pharmaceutical services terms of service (set out in the Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services (dispensing of drugs and appliances).

Consideration has been given to services provided by dispensing doctors in neighbouring HWB areas who provide services to the Cumbria based population. In 2016/17 (Quarter 4) 16.57% of patients in North Cumbria CCG were eligible for dispensing doctor services; data is unavailable for South Cumbria.

Nationally, 7.8% of prescription items are dispensed by GPs. Dispensing doctor practices can only dispense to their patients who live more than one mile from a pharmacy. In Cumbria there are 34 dispensing practices (including Bentham Practice which is located outside of the county boundary but is included in South Cumbria (& North Lancashire CCG boundary). Locations are presented in Figure 5; opening times are listed in the Appendices.

6.5 Controlled Localities

A controlled locality is an area which has been determined to be rural in character. The overall objective of defining rural areas as controlled localities is to help ensure patients in rural areas have access to pharmaceutical services which are no less adequate than would be the case in a non-controlled locality.

Where NHS England has determined that an area is controlled (i.e. rural in character), provided certain conditions are met doctors as well as pharmacies can dispense medicines for patients. However GPs may only dispense NHS prescriptions for their own patients who live in a controlled locality and outside a 1.6 km (1 mile) radius from a pharmacy.

Previously determined controlled localities in Cumbria HWB area are: Askam-in-Furness, Coniston, Portinscale, Dalston and Cummersdale, Brampton and Keswick (Castlehead). Silverdale in Lancashire is also a controlled locality in Cumbria CCG area.

6.6 Reserved Locations

A reserved location is designated, in a controlled locality, where the total patient population within 1.6km (1 mile) of the proposed location of a new pharmacy is less than 2,750 at the time the application is received.

The HWB area currently has one designated reserved location - Dalston and Cummersdale. Reserved location status will continue to be considered and determined by NHS England, as required by the Pharmaceutical Regulations, in response to applications for new pharmacies in controlled localities.

6.7 Mail Order / Wholly Internet Pharmacies

The HWB has also considered and assessed pharmaceutical services provided to its population by mail order/wholly internet pharmacies that are not on its pharmaceutical list. Analysis of data for June 2017 indicates that the number of prescription items dispensed by mail order/wholly internet to Cumbria's GP population was less than 1% and therefore considered minimal and no significant impact on the provision of pharmaceutical services across Cumbria.

There is not currently any distance selling pharmacy based within Cumbria HWB area.

6.8 Dispensing Appliance Contractors

Dispensing appliance contractors are unable to supply medicines. Most specialise in supplying stoma appliances.

The HWB has considered and assessed the provision of pharmaceutical services to its population by dispensing appliance contractors that are not on its own pharmaceutical list. Historically, only 0.8% of the total prescription volume for Cumbria CCG was dispensed by dispensing appliance contractors not on Cumbria's own pharmaceutical list. Recent changes have seen Cumbria split between two CCGs. The latest data for North Cumbria CCG indicates that less than 2.0% of the total prescription volume was dispensed by dispensing appliance contractors not on its own pharmaceutical list. No dispensing appliance contractors are currently included on Cumbria's pharmaceutical list.

Community pharmacies which dispense appliances can also choose to provide appliance use reviews and stoma customisation services as advanced services.

6.9 Other Relevant Services

The HWB has identified and considered pharmaceutical services provided by other providers including:

- NHS Hospital Trusts
- Foundation Trusts
- North Cumbria CCG
- Morecambe Bay CCG
- Private Providers
- Cumbria Health on Call

A summary of the services identified and considered can be found in the Appendices.

7 Partnership Involvement & Public Engagement

7.1 Steering Group

Cumbria HWB established a PNA Steering Group. A copy of the Terms of Reference and membership of the group are included in the Appendices.

8 Consultation Process

The PNA regulations state the draft PNA should be consulted on at least once during its development. In accordance with Regulation 2013 349, Part 2, Regulation 8 a draft version of the PNA was shared with the organisations specified; organisations are listed in the Appendices. The consultation period was from 24th November 2017 to 23rd January 2018 meeting the requirement for a minimum 60 day consultation period.

The consultation responses have been shared with the PNA Steering Group; and the Health & Wellbeing Board met to discuss the responses and amendments made accordingly. A record of the responses and actions are documented and are available in the Appendices.

9 Analysis of Need and Pharmaceutical Provision by District

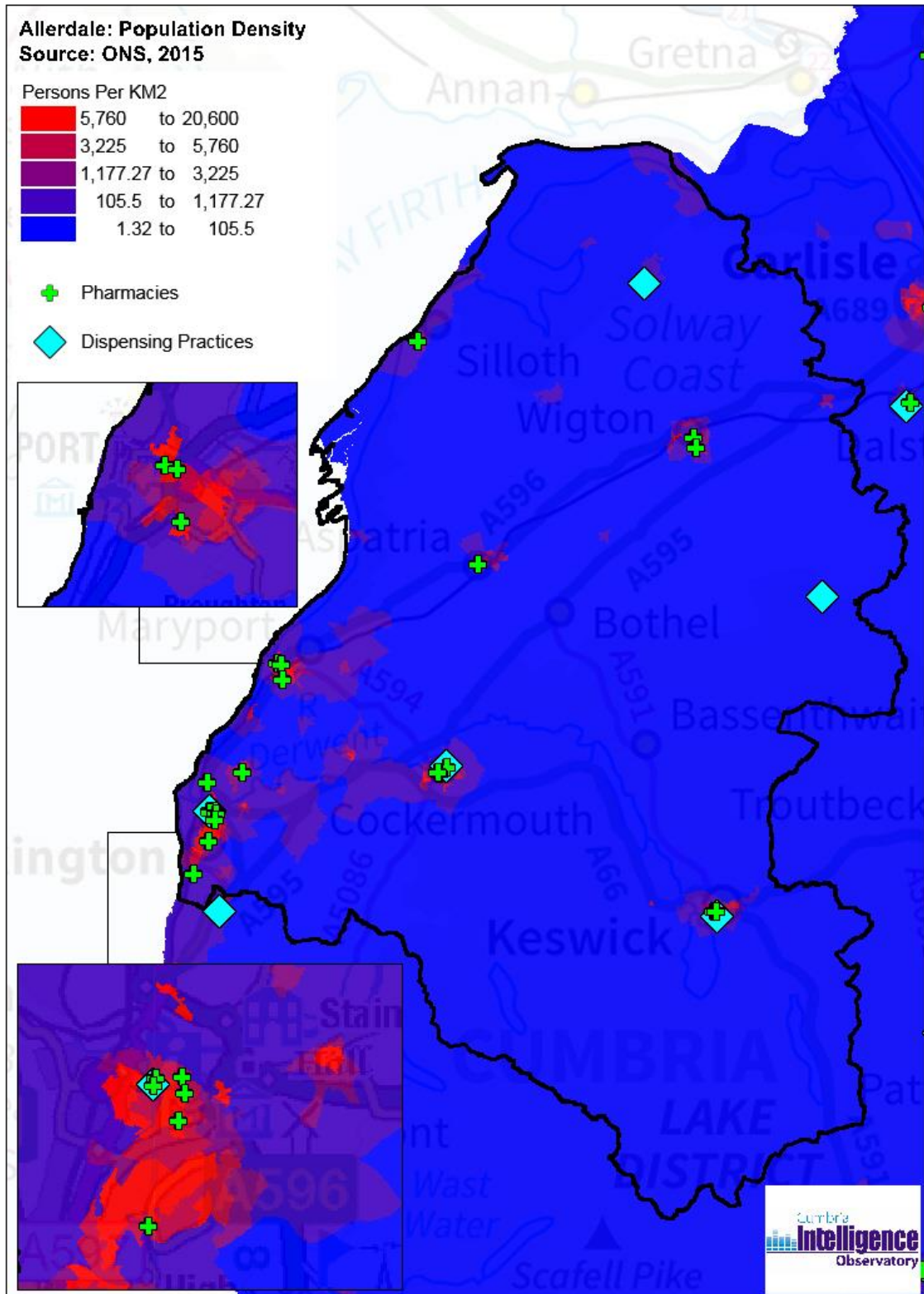
In accordance with Regulation 4 and Schedule 1 of the 2013 Regulations the information set out in the following section is a summary only of the relevant findings of the HWB and describes how different needs have been taken into account.

9.1 Allerdale Borough

9.1.1 Geography and Population Density

Allerdale Borough covers an area of 1,242 square km. With an average population density of 78 people per square km, the district is marginally more densely populated than the county average, but much more sparsely populated than the national average (Cumbria 74 people per square km, England & Wales 375 people per square km). 71% of the district's residents live in rural areas compared to 53% across Cumbria and 18% across England & Wales.

Figure 7: Population density, community pharmacies and dispensing practices in Allerdale

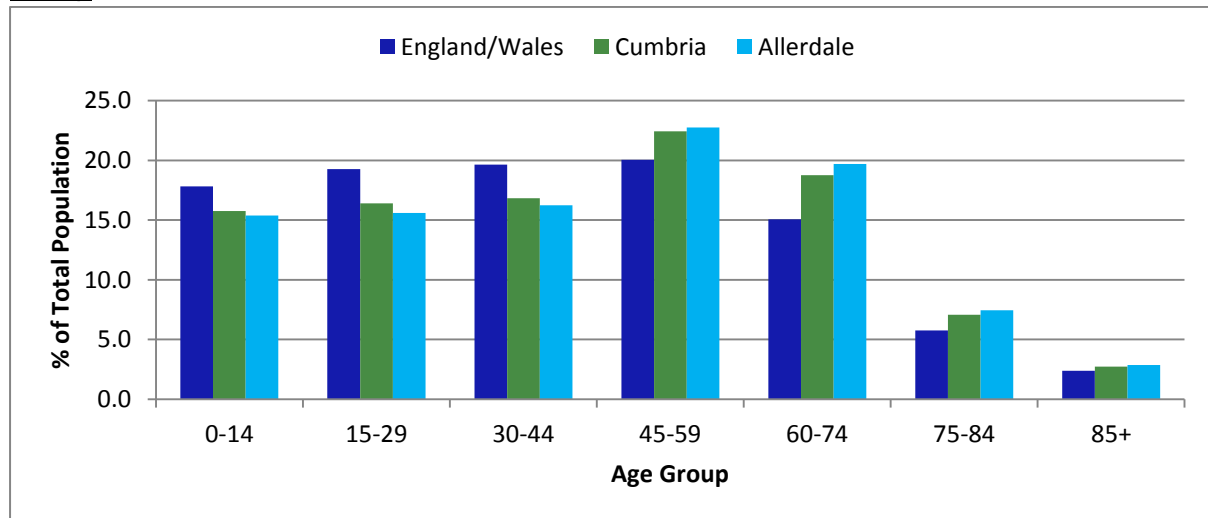


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9.1.2 Demography

The resident population of Allerdale was estimated to be 96,700 persons as at mid-2015; an increase of 1,600 persons (+1.7%) since mid-2005. Population change over the last decade was not spread evenly across Allerdale’s wards, with some wards experiencing a decrease in their population size whilst other wards experienced large increases. The greatest proportional decrease was seen in Marsh ward (-6%) while the greatest proportional increase was seen in Moss Bay ward (+12.4%). Figure 8 plots the proportion of the population within each age group for Allerdale, Cumbria and England & Wales.

Figure 8: Mid-2015 Estimates: England & Wales, Cumbria and Allerdale: % Persons: By Age Group



Source: Office for National Statistics, 2015

When compared to England & Wales, Allerdale has an older age profile; with lower proportions of residents in each of the three younger age groups and higher proportions of residents in the oldest four age groups. When compared to Cumbria, Allerdale’s age profile is very close to the county average.

The age profiles of Allerdale’s wards vary considerably. Moss Bay ward has the greatest proportion of residents aged 0-14 (Moss Bay 20.6%, Allerdale 15.4%, Cumbria 15.4%, England & Wales 17.8%). Inversely, Silloth ward has the greatest proportion of residents aged 65+ (Silloth 31.1%, Allerdale 23.3%, Cumbria 23.1%, England & Wales 17.9%).

Allerdale’s population is projected to decrease by 1500 persons (-1.6%) over the next 25 years (to the year 2039). In contrast, Cumbria’s population is projected to decrease by 9,900 persons (-2.0%), while England’s population is projected to increase substantially (by +16.5%). The fall in Allerdale is the 7th greatest projected percentage decrease amongst the 326 local authority districts in England.

The projected changes in Allerdale’s population are not spread evenly across age bands. Across the district, numbers of residents aged 0-14 years are projected to decrease by 1,000 persons (-6.8%) by 2039 (Cumbria -8.4%, England +9.8%). This is the 15th greatest projected percentage decrease of all local authority districts in England.

Furthermore, numbers of residents aged 15-64 years are projected to decrease by 8,800 persons (-14.8%) across the district by 2039 (Cumbria -15.7%, England +6.7%). This is the 7th greatest projected decrease of all local authority districts in England.

In contrast, numbers of residents aged 65+ across the district are projected to increase by 8,600 persons (+39.1%) in 2037 – equivalent to Cumbria (39.8%) but lower than England (+59.2%).

Because Allerdale's current age profile is older than the national average and the district is projected to experience a decrease in numbers of residents aged under 65, in addition to significant increases in residents aged over 65, the district's projected age profile is much older than the projected national age profile. Between 2014 and 2039, the proportion of residents aged 65+ is projected to increase from 22.8% to 32.2% across the district. The 2019 projection is equivalent to Cumbria (32.4%), but is significantly higher than the country as a whole (England 24.0%).

9.1.2.1 Ethnicity

2,337 residents in Allerdale reported that they were from Black and Minority Ethnic (BME) groups in their 2011 Census (2.4%); Cumbria 3.5%, England & Wales 19.5%.

The 2011 Census reported that 14 residents within the district (0.01%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is lower than the county and national averages (both 0.1%).

9.1.2.2 Migration

The Office for National Statistics estimate that between mid-2005 and mid-2015, 2900 people migrated into Allerdale from overseas while 2,200 people migrated from Allerdale to overseas, resulting in a net balance of 700 overseas migrants moving into the district over the decade.

The 2011 Census reported that 2,577 residents in Allerdale were born outside of the UK (2.7%). Of these non-UK born residents, 183 were born in Ireland, 534 were born in EU countries that were EU member countries in March 2001, 527 were born in EU countries that joined the EU between April 2001 and March 2011 and 1,333 were born in countries other than those listed above.

9.1.3 Health Summary

In Allerdale, the health of people is varied compared with the England average. A full overview of health outcomes is presented in Figure 9.

Life expectancy is lower than the England average for males and females; male life expectancy is 78.9 years (79.5 years for England) and female life expectancy is 82.3 years (83.1 years for England). Female life expectancy is statistically significantly lower than the national average. Life expectancy is 7.1 years lower for men and 8.0 years lower for women in the most deprived areas than in the least deprived areas.

In Allerdale, breastfeeding initiation is significantly lower than the England average, with a percentage of 64.8% compared with 74.3% for the country as a whole. Excess weight for adults is also significantly above the England rate (71.2% in Allerdale and 64.8% in

England). Recorded diabetes for those aged 17+ on GP registers also exceeds the national by a significant margin (7.5% compared with 6.4%).

Approximately 2,700 children live in low income families (17.2%), which is a significantly lower than the country as a whole (20.1%). The rate of violent crime (12.7) is also better than the national average (17.2). The incidence of TB and new sexually transmitted infections are also well below the national rates.

¹ all data obtained from PHE 2017 health profile or public health outcome framework as of July 2017.

9.1.3.1 ICC Health Summary

There are three Integrated Care Communities (ICCs) which are wholly or partly within Allerdale Borough. Cockermouth & Maryport and Workington ICCs are both 100% within Allerdale Borough and Keswick & Solway ICC is approximately 90% within Allerdale. The population of Cockermouth & Maryport at mid-2015 was 31,300, Workington was 33,500. For the purposes of analysis, where the population of a district ward is more than 50% within an ICC, that ward has been included within the ICC boundary. In the Keswick & Solway ICC there are 14 wards which make up the ICC area; 13 of these are wholly within Keswick & Solway; however, just 54% of the Dalston ward falls within the ICC. Dalston ward usually makes up the district of Carlisle, however, for the purpose of the ICC health population it has been included in Keswick & Solway ICC. The population of Keswick & Solway in 2015 was 36200.

A health summary for each of the ICCs in Cumbria can be found via the following web-link: <https://www.cumbriaobservatory.org.uk/health-social-care/health-social-care-further-information/>. Key issues from the three ICCs in Allerdale are:

Key issues – Cockermouth & Maryport ICC

- Hospital stays for alcohol related harm worse than national average
- Child development at age 5 worse than the national average
- Obese children and children with excess weight in Year 6 above the national average
- Incidence of lung cancer significantly worse than the national average
- Deaths from all causes (aged under 75) and from all cancer types significantly worse than the national average
- Deaths from circulatory disease under 75 worse than the national average
- Deaths from stroke (all ages) worse than national average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Key issues – Keswick & Solway ICC

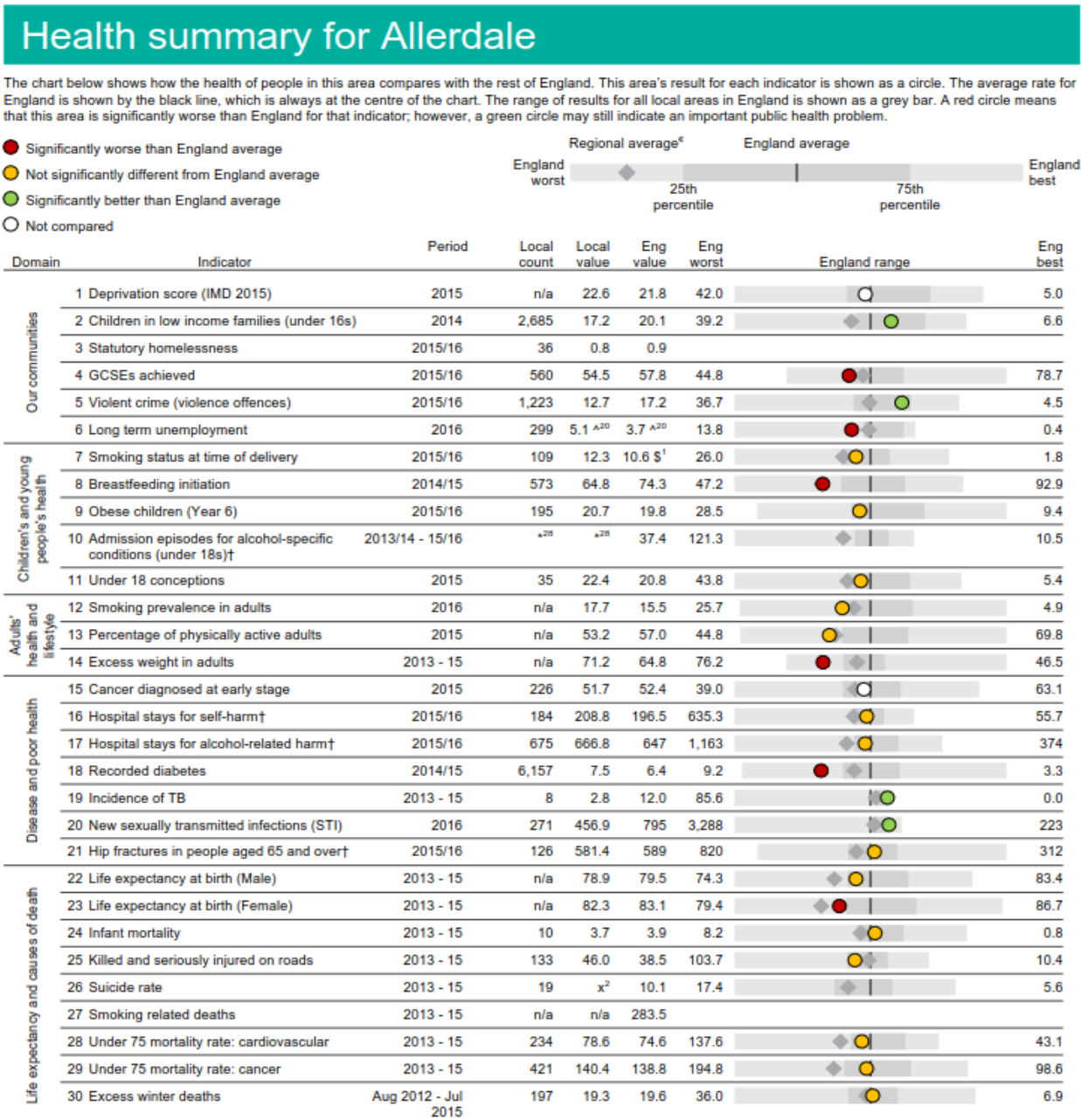
- Elective hospital admissions for hip replacement are statistically significantly above the national average.
- Incidence of prostate cancer above national average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Key issues – Workington ICC

- Hospital stays for alcohol related harm significantly worse than national average

- Child development at age 5 significantly worse than the national average
- Childhood obesity/excess weight worse than national average
- Incidence of lung cancer above national average
- Early mortality (under 75 years) for all causes and all cancers above national average
- Deaths (under 75) from circulatory disease and coronary heart disease significantly above the national average
- Deaths from strokes (all ages) significantly above national average
- Greater % of patients on GP Registers with: hypertension; diabetes; and dementia than the national average

Figure 9: Public Health England 2017 Health profile for Allerdale



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

^{^20} Value suppressed for disclosure control reasons ^{^21} Value based on an average of monthly counts ^{x2} Value cannot be calculated as number of cases is too small ^{\$1} There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

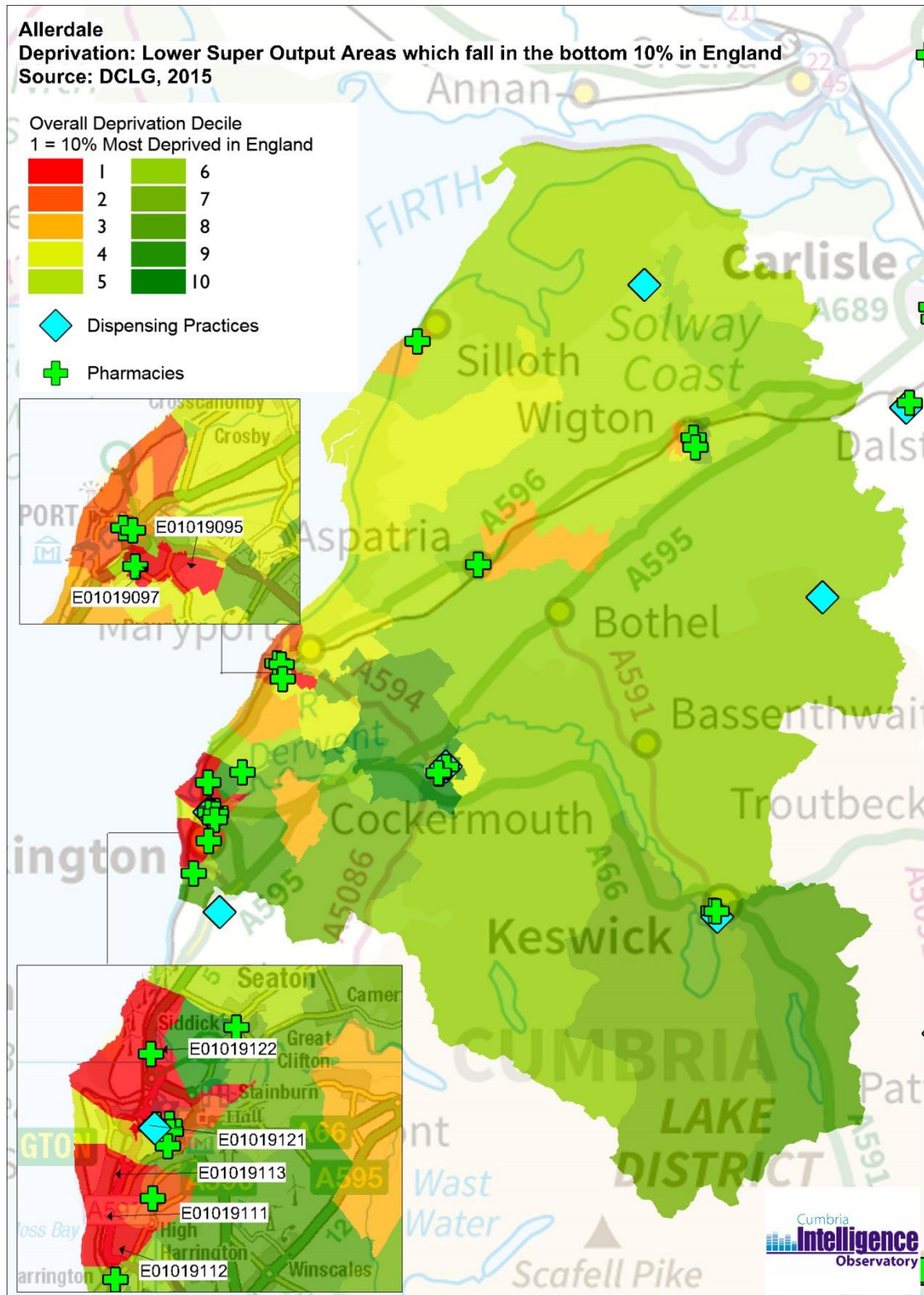
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9.1.4 Inequality and Deprivation

Allerdale has 7 communities (Lower Super Output Areas) that rank within the 10% most deprived in England (IMD 2015). Furthermore, two of Allerdale's communities are classified as being within the 3% most deprived nationally; they are located in the Ewanrigg North area; and the Moss Bay North area. Figure 10 plots each LSOA in the district shaded according to the national decile that their overall deprivation score falls in; a decile of 1 (areas shaded in red) represent communities that are in the 10% most deprived areas in England, while a decile of 10 (areas shaded in dark green) represent communities that are in the 10% least deprived areas in England.

18 LSOAs across the district rank amongst the 10% most deprived in England in relation to the "geographical barriers to services' domain (presented in Figure 3).

Figure 10: Allerdale: Deprivation: Lower Super Output Areas which fall in the bottom 10% in England; with community pharmacies and dispensing practices



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9.1.5 Strategic Direction

Allerdale is part of WNE Cumbria STP area and details of plans are considered in section 4.7. The North Cumbria CCG is considering hubs in the future and expected by 2019.

The local health and wellbeing forum for Allerdale includes these priorities:

- Healthy Weight in Children
- Healthy Weight in Adults
- Healthy Attitude to Alcohol
- Smoking
- Ageing Well
- Mental Wellbeing
- Integrated Care Communities
- Health and Wellbeing Advocates
- Better Health at Work award
- CLAHRC - Public Health Programme working with Lancaster University
- H&W Promotion
- Safe & Well visits
- Community Health Fairs

9.1.6 Necessary Services: Current Provision

There are 22 pharmacies providing pharmaceutical services to the population of Allerdale. The community pharmacies are located in Workington (9) and the towns of Aspatria, Cockermouth (3), Keswick (3), Maryport (3), Silloth and Wigton (2). Figure 10 shows the distribution of pharmacies in relation to population distribution and areas of deprivation in Workington and Maryport.

There is one pharmacy for every 4,538 people (GP resident population, January 2017) in Allerdale district or 22.0 per 100,000 of population. This rate is similar to the England average of 21.5 per 100,000 population (NHS, 2015-16).

There are 5 dispensing doctor practices in Allerdale, located in Caldbeck (Wigton), Kirkbride, Cockermouth, Keswick and Workington (see Figure 7).

Due to the high percentage of items dispensed from dispensing practices in Cumbria consideration has been given to the dispensing provision of 27.0 per 100,000 population (GP resident population, January 2017) including community pharmacies and dispensing doctor practices in Allerdale.

During 2017, a consolidation and combined change of ownership for Boots UK limited at 31 Main Street, Keswick, took place resulting in the closure of Keswick Pharmacy at 25 Main Street, Keswick. Following consolidation, service provision has remained the same with increased opening hours.

It would appear that the population of Allerdale is well served, in terms of numbers, by community pharmacies and dispensing practices.

9.1.7 Access: Opening Hours

Access to community pharmacy across Allerdale district is well provided for during the hours of 7.00am and 10.00pm Monday to Friday, until 10pm on Saturday and 10-8 on Sundays (see Appendices). From Monday to Friday there are pharmacies open, at times, after 6pm in Aspatria, Cockermouth and Workington. In Wigton and Maryport there is no pharmacy provision on Sundays.

It is recognised that these opening hours rely to a large extent on pharmacies in Workington and Cockermouth. The HWB considers that these pharmacies are meeting the needs of patients by extending access to pharmaceutical services when other pharmacies are closed. NHS England also commissions an Out of Hours service if there is not service from community pharmacies on bank holidays and is commissioned as required.

Dispensing patients have access to their dispensing doctor practice at the times shown in the Appendices.

Cumbria Health on Call, located at West Cumberland Hospital, Whitehaven provides urgent medication from the Out of Hours formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays.

9.1.8 Access: Distance

Figure 7 shows the location of providers of dispensing services. Figure 7 also shows that these outlets are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

However, it was noted that some pharmacies close at 5.30pm on week-days, half day Saturdays or 5pm and are not open on Sundays and therefore it was necessary to consider access to areas with later opening times and Sunday opening. Distance and travel times were considered reasonable and it was also noted that the travel times were a minimum as public transport may be longer (see Appendices).

It was acknowledged that people living in the sparsely populated rural communities (e.g. Buttermere, Loweswater) have the furthest to travel to access all services including pharmaceutical services.

A map in the Appendices reveals the areas of Cumbria that are not within reasonable distance of a pharmacy or dispensing practice. There are not any areas within the map not considered within this assessment.

9.1.9 Necessary Services Outside The District

Allerdale district has no borders outside the HWB area. Residents may access services from the pharmacies and dispensing doctors in neighbouring districts.

9.1.10 Necessary Services: Gaps in Provision

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel in order to access services however consideration must be taken of the economic viability of providing services. No gaps were identified in the provision of necessary services.

9.1.11 Other Relevant Services: Current Provision

There are *advanced services* which pharmacies can choose to provide. Medicine Use Review is an advanced service which is available in 19 (out of 21) community pharmacies in Allerdale. All 21 pharmacies in Allerdale currently offer a New Medicine Service. There are no pharmacies in Allerdale which offer Stoma Appliance Customisation (SAC) or Appliance Use Reviews (AUR). Appliance Use Review can be carried out by a pharmacist or specialist Stoma nurse. Locally commissioned services available in Allerdale are presented in Table 1 below.

Table 1: Locally commissioned services in Allerdale

Service	No of pharmacy providers in Allerdale	Geographic coverage	Other providers
Gluten Free Food Scheme	22	All towns (Aspatria, Cockermouth, Keswick, Maryport, Wigton, Workington, Silloth)	
Minor Ailment Scheme	22	All towns	
Palliative Care	3	Workington, Keswick, Cockermouth	
Stop Smoking Service	17	All towns	
NHS health checks	5	Cockermouth, Maryport, Wigton, Workington	GP practices
Emergency Hormonal Contraception (EHC)	21	All towns	Contraceptive services are provided at Sexual Health Clinics; Workington Community Hospital; GP Practices
Healthy Living Pharmacies (HLP)	6	Maryport, Workington	
Seasonal Influenza Vaccination	15	All towns	GP practices
Needle and syringe exchange	3	Cockermouth, Maryport Wigton	Unity provision in Workington
Supervised Administration	18	All towns	Unity provision in Workington

IV antibiotics are no longer commissioned in North Cumbria due to lack of take-up; and there are no current plans to recommission this service.

9.1.12 Pharmacy Services in Areas of Deprivation

Allerdale district has communities (Lower Super output Areas LSOAs) with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 2 below shows the provision of these services.

Table 2: 10% most deprived LSOAs and pharmaceutical services in Allerdale

10% most deprived LSOAs in England (see Map in Figure 10)	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	Advanced and Locally Commissioned Pharmaceutical Services														
				MUR	NMS	SAC	AUR	Gluten Free Food	Minor Ailment Scheme	Palliative Care	Stop Smoking Service	EHC	NHS Health Check	HLP	Influenza Vac.	Needle and Syringe Exchange	Supervised Administration	
E01019122 (St. Michael's: North & East)	Y (3)			Y	Y			Y	Y	Y	Y	Y	Y				Y	
E01019111 (Moss Bay: Central)	N	Y (17)	N	Y	Y			Y	Y			Y	Y		Y			Y
E01019113 (Moss Bay: North)	N	Y (17)	N	Y	Y			Y	Y			Y	Y		Y			Y
E01019112 (Moss Bay: South)	N	Y (17)	N	Y	Y			Y	Y			Y	Y		Y			Y
E01019095 (Ellenborough: South)	N	Y (1, 2, 10)	N	Y	Y			Y	Y			Y	Y	Y	Y	Y	Y	Y
E01019097 (Ewanrigg: North)	N	Y (1, 2, 10)	N	Y	Y			Y	Y			Y	Y	Y	Y	Y	Y	Y
E01019121 (St. Michael's: Central)	Y (7,18,19)			Y	Y			Y	Y			Y	Y		Y	Y		Y

*numbers refer to the Master Pharmacy List (Appendices)

9.1.13 Improvements and Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate.

Table 3: Gaps in pharmaceutical service provision in Allerdale

Service	Description of Gap
Palliative Care	Limited access
Needle and Syringe exchange	Not provided in Aspatria; Keswick; Silloth; or deprived areas of Workington
NHS Health Checks	Not available in all pharmacies but provision in all GP Practices

In towns of Wigton and Maryport there is no pharmacy provision on Sundays.

IV antibiotics are no longer commissioned in North Cumbria due to lack of take-up; and there are no current plans to recommission this service.

9.1.14 Other NHS Services

North Cumbria University Hospital NHS Trust (NCUHT) provides an in-patient and out-patient pharmacy dispensing service from its site at West Cumberland Hospital in Whitehaven. The hospital pharmacy also supplies medicines to the Cumbria Partnership Foundation Trust; community clinics and CHOC. *Alternative providers are currently being commissioned.*

In Allerdale the closest A&E departments are in Carlisle (Cumberland Infirmary) and Whitehaven (West Cumberland Hospital). At West Cumberland Hospital, between 2014/15 to 2016/17, this provider saw a decrease in attendances. The majority of decreases were seen between the hours of 7am and 4pm. Sunday and Monday showed the largest number of attendances. During the peak times pharmacy services are available although there is less coverage on Sundays.

9.1.15 Future Developments

9.1.15.1 Primary Care

As part of STP plans access to primary care is being considered within ICC developments. Any future developments with greater access times to primary care will need to consider pharmaceutical service availability during the access times.

9.1.16 Housing

There is provision for approximately 5,471 dwellings up until 2029, at an average rate of 319 per year. The majority of growth is directed to the existing population centres, with 36% allocated to Workington and a further 39% directed to the Key Service Centres of Maryport (12%), Cockermouth (10%), Wigton (10%), Silloth (3%) and Aspatria (4%). The rest of the

housing growth is directed towards local service centres and some rural villages. The Council is in the process of producing a Site Allocations DPD that will provide details of specific sites and locations.

As at 2017, there were two private unauthorised gypsy/traveller sites within Allerdale, with a total of eight pitches. In addition, two private Showmen's yards were recorded, one authorised providing 24 plots and one unauthorised providing two plots. A need has been identified for 10 permanent and 10 transit Gypsy and Traveller Pitches in the Allerdale Plan Area, in addition to the need for 21 Showperson Plots up to 2029.

9.1.17 Locally Commissioned Services

Locally commissioned services (services commissioned by the Local Authority) include: Stop Smoking services; Emergency Hormonal Contraception; NHS Health Checks; Needle and Syringe Exchange; and supervised administration.

9.1.18 Conclusions and Recommendations for Allerdale

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meets the needs of the Allerdale district population for the provision of and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there are no gaps in pharmaceutical service provision that is needed by the Allerdale district population. However, it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

The HWB considered the relevant services provided within Allerdale district to determine seasonal flu vaccinations, gluten free food scheme, stop smoking services, minor ailment scheme and EHC are provided throughout Allerdale to secure improvements in pharmaceutical services.

The HWB considered the relevant services and identified palliative care, access to needle and syringe exchange and health checks as services that could have better access within Allerdale district.

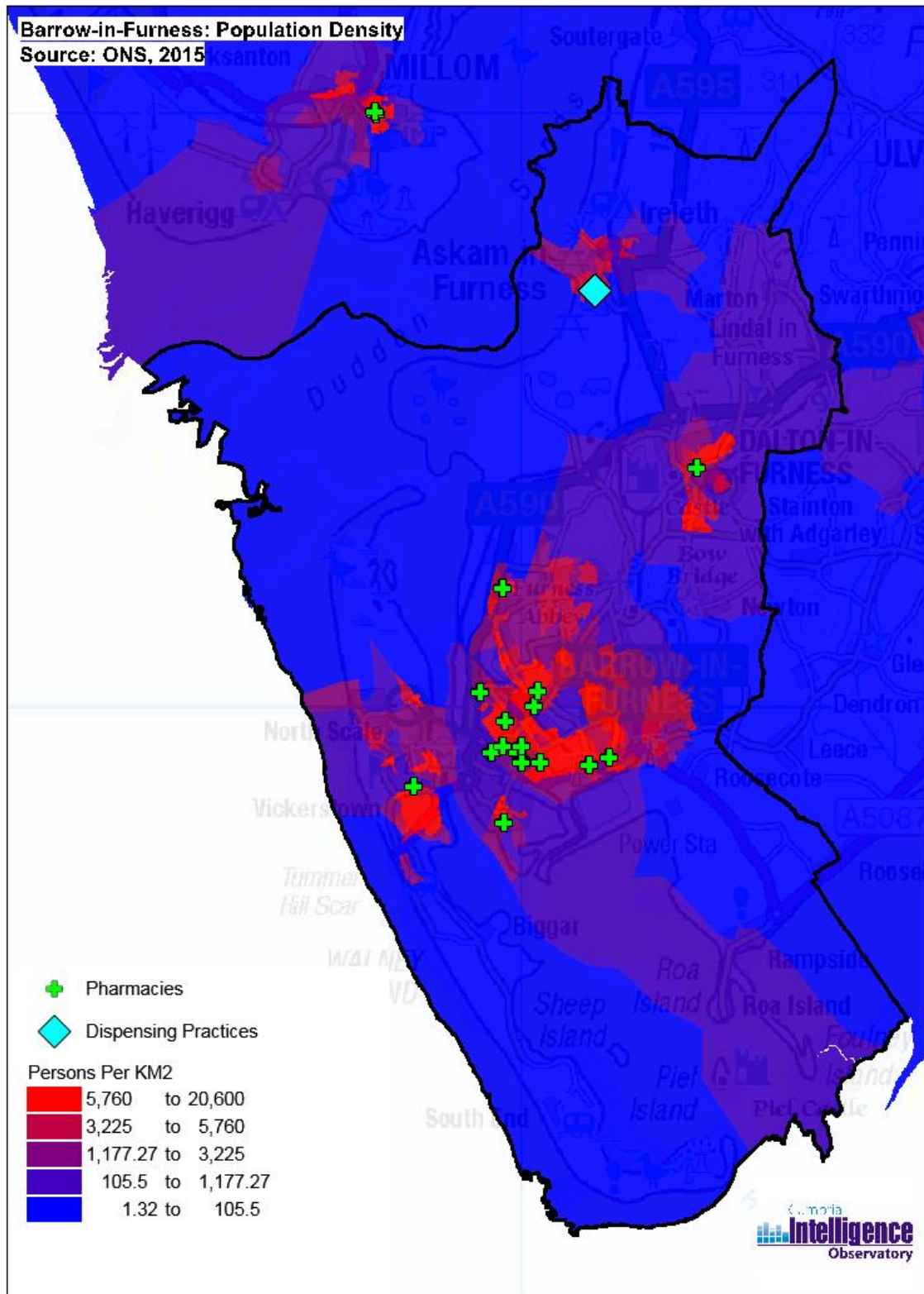
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.2 Barrow in Furness District

9.2.1 Geography and Population Density

Barrow-in-Furness district is Cumbria's smallest district, covering an area of 78 square km. With an average population density of 878 people per square km, the district is the most densely populated district in the county and much more densely populated than the national average (Cumbria 74 people per square km, England & Wales 375 people per square km). 33% of the district's residents live in rural areas, compared to 53% across Cumbria and 18% across England & Wales.

Figure 11: Population density, community pharmacies and dispensing practices in Barrow in Furness district

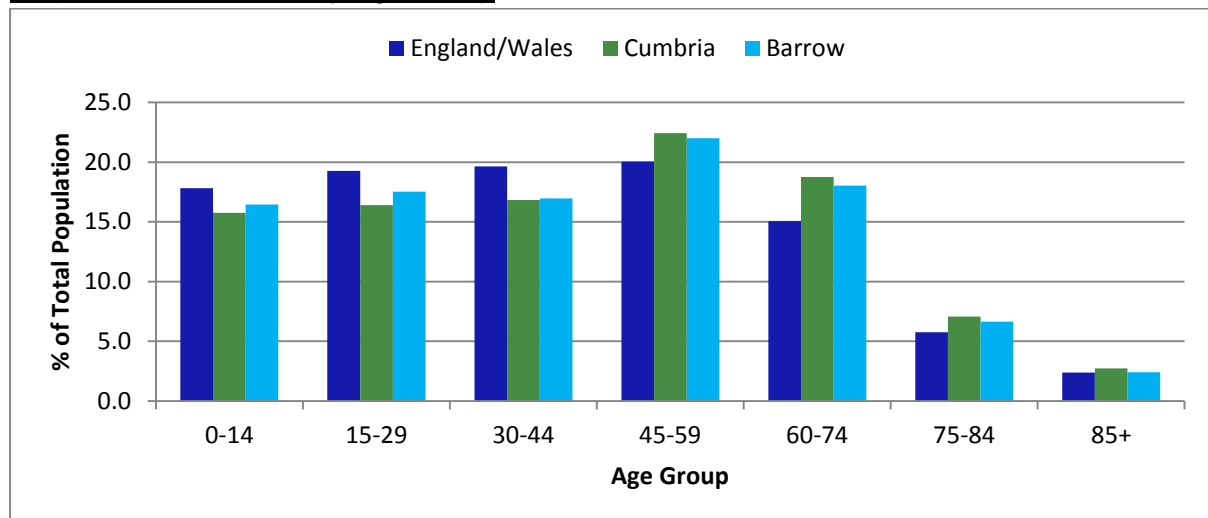


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9.2.2 Demography

The resident population of Barrow-in-Furness district was estimated to be 67,500 persons as at mid-2015. The district's population has decreased by 3,000 persons (-4.3%) since mid-2005. Population change over the last decade was not spread evenly across the wards in Barrow-in-Furness, with some wards experiencing large decreases in their population size whilst other wards experienced small increases. The greatest proportional decrease was seen in Hawcoat ward (-8.6%) while the greatest proportional increase was seen in Newbarns ward (+4.5%). Only 3 of the 13 wards experienced no change or an increase in population over the decade. Figure 12 plots the proportion of the population within each age group for Barrow-in-Furness, Cumbria and England & Wales.

Figure 12: Mid-2015 Estimates: England & Wales, Cumbria and Barrow-in-Furness: Proportion of Persons: By Age Group



Source: Office for National Statistics

When compared to England & Wales, Barrow-in-Furness district has an older age profile; with lower proportions of residents in each of the three younger age groups and higher proportions of residents in the oldest four age groups. When compared to Cumbria, Barrow-in-Furness district has slightly higher proportions of residents in each of the three younger age groups and slightly lower proportions of residents in the oldest four age groups.

The age profiles of the wards in Barrow-in-Furness district vary considerably. Central and Risedale wards have the greatest proportion of residents aged 0-14 (both 20.7%), compared with 16.5% in Barrow-in-Furness, 15.4% in Cumbria and 17.7% in England & Wales. Inversely, Hawcoat ward has the greatest proportion of residents aged 65+ (37.3%) which is a much higher percentage than any other ward in the Borough. The borough average is 20.9%, Cumbria is 23.1% and England & Wales is 17.9%.

Barrow-in-Furness's population is projected to decrease by 6,600 persons (-9.8%) over the next 25 years (to 2039). This is the greatest projected proportional decrease of England's 326 district/unitary authorities. Cumbria's population is also projected to decrease, by 9,900 persons (-2.0%), while England's population is projected to increase substantially (+16.5%).

The projected changes in Barrow-in-Furness's population are not spread evenly across age bands. Numbers of 0-14 year olds in Barrow-in-Furness are projected to decrease by 1,600 persons (-14.4%) by 2039. Of England's 326 district/unitary authorities, Barrow-in-Furness has the highest projected proportional decrease for this age group. This decrease is higher than the projected county trend (Cumbria -8.4%) and is contrary to the projected national trend (England +9.8%).

Numbers of 15-64 year olds are projected to decrease by 8,900 persons (-20.9%) across the district by 2039; the second greatest projected decrease for numbers of 15-64 year olds out of all district/unitary authorities in England. Again, this is in line with the projected county trend (Cumbria -15.7%), but contrary to the projected national trend (England +6.7%).

In contrast, the number of residents aged 65+ is projected to increase by 3,800 persons across the district by 2039 (+27.1%). The projected county and national increases are more substantial in Cumbria (+39.8%) and in England (+59.2%).

Because Barrow-in-Furness's current age profile is older than the national average and the district is projected to experience a decrease in numbers of residents aged under 65, in addition to significant increases in residents aged over 65, the district's projected age profile is much older than the projected national age profile. Between 2014 and 2039 the proportion of residents aged 65+ is projected to increase from 20.7% to 29.2% across Barrow-in-Furness; this is much higher than the projected national proportion (Cumbria 32.4%, England 24.0%).

9.2.2.1 Ethnicity

2,014 residents in Barrow-in-Furness reported that they were from Black and Minority Ethnic (BME) groups in their 2011 Census (2.9%); Cumbria 3.5%, England & Wales 19.5%.

The 2011 Census reported that 39 residents within the district (0.1%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is the same as the county and national averages.

9.2.2.2 Migration

The Office for National Statistics estimate that between mid-2005 and mid-2015, 1,400 people migrated into Barrow-in-Furness district from overseas while 1,500 people migrated from Barrow-in-Furness to overseas; resulting in a net balance of 100 overseas migrants moving out of the district over the decade.

The 2011 Census reported that 2,014 residents in Barrow-in-Furness were born outside of the UK (2.9%). Of these non-UK born residents, 185 were born in Ireland, 316 were born in EU countries that were EU member countries in March 2001, 313 were born in EU countries that joined the EU between April 2001 and March 2011 and 1,200 were born in countries other than those listed above.

9.2.3 Health Summary

The health of people in Barrow in Furness district is generally worse than the England average. Life expectancy is shorter in Barrow in Furness by 2.6 years for males and 1.9 years for females compared to England (79.5 years and 83.1 years respectively).

The proportion of children (aged under 16) in low income families (21.4%) was significantly higher in Barrow than the country as a whole (20.1%).

Violent crime in Barrow (21.4) is higher than in the country as a whole (17.2). Long-term unemployment (7.6) is higher than in the country as a whole (3.7).

Breastfeeding initiation (50.1%) is substantially lower in Barrow than the country as a whole (74.3%). Indeed, the rate in Barrow is close to that of the worst area in the country (47.2%).

Admission episodes for alcohol-specific conditions (under 18s) in Barrow (95.9) are substantially above those of the country as a whole (37.4). The proportion of physically active adults (95.2.6%) is below that of the country as a whole (57.0%). Hospital stays for self-harm and alcohol-related harm are also above average.

Recorded diabetes in Barrow (7.6%) is also above average (6.4%) and the mortality rate for under 75s from cardiovascular causes (94.6) is also above average (74.6).

There are only 3 measures which are statistically significantly better than the national average. These are: the incidence of TB (2.5 compared with 12.0 nationally); new sexually transmitted infections (532.2 compared with 795 in England); and those killed or seriously injured on the road (27.1 compared with 38.5).

¹ all data obtained from PHE 2017 health profile or public health outcome framework as of July 2017.

9.2.3.1 ICC Health Summary

There are three Integrated Care Communities (ICCs) which are wholly or partly within Barrow Borough. Alfred Barrow ICC is 100% within Barrow and approximately 50% of Barrow Other ICC is inside the district boundary. About 25% of a third ICC area (Dalton & Ulverston) is also inside the Borough boundary, but the majority of this area falls within South Lakeland district. The population of Alfred Barrow at mid-2015 was 50800, Barrow Other was 5100. For the purposes of analysis, where the population of a district ward is more than 50% within an ICC, then that ward is treated as being within that ICC boundary. In Barrow Other, there are 4 wards which comprise the ICC area: Dalton South (3% inside the ICC); Newbarns (1%); Roosecote (98%); and Low Furness (19%). For Dalton & Ulverston ICC, there are 4 wards in Barrow that fall wholly or partly in this ICC: Dalton North (100%); Dalton South (97%); Hawcoat (1%); and Ormsgill (0.2%).

A health summary for each of the ICCs in Cumbria can be found via the following web-link: <https://www.cumbriaobservatory.org.uk/health-social-care/health-social-care-further-information/>. Key points from the three ICCs in Barrow are:

Key issues – Alfred Barrow ICC
<ul style="list-style-type: none">• Hospital stays for alcohol related harm worse than national average• Child development; GCSE achievement; childhood obesity (reception and year 6); and deliveries to teenage mothers are worse than the national average• Incidences of all cancer, colorectal and lung cancer are all greater than the national average• Incidence of prostate cancer is significantly lower than the national average• Premature mortality (deaths under 75 years) and deaths under 75 years for all

cancers are worse than the national average

- Deaths for under 75s from circulatory disease and coronary heart disease are significantly above the national average
- Deaths from strokes and respiratory disease (all ages) are also significantly above the national average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Key issues – Barrow Other ICC

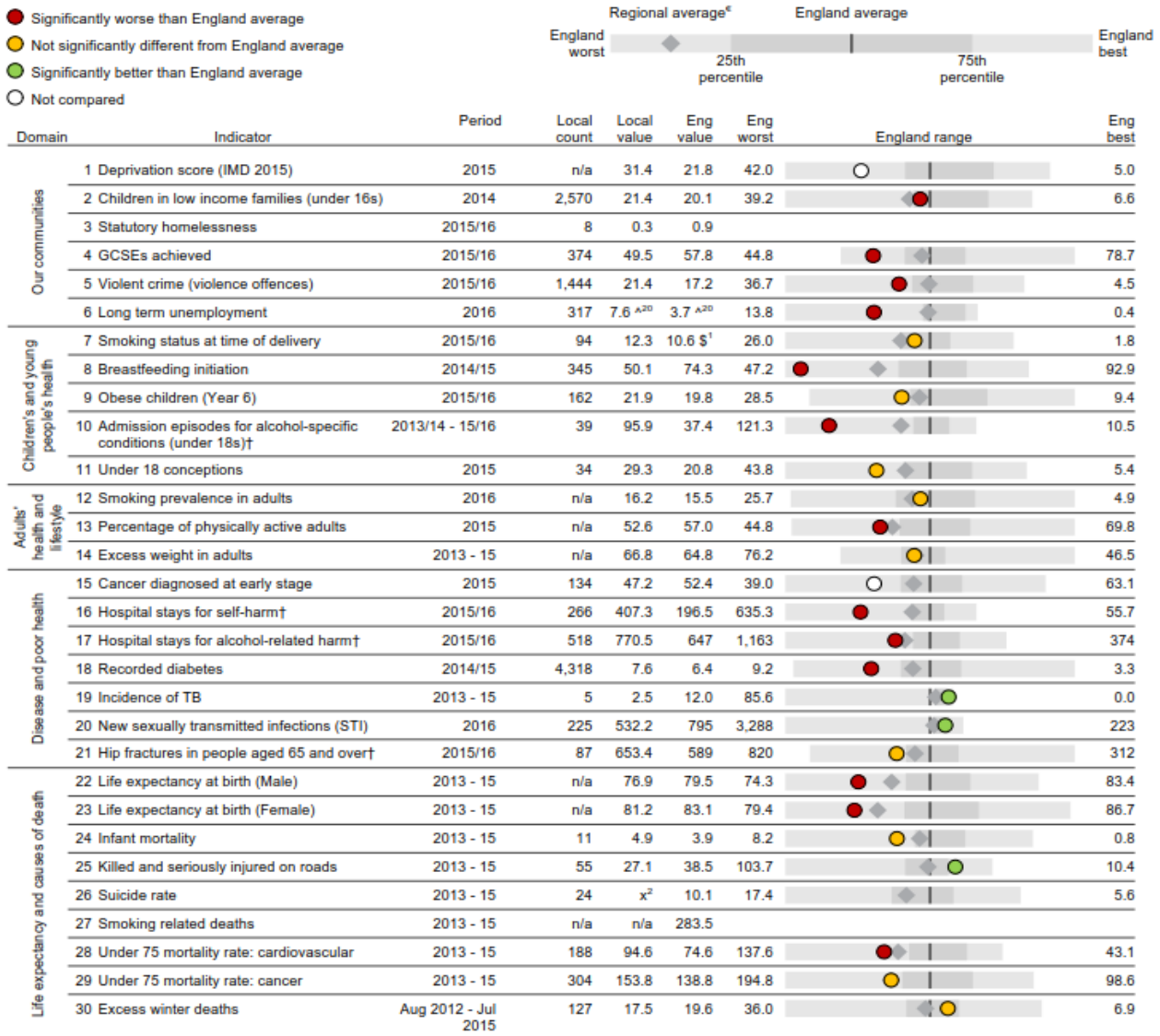
- Hospital stays for alcohol related harm significantly worse than national average
- Incidences of all cancer, breast and colorectal cancer are above the national, but not statistically significantly so
- Premature deaths from all causes and from circulatory disease (aged under 75) are significantly lower than the national average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Figure 13: Public Health England 2017 Health profile for Barrow in Furness

Health summary for Barrow-in-Furness

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

^{A20} Value based on an average of monthly counts x² Value cannot be calculated as number of cases is too small ^{\$1} There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

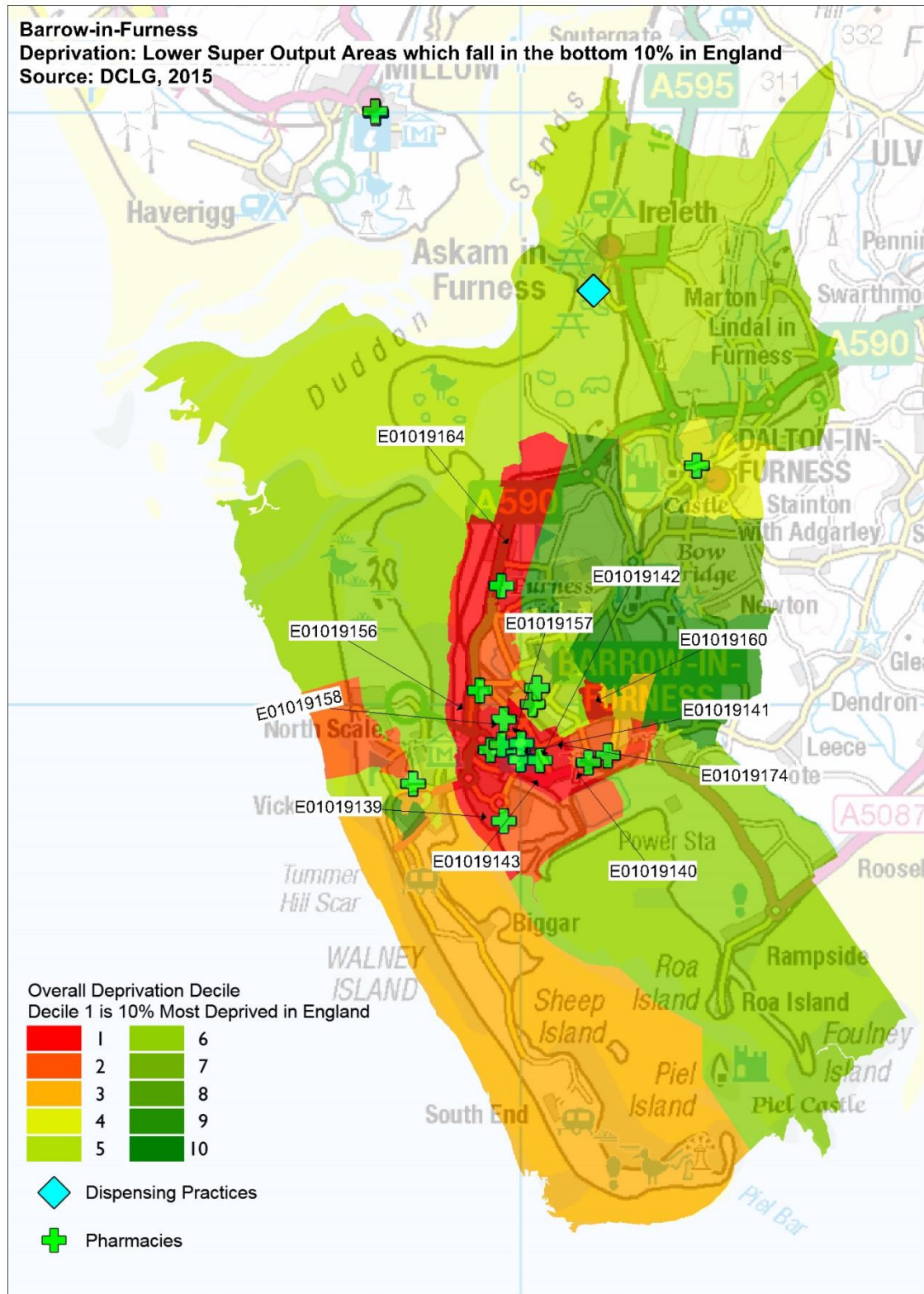
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9.2.4 Inequality and Deprivation

Barrow-in-Furness district has 11 Lower Super Output Areas (LSOAs) that rank within the 10% most deprived areas in England (IMD 2015). Furthermore, 7 of which are within the worst 3% most deprived nationally; these are located in the areas of Barrow Island, Central, Hindpool and Ormsgill. Figure 14 plots each LSOA in the district shaded according to the national decile that their overall deprivation score falls in; a decile of 1 (areas shaded in red) represent communities that are in the 10% most deprived areas in England, while a decile of 10 (areas shaded in dark green) represent communities that are in the 10% least deprived areas in England.

Figure 14: Barrow-in-Furness; Deprivation: Lower Super Output Areas which fall in the bottom 10% in England; with community pharmacies and dispensing practices



9.2.5 Strategic Direction

Barrow-in-Furness district is part of Morecambe Bay CCG and Lancashire and South Cumbria STP area details of plans are detailed in section 4.7

The local health and wellbeing forum priorities are as follows:

Reduce Health Inequalities

- Lifestyle and behaviour changes

Mental Health and Wellbeing

- Children and Young People: emotional resilience and wellbeing

Older people

- Social isolation
- Independence
- Dementia-friendly communities

Substance Misuse

- Alcohol
- Drugs
- Smoking

9.2.6 Necessary Services: Current Provision

In Barrow-in-Furness Borough there are 17 community pharmacies providing pharmaceutical services to the population of the district. Fifteen of the pharmacies are located within Barrow-in-Furness town thereby offering significant patient choice. There is one pharmacy in Dalton-in-Furness and one on Walney Island.

There is one pharmacy for every 4,179 people (GP resident population, January 2017) in Barrow in Furness district, 23.9 per 100,000 population; the England average is 21.5 per 100,000 population (NHS, 2015-16).

There is one dispensing doctor practice in Askam in Furness.

Due to the high percentage of items dispensed from dispensing practices in Cumbria, consideration has been given to the dispensing provision of 25.3 per 100,000 population (GP resident population, January 2017) including community pharmacy and dispensing doctor practices in Barrow-in-Furness Borough.

Figure 11 shows the distribution of pharmacies and dispensing practices in relation to population distribution and areas of deprivation in Barrow in Furness.

It would appear Barrow in Furness district is well served, in terms of numbers, by community pharmacies and dispensing practices.

9.2.7 Access: Opening Hours

Access to community pharmacies across Barrow-in-Furness district is well provided for during the hours of 7.00am and 11.00pm Monday to Friday; until 10pm on Saturdays; and 10am to 5pm on Sundays (See Appendices). Between Monday to Friday there are pharmacies open after 6pm in Dalton and in Barrow.

It is recognised that these opening hours rely extensively on the two 100hr pharmacies located in supermarkets. The HWB considers that these pharmacies are meeting the needs of patients by extending access to pharmaceutical services when other pharmacies are closed.

NHS England commission, as required, an Out of Hours service if there is not a service from community pharmacies on bank holidays.

Dispensing patients have access to their dispensing doctor practice at the times shown in the Appendices.

Cumbria Health on Call, located at Furness General Hospital in Barrow town, provides urgent medication from the Out of Hours service formulary between 8:00am and 6.30pm, 7 days per week; and 24 hour access at weekends and bank holidays.

9.2.8 Access: Distance

Figure 11 shows the location of providers of dispensing services. Figure 11 also shows that these outlets are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

However it was noted that there is limited access to community pharmacy services on a Sunday. Distance and travel times were considered reasonable and noted the travel times were a minimum as public transport may be longer (see Appendices).

A map in the Appendices reveals the areas of Cumbria that are not within reasonable distance of a pharmacy or dispensing practice. All areas within the map have been considered within this assessment.

9.2.9 Necessary Services Outside the District

Barrow in Furness district is wholly within Cumbria HWB area.

9.2.10 Necessary Services: Gaps in Provision

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel in order to access services however consideration must be taken in relation to the economic viability of providing services. No gaps were identified in the provision of necessary services.

9.2.11 Other Relevant Services: Current Provision

There are *advanced services* which pharmacies can choose to provide. Medicine Use Review is an advanced service which is available in 15 community pharmacies in Barrow-in-Furness; all 17 pharmacies currently offer a New Medicine Service. 1 pharmacy provides Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AUR), which can be carried out by a pharmacist or specialist Stoma nurse. 16 pharmacies offer Electronic Transfer of Prescriptions (ETP). Locally commissioned services available in Barrow-in-Furness are presented in Table 4 below.

Table 4: Locally commissioned services in Barrow in Furness district

Service	No of pharmacy providers in Barrow in Furness	Geographic coverage	Other providers
Gluten Free Food Scheme	17	All areas (Barrow, Dalton, Ormsgill, Walney)	
Minor Ailment Scheme	17	All areas	
Palliative Care	3	Barrow, Ormsgill	
Stop Smoking Service	16	All areas	
NHS Health Checks	15	All areas	GP Practices
Emergency Hormonal Contraception	17	All areas	Contraceptive services are provided at Furness General hospital; Sexual Health Clinic
Healthy Living Pharmacies (HLP)	13	All areas with the exception of Dalton	
Seasonal Influenza Vaccination	7	All areas (Not Dalton and Ormsgill)	GP Practices
Needle and Syringe Exchange	3*	Barrow, Ormsgill (Not in Dalton or Walney)	Unity provision in Barrow
Supervised Administration	13	All areas	Unity provision in Barrow

**In 2014, there were 5; Unity have 'rationalised' the number of needle exchange providers since the last PNA*

IV antibiotics are no longer commissioned in South of Cumbria.

9.2.12 Pharmacy Services in Areas of Deprivation

Barrow-in-Furness district has communities (Lower Super output Areas LSOAs) with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 5 below shows the provision of these services.

Table 5: 10% most deprived LSOAs and pharmaceutical services in Barrow-in-Furness

10% most deprived LSOAs in England (see Map in Figure 14)	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	Advanced and Locally Commissioned Pharmaceutical Services															
				MUR	NMS	SAC	AUR	Gluten Free Food	Minor Ailment Scheme	Palliative Care	Stop Smoking Service	EHC	NHS Health Check	HLP	Influenza Vac.	Needle and Syringe Exchange	Supervised Administration		
E01019139 (Barrow Island: West)	N	Y (29)		Y	Y			Y	Y			Y	Y	Y	Y		Y	Y	
E01019156 (Hindpool: West Central)	Y (39)			Y	Y			Y	Y			Y	Y	Y					Y
E01019140 (Central: East)	N	Y (24, 26, 30, 32, 36)		Y	Y			Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
E01019143 (Central: South West)	N	Y (24, 26, 30, 32, 36)		Y	Y			Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
E01019164 (Ormsgill: North)	Y (28)				Y			Y	Y	Y		Y	Y	Y	Y		Y	Y	Y
E01019141 (Central: North West)	Y (24, 26, 30, 36)			Y	Y			Y	Y	Y		Y	Y	Y			Y	Y	Y
E01019142 (Central: Central)	Y (32)			Y	Y			Y	Y			Y	Y	Y					Y

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E01019157 (Hindpool: South East)	Y (31)			Y	Y			Y	Y		Y	Y	Y	Y			
E01019158 (Hindpool: Central)	Y (27)			Y	Y			Y	Y		Y	Y	Y	Y			Y
E01019174 (Risedale: West)	N	Y (25, 34)		Y	Y			Y	Y		Y	Y	Y	Y	Y		Y
E01019160 (Newbarns: South West)	N	Y (25, 34)		Y	Y			Y	Y		Y	Y	Y	Y	Y		Y

*numbers refer to the Master Pharmacy List (Appendices)

9.2.13 Improvements and Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 6 shows the results of the determination.

Table 6: Gaps in pharmaceutical service provision in Barrow in Furness district

Service	Description of Gap
Needle and Syringe Exchange	Not in Dalton or Walney
Flu vaccination	Not in Dalton or Ormsgill

9.2.14 Other NHS Services

University Hospitals of Morecambe Bay trust (UHMBT) supplies pre packed medicines to Cumbria Health On Call (Out of Hours service) and pharmaceutical services to discharge and out patients in addition to a stock supply system to the GP-led Step up Step down Unit at Furness General Hospital. If UHMBT stopped providing any or all of these services for any reason, an alternative provider would need to be commissioned. Currently the service is being reviewed by UHMBT.

In Barrow in Furness there is an acute hospital with an A&E department provided by UHMBT at Furness General Hospital. This provider also provides an emergency department at Lancaster infirmary. From 2014/15 to 2016/17, the provider has seen an increase in A&E attendances. All hours showed an increase in attendances with the exception of the hours of 07:00-07:59; and 18:00-18:59, where there were decreases. Attendances on all days of the week have increased. During peak times pharmacy services are available however, there is less coverage on Sundays.

9.2.15 Future Developments

9.2.15.1 Primary Care

As part of STP plans access to primary care is being considered within ICC developments. any future developments with greater access times to primary care will need to consider pharmaceutical service availability during the access times.

9.2.15.2 Housing

Barrow Borough Council is currently preparing a new Local Plan which will contain new housing allocations throughout the Borough, with sites in Barrow, Walney, Dalton, Askam & Ireleth, and Lindal and Newton. The sites within the Barrow Port Area – Marina Village, Salthouse and Barrow Island Housing – are still allocated for housing development.

There is a residential caravan site at the Old Candleworks site at Schneider Road where, as of July 2017, 10 pitches are currently occupied by gypsies / travellers.

9.2.16 Locally Commissioned Services

Locally commissioned services (services commissioned by the Local Authority) include: Stop Smoking services; Emergency Hormonal Contraception; NHS Health Checks; Needle and Syringe Exchange; and supervised administration.

9.2.17 Conclusions and Recommendations for Barrow in Furness District

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet the needs of the Barrow-in-Furness district population for the provision and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there are no gaps in pharmaceutical service provision that is needed by the Barrow-in-Furness district population. However it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

The HWB considered the relevant services provided within Barrow-in-Furness district to determine seasonal flu vaccinations, minor ailment scheme, and palliative care, are provided appropriately in Barrow-in-Furness to secure improvements in pharmaceutical services.

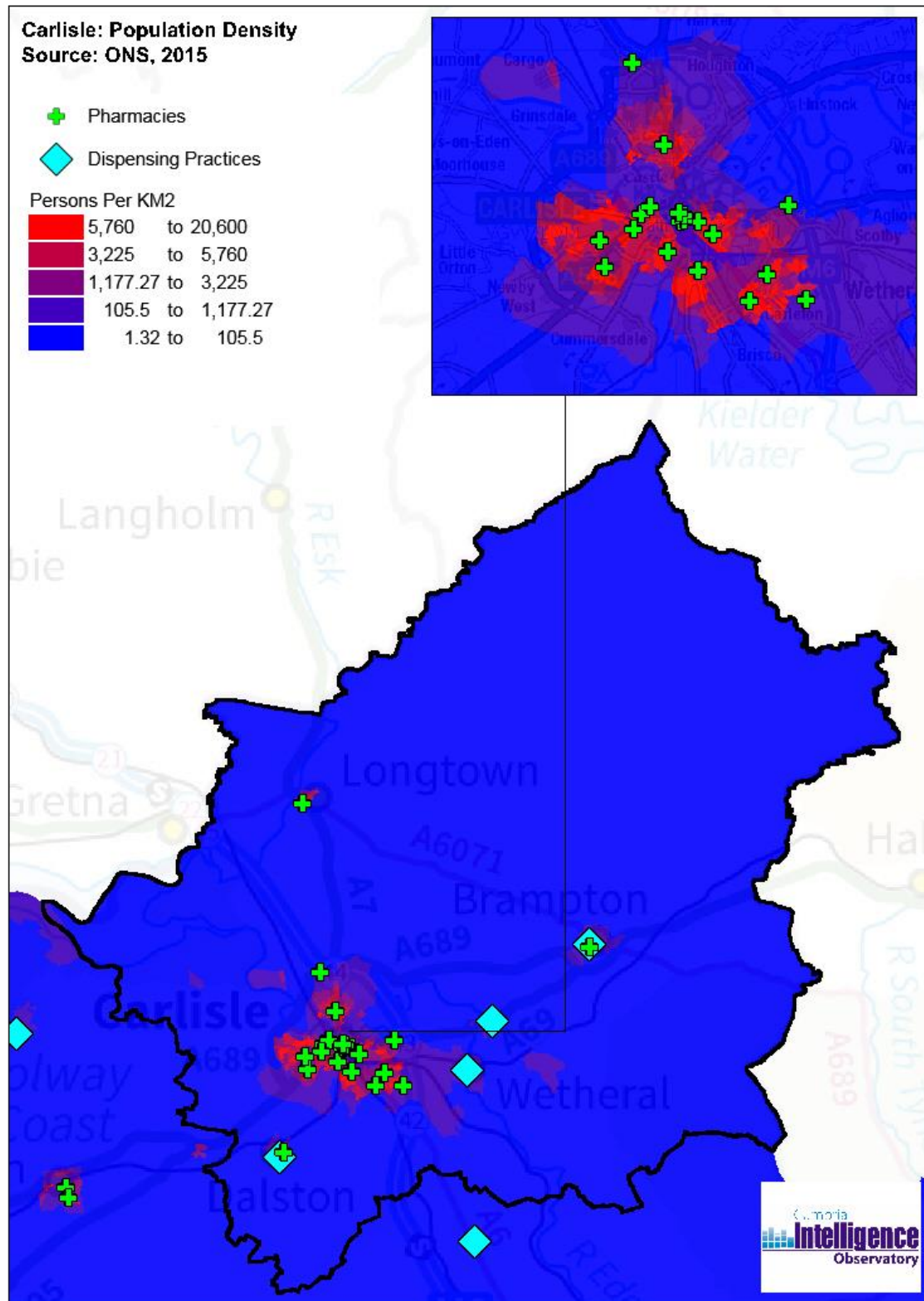
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.3 Carlisle District

9.3.1 Geography and Population Density

Carlisle district covers an area of 1,039 square km. With an average population density of 104 people per square km, the district is the second most densely populated district in the county, but is more sparsely populated than the national average (Cumbria 74 people per square km, England & Wales 375 people per square km). 26% of the district's residents live in rural areas, compared to 53% across Cumbria and 18% across England & Wales.

Figure 15: Population density, community pharmacies and dispensing practices in Carlisle district

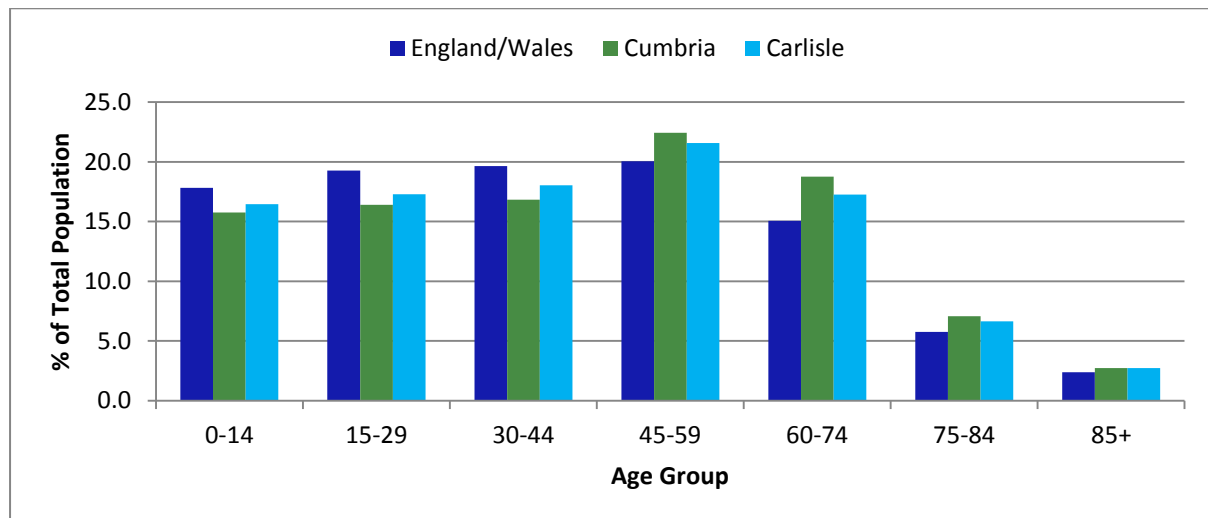


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9.3.2 Demography

The resident population of Carlisle district was estimated to be 108,200 persons as at mid-2015; an increase of 2,600 persons (+2.5%) since mid-2005. Population change over the last decade was not spread evenly across Carlisle’s wards, with a small number of wards experiencing a decrease in their population size whilst other wards experienced large increases. The greatest proportional decrease was seen in Irthing ward (-8.9%) while the greatest proportional increase was seen in Belle Vue ward (+17.6%). Figure 16 plots the proportion of the population within each age group for Carlisle, Cumbria and England & Wales.

Figure 16: Mid-2015 Estimates: England & Wales, Cumbria and Carlisle: Proportion of Persons: By Age Group: Source: Office for National Statistics



When compared to England & Wales, Carlisle has an older age profile; with lower proportions of residents in each of the three younger age groups and higher proportions of residents in the oldest four age groups. When compared to Cumbria, Carlisle has slightly higher proportions of residents in each of the three younger age groups and slightly lower proportions of residents in the oldest four age groups.

The age profiles of Carlisle’s wards vary considerably. Belle Vue ward has the greatest proportion of residents aged 0-14 (20.9%), compared with 16.5% in Carlisle, 15.4% in Cumbria and 17.8% in England & Wales. For those aged over 65, Wetheral ward has the greatest proportion of residents aged 65+ (26.5%) compared with 20.5% in Carlisle, 23.1% in Cumbria and 17.9% in England & Wales.

Carlisle’s population is projected to increase by 2,600 persons (2.4%) over the next 25 years (to 2039). In contrast, Cumbria’s population is projected to decrease by 9,900 persons (-2.0%), while England’s population is projected to increase substantially (+16.5%).

The projected changes in Carlisle’s population are not spread evenly across age bands. Numbers of 0-14 year olds in Carlisle are projected to decrease by 600 persons (-3.4%) by 2039. Of England’s 326 district/unitary authorities, Carlisle has the 31st greatest projected

proportional decrease for this age group. This decrease is lower the projected county trend (Cumbria -8.4%) and is contrary to the projected national trend (England +9.8%).

Numbers of 15-64 year olds are projected to decrease by 7,300 persons (-10.6%) across the district by 2039; the 19th greatest projected decrease for numbers of 15-64 year olds out of all district/unitary authorities in England. This is below the projected county trend (Cumbria -15.7%), but is contrary to the projected national trend (England +6.7%).

In contrast, the number of residents aged 65+ is projected to increase by 10,500 persons across the district by 2039 (+48.2%). This projected trend is in line with county and national projections (Cumbria +39.8%, England +59.2%).

Because Carlisle's current age profile is older than the national average and the district is projected to experience a decrease in numbers of residents aged under 65, in addition to significant increases in residents aged over 65, the district's projected age profile is much older than the projected national age profile. Between 2014 and 2039 the proportion of residents aged 65+ is projected to increase from 20.2% to 29.2% across Carlisle; this is higher than the projected national proportion (Cumbria 32.4%, England 24.0%).

9.3.2.1 Ethnicity

5,335 residents in Carlisle district reported that they were from Black and Minority Ethnic (BME) groups in their 2011 Census (5%); Cumbria 3.5%, England & Wales 19.5%.

The 2011 Census reported that 196 residents within the district (0.2%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is higher than the county and national averages (both 0.1%).

9.3.2.2 Migration

The Office for National Statistics estimate that between mid-2005 and mid-2015, 5,300 people migrated into Carlisle district from overseas while 4,000 people migrated from Carlisle to overseas; resulting in a net balance of 1,300 overseas migrants moving into the district over the decade.

The 2011 Census reported that 5,271 residents in Carlisle district were born outside of the UK (4.9%). Of these non-UK born residents, 308 were born in Ireland, 1,063 were born in EU countries that were EU member countries in March 2001, 1,588 were born in EU countries that joined the EU between April 2001 and March 2011 and 2,312 were born in countries other than those listed above.

9.3.3 Health Summary

Life expectancy for men in Carlisle (79.1) is close to the national average (79.5). For women, life expectancy (82.8) is also close to the national average (83.1).

Violent crime in Carlisle (measured by violence offences) is significantly above the national (18.7 compared with 17.2 in the country as a whole).

Breastfeeding initiation (63.2%) is lower in the district than the country as a whole (74.3%). Adults with excess weight (68.0%) is also above the national (64.8%).

Hospital stays for alcohol-related harm (738.2 compared with 647.0) and recorded diabetes (6.8% compared with 6.4%) are significantly above the national, as are hip fractures in

people aged 65 and over (771.9 compared with 589.0). The hip fracture rate in Carlisle is close to the worst in the country (820.0).

There are 3,000 children in low income households in Carlisle (16.2%), which is a significantly lower than the country as a whole (20.1%). As with most of the other districts in the County, the incidence of TB and new sexually transmitted infections is significantly better than in the country as a whole. Those killed or seriously injured on the roads (28.7) is also considerably lower than in England (38.5).

¹ All data extracted from www.phoutcomes.info on 20 February 2017

9.3.3.1 ICC Health Summary

There are three Integrated Care Communities (ICCs) which are wholly or partly within Carlisle District. Carlisle Urban and Carlisle Rural ICC are both wholly within the district. Approximately 10% of Keswick & Solway ICC is also inside the district boundary, but the majority of this area falls within Allerdale Borough. The population of Carlisle Urban ICC was 80,500 in mid-2015 and Carlisle Rural ICC was 24,200. For the purposes of analysis, where the population of a district ward is more than 50% within an ICC, then that ward is treated as being within that ICC boundary. [54% of Dalston ward's population falls within the Keswick & Solway ICC therefore it has been excluded from Carlisle's ICCs, but has been included in Carlisle district analysis].

A health summary for each of the ICCs in Cumbria can be found via the following web-link: <https://www.cumbriaobservatory.org.uk/health-social-care/health-social-care-further-information/>. Key points from the three ICCs in Barrow are:

Key issues – Carlisle Urban ICC

- Hospital stays for alcohol related harm are significantly worse than national average
- Child development at age 5 and GCSE results are significantly lower than the national average
- Children with excess weight in reception (age 5) is above national average
- Deliveries to teenage mothers is significantly above national average
- Emergency hospital admissions for hip fracture (65+yrs) above national average
- Incidence of lung cancer is significantly above average
- Early mortality (under 75 years) for all causes, all cancers, circulatory disease and heart disease are all significantly worse than the national average
- Deaths from respiratory diseases (all ages) are also significantly higher than the England average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than national average

Key issues – Carlisle Rural ICC

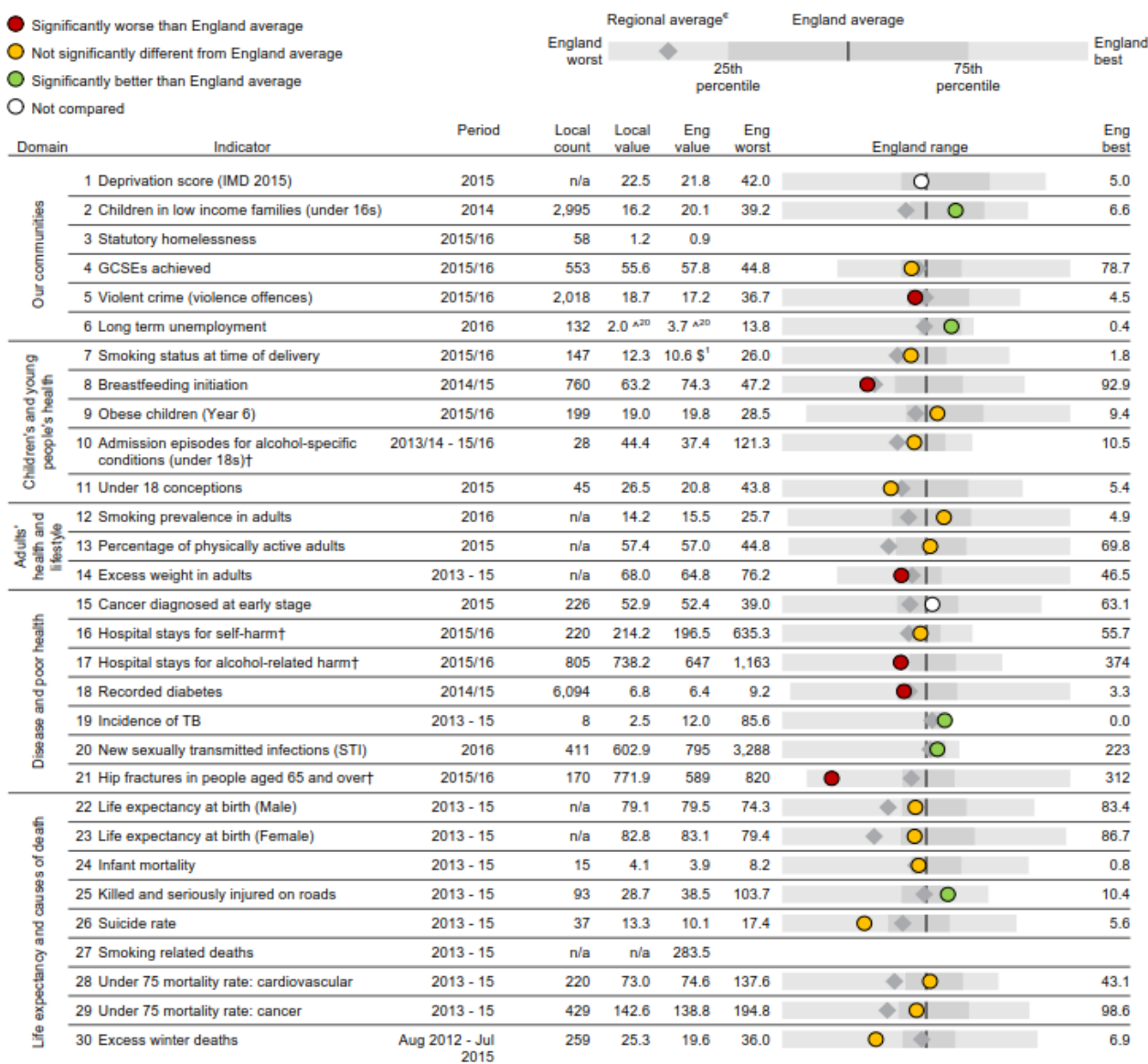
- Hospital stays for alcohol related harm worse than national average
- Elective hospital admissions for hip replacement above national average
- Incidence of lung cancer is significantly below the national average
- Premature deaths (aged under 75 from all causes, all cancers and from circulatory disease are all significantly below the national
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Figure 17: Public Health England 2017 Health profile for Carlisle district

Health summary for Carlisle

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households
 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population
 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery
 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18
 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at
 least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental
 statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis
 or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a
 recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to
 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to
 live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised
 mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and
 over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess
 winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

^{A20} Value based on an average of monthly counts ^S There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

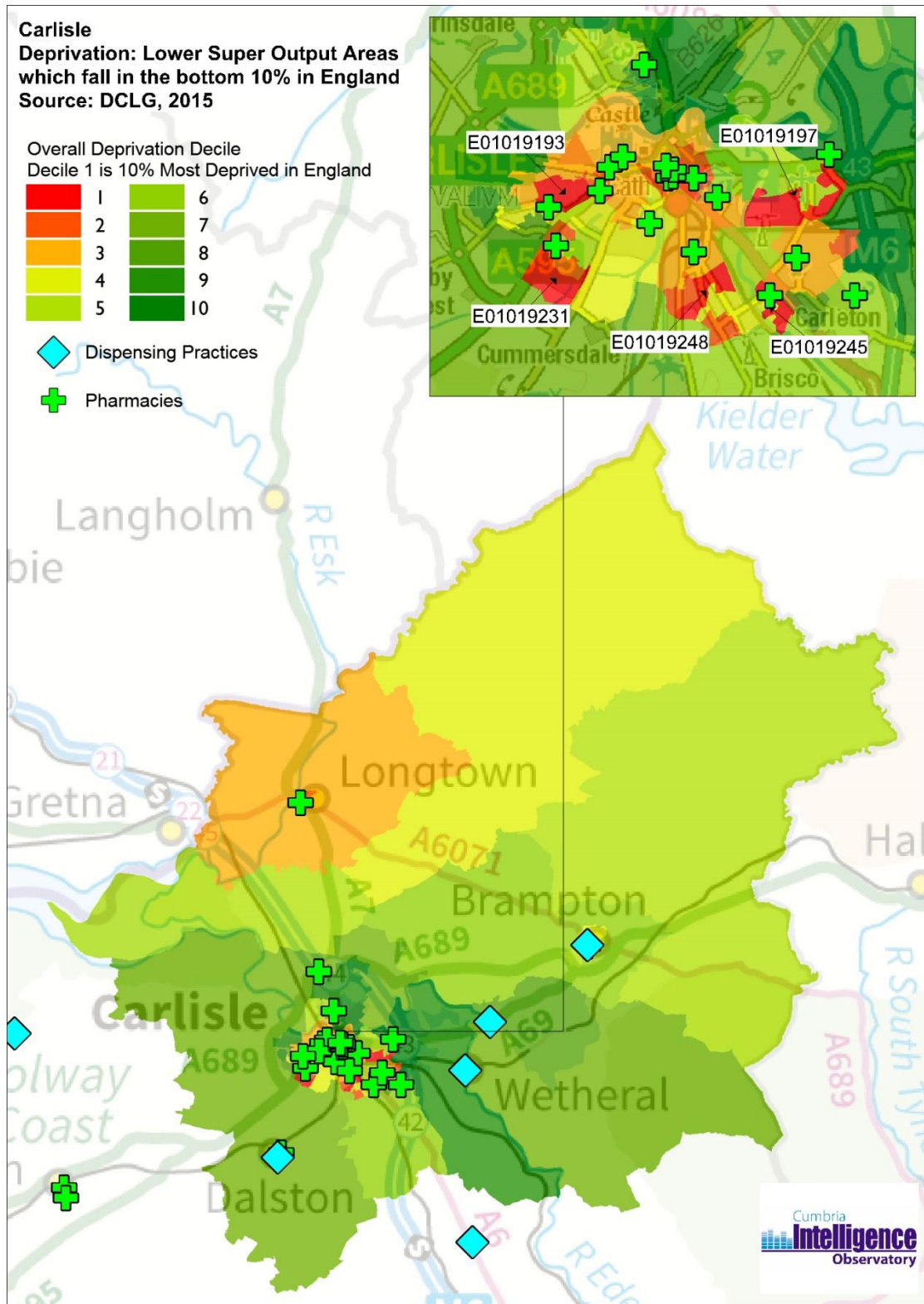
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9.3.4 Inequality and Deprivation

Carlisle district has 5 Lower Super Output Areas (LSOAs) that rank within the 10% most deprived areas in England (IMD 2015). Figure 18 plots each LSOA in the district shaded according to the national decile that their overall deprivation score falls in; a decile of 1 (areas shaded in red) represent communities that are in the 10% most deprived of areas in England, while a decile of 10 (areas shaded in dark green) represent communities that are in the 10% least deprived of areas in England.

12 LSOAs across the district rank amongst the 10% most deprived in England in relation to the 'geographical barriers to services' domain (presented in Figure 3).

Figure 18: Carlisle: Deprivation: Lower Super Output Areas which fall in the bottom 10% in England; with community pharmacies and dispensing practices



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9.3.5 Strategic Direction

Carlisle is part of WNE Cumbria STP area and details of plans are considered in section 4.7. The North Cumbria CCG is considering hubs in the future and expected by 2019.

The Carlisle district health and wellbeing forum includes the following priorities:

- World Health Organisation Healthy Cities
- Healthy City Steering Group, Participatory Governance
- Obesity and nutrition
- Older People
- Development of key funded programme (fair employment, workforce etc.)
- Small scale grants programme aimed at reducing risk factors of Cardiovascular Disease

9.3.6 Necessary Services: Current Provision

In the Carlisle district there are 22 pharmacies providing pharmaceutical services. Pharmacies are located primarily in areas of higher population density (see Figure 15). Nineteen pharmacies are located within Carlisle, with 16 of these situated to the south of the river in the more densely populated areas; and two to the north of the river, serving the urban population of Carlisle and the rural population surrounding it. One pharmacy is situated to the south of the city in Dalston, and there is one to the east. The rural towns of Brampton and Longtown both have access to a pharmacy.

There is one pharmacy for every 4,963 people (GP resident population, January 2017) in Carlisle district or 20.1 per 100,000 population; the England average is 21.5 per 100,000 population (NHS, 2015-16).

There are dispensing doctor practices in Brampton and Dalston. There are also branch dispensaries from the Brampton practice at Corby Hill and Wetheral, serving the rural population.

Due to the high percentage of items dispensed from dispensing practices in Cumbria consideration has been given to the dispensing provision of 23.8 per 100,000 population (GP resident population, January 2017) including community pharmacy and dispensing practices in the Carlisle district.

Figure 18 shows the distribution of pharmacies and dispensing practices in relation to population distribution and areas of deprivation in Carlisle.

It would appear Carlisle district is adequately served, in terms of numbers, by community pharmacies and dispensing practices.

9.3.7 Access: Opening Hours

Access to community pharmacy across Carlisle district is well provided for during the hours of 7:00am and 11.00pm, Monday to Friday (see Appendices). Half of the 22 pharmacies are open until 5pm on Saturday afternoon and a total of 19 are open on Saturday at some point. The three supermarket pharmacies are open the longest hours and provide services from Monday to Friday from 7am to 11pm, 8am to 8pm and 9am to 9pm. Five pharmacies are open until at least 4pm on Sundays. There is no pharmacy provision in Brampton and Longtown on Sundays.

The HWB considers that these pharmacies are meeting the needs of patients by extending access to pharmaceutical services when other pharmacies are closed.

NHS England commission an Out of Hours service (as required) if there is no provision from community pharmacies on bank holidays.

Dispensing patients have access to their dispensing doctor practice at the times shown in the Appendices.

Cumbria Health on Call, located at Cumberland Infirmary, Carlisle, provides urgent medication from the Out of Hours service formulary between 6.30pm and 8.00am, 7 days per week; with 24 hour access at weekends and bank holidays.

9.3.8 Access: Distance

Figure 15 shows the location of providers of dispensing and the location of branch surgeries where patients can collect their prescriptions. Figure 15 shows that these outlets are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

It was acknowledged that the people living in the most rural and sparsely populated wards of Irthing and Lyne have the greatest distances to travel to access all services locally including pharmaceutical services.

It was noted that some pharmacies close at 5:30pm weekdays, half day Saturdays or pm and are not open on Sundays, therefore it was necessary to consider access to areas with later opening times and Sunday opening. Distance and travel times were considered reasonable and noted the travel times were a minimum as public transport travel times may be longer. (see Appendices)

A map in the Appendices reveals the areas of Cumbria that are not within reasonable distance of a pharmacy or dispensing practice. All areas within the map have been considered within this assessment.

9.3.9 Necessary Services Outside the District

Although exact numbers could not be obtained for this assessment it is known historically that some residents living in North Cumbria are registered with a GP practice outside the county. Patients have historically been registered with Newcastleton Medical Practice and Haltwhistle in Northumberland HWB area; and Canonbie and Gretna practices in Dumfries and Galloway in Scotland.

Both Newcastleton and Canonbie are dispensing practices which provide essential pharmaceutical services to patients who reside in Cumbria but whom are registered with

them. In addition, the Newcastleton practice conducts a branch surgery in the village hall in Roadhead on Tuesdays 2pm-4pm. Prescriptions can be collected during surgery times. The Canonbie practice sends prescription forms to the pharmacy in Longtown to be dispensed for those patients who live in the Longtown area but cannot attend the surgery to collect their prescription.

In Gretna there is a community pharmacy in the town which can provide pharmaceutical services for patients.

9.3.10 Necessary Services: Gaps in Provision

The HWB considered the opening times, reasonably accessibility and patient opinion to determine that the community pharmacies and dispensing doctors in Carlisle district meet needs of the Carlisle locality population for the provision and access to pharmaceutical services.

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel in order to access services however consideration must be taken of the economic viability of providing services. No gaps were identified in the provision of necessary services.

9.3.11 Other Relevant Services: Current Provision

There are *advanced services* which pharmacies can choose to provide. Medicine Use Review is an advanced service which is available in 22 community pharmacies in Carlisle; 22 pharmacies also currently offer a New Medicine Service. 3 pharmacies provide Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AUR), which can be carried out by a pharmacist or specialist Stoma nurse. Locally commissioned services available in Carlisle are presented in Table 7 below.

Table 7: Locally commissioned services in Carlisle district

Service	No of pharmacy providers in Carlisle district	Geographic coverage	Other providers
Gluten Free Food Scheme	22	All areas (Brampton, Carlisle, Dalston, Longtown)	
Minor Ailment Scheme	22	All areas	
Palliative Care	3	Carlisle	
Stop Smoking Service	18	All areas	
NHS Health Checks	3	Carlisle	GP practices
EHC	19	All areas	Carlisle Sexual Health clinics
Healthy Living Pharmacies (HLP)	7	Brampton, Carlisle, Dalston	
Seasonal Influenza Vaccination	22	All areas	GP Practices
Needle and Syringe Exchange	1*	Carlisle	Unity provision in Carlisle
Supervised Administration	21	All areas	Unity provision in Carlisle

**In 2014, there were 10; Unity have 'rationalised' the number of needle exchange providers since the last PNA*

IV antibiotics are no longer commissioned in North Cumbria due to lack of take-up; and there are no current plans to re-commission this service.

9.3.12 Pharmacy Services in Areas of Deprivation

Carlisle district has communities (Lower Super output Areas LSOAs) with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 8 below shows the provision of these services.

Table 8: 10% most deprived LSOAs and pharmaceutical services in Carlisle

10% most deprived LSOAs in England (see Map in Figure 18)	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	Advanced and Locally Commissioned Pharmaceutical Services													
				MUR	NMS	SAC	AUR	Gluten Free Food	Minor Ailment Scheme	Palliative Care	Stop Smoking Service	EHC	NHS Health Check	HLP	Influenza Vac.	Needle and Syringe Exchange	Supervised Administration
Botcherby: Central (E01019197)	N	Y (53, 44, 43, 37, 50)		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Morton: South (E01019231)	N	Y (55, 56, 60)		Y	Y			Y	Y		Y	Y	Y	Y		Y	
Upperby: North West (E01019248)	N	Y (42, 44, 58)		Y	Y		Y	Y	Y		Y	Y		Y	Y	Y	
Upperby: East (E01019245)	Y (42)			Y	Y			Y	Y		Y	Y			Y	Y	
Belle Vue: South East (E01019193)	Y (56)			Y	Y			Y	Y		Y	Y				Y	

*numbers refer to the Master Pharmacy List (see Appendices)

9.3.13 Improvement & Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 9 shows the results of the determination.

Table 9: Gaps in pharmaceutical service provision in Carlisle district

Service	Description of Gap
Needle and Syringe Exchange	Limited access particularly in deprived and rural areas
NHS health checks	Not available in all pharmacies but provision in all GP practices

There is no pharmacy provision in Brampton and Longtown on Sundays.

IV antibiotics are no longer commissioned in North Cumbria due to lack of take-up; and there are no current plans to recommission this service.

9.3.14 Other NHS services

North Cumbria University Hospitals NHS Trust (NCUHT) supplies prepacked and stock medicines to Cumbria Health On Call (the Out of Hours service), Eden Valley Hospice, Brampton Memorial Hospital and Reiver House. It also provides pharmaceutical services to discharge and out patients. *Alternative providers are currently being commissioned.*

In Carlisle there is an acute hospital providing A&E - Cumberland Infirmary (Carlisle). Between 2014/15 to 2016/17, the provider saw a decrease in the number of attendances. There were increases across all hours, with the exception of 06:00-06:59 and 08:00-08:59 where attendances increased. Attendances have decreased across all days. The greatest number of attendances are on Sundays and Mondays. During peak times pharmacy services are available however there is less coverage on Sundays.

9.3.15 Future developments

9.3.15.1 Primary care

As part of STP plans access to primary care is being considered within ICC developments. Any future developments with greater access times to primary care will need to consider pharmaceutical service availability during the access times.

9.3.15.2 Housing

The Carlisle District Local Plan, adopted in November 2016, allocates sufficient land to accommodate 9,606 dwellings (net) over the period 2013 – 2030. This represents a minimum of 478 dwellings net a year between 2013 and 2020; and a minimum of 626 dwellings net a year between 2020 and 2030. Excluding Carlisle South, approximately 70% of this growth will be focussed on the urban area of Carlisle with approximately 30% in the rural areas.

Carlisle South would be a significant mixed-use urban extension, with allocations to accommodate 1,450 dwellings and would require integrated infrastructure provision

(including open space, primary and secondary schools, doctors surgeries, employment and retail sites). There will be an 'issues and options' consultation in March 2018.

Developments of this size once built could increase the need for health services in the area as a whole including pharmaceutical services.

Carlisle district has the most provision in terms of sites for Gypsies and Travellers. There is a significant level of provision for Showpeople (two yards providing 15 plots). There are 14 permanent sites providing 84 pitches, one transit site providing 30 pitches. A further permanent site is currently under construction and will provide 15 pitches. One new family site (1 pitch) is awaiting planning permission.

9.3.16 Locally Commissioned Services

Locally commissioned services (services commissioned by the Local Authority) include: Stop Smoking services; Emergency Hormonal Contraception; NHS Health Checks; Needle and Syringe Exchange; and supervised administration.

9.3.17 Conclusions and Recommendations for Carlisle district

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet needs of the Carlisle district population for the provision and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there were no gaps in pharmaceutical service provision to the Carlisle district population. It is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

The HWB considered the relevant services provided within Carlisle district to determine seasonal flu vaccinations, gluten free food scheme, stop smoking services and EHC are provided to throughout Carlisle to secure improvements in pharmaceutical services.

The HWB considered the relevant services and identified needle and syringe exchange and health checks as services that could have better access within Carlisle district. Depending on the outcome of the minor ailment scheme there may be locations within Carlisle district that may benefit from a similar service.

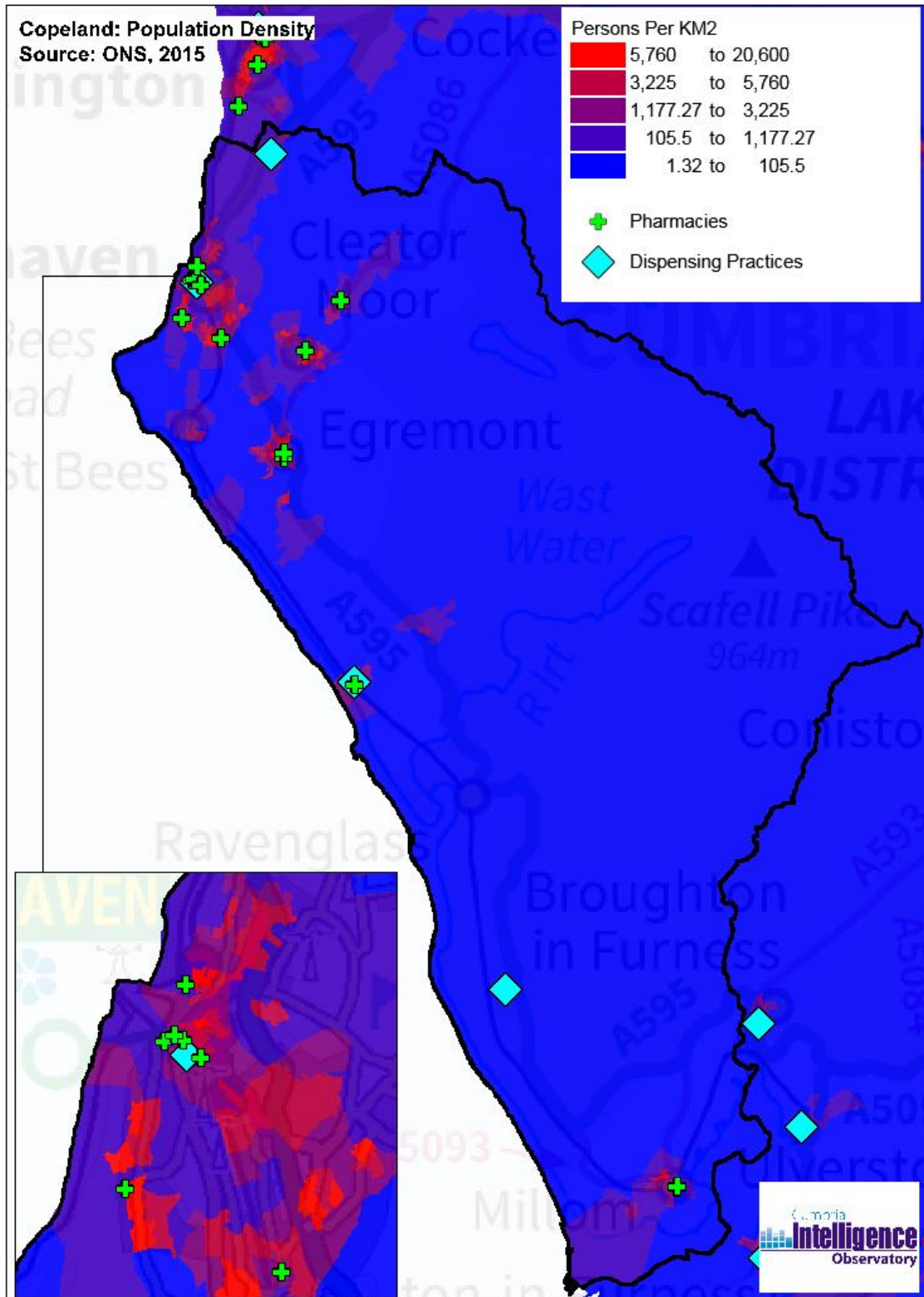
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.4 Copeland District

9.4.1 Geography and Population Density

Copeland is Cumbria's second smallest district, covering an area of 732 square km. With an average population density of 96 people per square km, the district is slightly more densely populated than the county average, but much more sparsely populated than the national average (Cumbria 74 people per square km, England & Wales 375 people per square km). 62% of the district's residents live in rural areas, compared to 53% across Cumbria and 18% across England & Wales.

Figure 19: Population density, community pharmacies and dispensing practices in Copeland

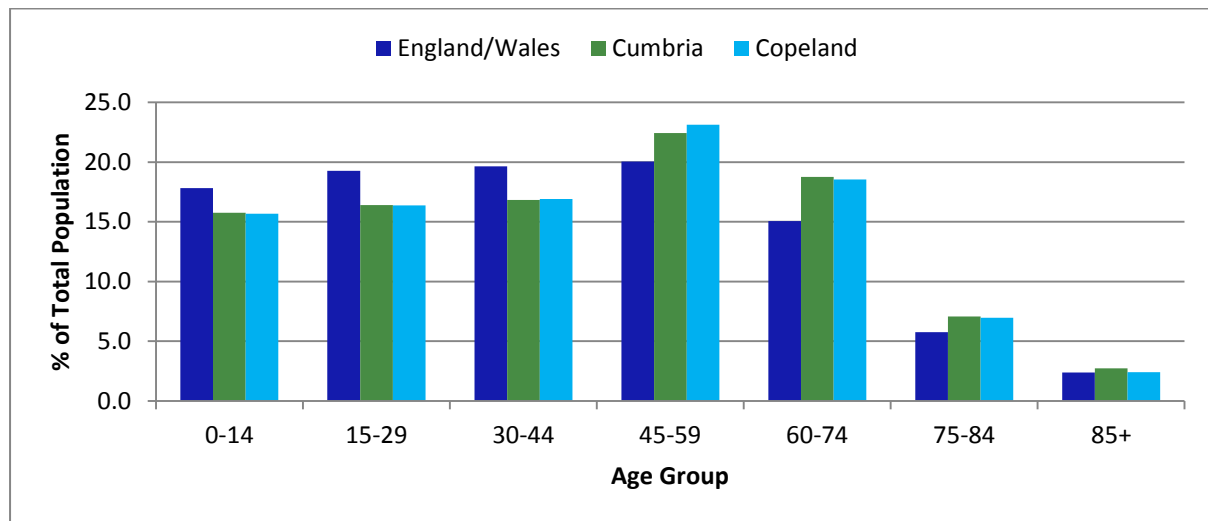


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9.4.2 Demography

The resident population of Copeland was estimated to be 69,600 persons as at mid-2015; a decrease of 300 persons (-0.4%) since mid-2005. Population change over the last decade was not spread evenly across Copeland’s wards, with some wards experiencing a decrease in their population size whilst other wards experienced large increases. The greatest proportional decrease was seen in Moresby ward (-13.1%) whilst the greatest proportional increase was seen in St Bees ward (+10.1%). Figure 20 plots the proportion of the population within each age group for Copeland, Cumbria and England & Wales.

Figure 20: Mid-2015 Estimates: England & Wales, Cumbria and Copeland: Proportion of Persons: By Age Group: Source: Office for National Statistics



When compared to England & Wales, Copeland has an older age profile; with lower proportions of residents in each of the three younger age groups and higher proportions of residents in the oldest four age groups. When compared to Cumbria, Copeland’s age profile is very close to the county average.

The age profiles of Copeland’s wards vary considerably. Mirehouse ward has the greatest proportion of residents aged 0-14 (20.6%), compared with 15.7% in Copeland as a whole, 15.4% in Cumbria 15.4% and 17.8% in England & Wales. Conversely, Gosforth ward has the greatest proportion of residents aged 65+ (32.9%), compared with 21.4% in Copeland, 23.1% in Cumbria and 17.9% in England & Wales.

Copeland’s population is projected to decrease by 4,200 persons (-6.0%) over the next 25 years (to 2039); the third greatest projected proportional decrease of England’s 326 district/unitary authorities. Cumbria’s population is also projected to decrease, by 9,900 persons (-2.0%), while England’s population is projected to increase substantially (+16.5%).

The projected changes in Copeland’s population are not spread evenly across age bands. Numbers of 0-14 year olds in Copeland are projected to decrease by 1,500 persons (-13.8%) by 2039. Of England’s 326 district/unitary authorities, Copeland has the second greatest projected proportional decrease for this age group, after Barrow. This decrease is above the projected county trend (Cumbria -8.4%) and is contrary to the projected national trend (England +9.8%).

Numbers of 15-64 year olds are projected to decrease by 8,500 persons (-19.2%) across the district by 2039; the third greatest projected decrease for numbers of 15-64 year olds out of all district/unitary authorities in England. This is in line with the projected county trend (Cumbria -15.7%), but contrasts to the projected national trend (England +6.7%).

In contrast, the number of residents aged 65+ is projected to increase by 5,700 persons across the district by 2039 (+38.8%). This projected trend is in line with county and national projections (Cumbria +39.8%, England +59.2%).

Because Copeland's current age profile is older than the national average and the district is projected to experience a decrease in numbers of residents aged under 65 in addition to significant increases in residents aged over 65, the district's projected age profile is much older than the projected national age profile. Between 2014 and 2039, the proportion of residents aged 65+ is projected to increase from 21.1% to 31.1% across Copeland; this is much higher than the projected national proportion (Cumbria 32.4%, England 24.0%).

9.4.2.1 Ethnicity

1,924 residents in Copeland reported that they were from Black and Minority Ethnic (BME) groups in their 2011 Census (2.7%); Cumbria 3.5%, England & Wales 19.5%.

The 2011 Census reported that 15 residents within the district (0.02%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is lower than the county and national averages (both 0.1%).

9.4.2.2 Migration

The Office for National Statistics estimate that between mid-2005 and mid-2015, 1,400 people migrated into Copeland from overseas while 1100 people migrated from Copeland to overseas; resulting in a net balance of 300 overseas migrants moving into the district over the decade.

The 2011 Census reported that 2,026 residents in Copeland were born outside of the UK (2.9%). Of these non-UK born residents, 152 were born in Ireland, 390 were born in EU countries that were EU member countries in March 2001, 283 were born in EU countries that joined the EU between April 2001 and March 2011 and 1,201 were born countries other than those listed above.

9.4.3 Health Summary

In Copeland, general health measures are worse than the country as a whole. Males and females are living shorter lives than in England as a whole, with life expectancy 78.3 years for males and 81.3 years for females - compared with 79.5 years and 83.1 years in England respectively.

Long term unemployment is higher in Copeland (6.0%) than the country as a whole (3.7%).

A number of measures for the health of children and young people are significantly worse in Copeland compared with the country as a whole. Breastfeeding initiation is 59.2 in Copeland compared with 74.3% in the country as a whole. There is a greater proportion of children who are obese (24.3%) in Copeland compared to England (19.8%). Admission episodes for alcohol-specific conditions (under 18s) are 87.7 in Copeland compared with 37.4 in the country as a whole.

In Copeland, there are a higher proportion of adults (68.8%) with excess weight than in the country as a whole (64.8%). Both hospital stays for self-harm and for alcohol-related harm are significantly above the England average and recorded diabetes (8.4) is also significantly in excess of the country as a whole (6.4).

Under 75 mortality from cardiovascular disease (91.9) in Copeland is significantly in excess of the England average (74.6), as is the mortality rate from cancer for the same age group (167.0 for Copeland and 138.8 for the country as a whole).

There are approximately 2,100 children in low income households in Copeland (18.5%), which is significantly below the national proportion (20.1%). The rate of violent offences (15.8) is also below that of England (17.2). As with the other districts in the County, the incidence of TB and new sexually transmitted infections are both significantly below the national.

¹ all data obtained from PHE 2017 health profile or public health outcome framework as of July 2017.

9.4.3.1 ICC Health Summary

There are two Integrated Care Communities (ICCs) which are wholly or partly within Copeland Borough. Copeland ICC is both wholly within the district and approximately 50% of Millom & Duddon Valley ICC is also inside the district boundary. The population of Copeland ICC was 60,600 in mid-2015 and Millom & Duddon Valley ICC was 11,100. For the purposes of analysis, where the population of a district ward is more than 50% within an ICC, then that ward is treated as being within that ICC boundary. In Millom & Duddon Valley ICC, 100% of Haverigg, Holborn Hill, Millom Without and Newtown wards are within the ICC area and 92% of Broughton ward.

A health summary for each of the ICCs in Cumbria can be found via the following web-link: <https://www.cumbriaobservatory.org.uk/health-social-care/health-social-care-further-information/>. Key points from the two ICCs in Copeland are:

Key issues – Copeland ICC

- Hospital stays for alcohol related harm worse than national average
- Children with excess weight in reception (aged 5) and obese/excess weight in Year 6 worse than national average
- Deliveries to teenage mothers above national average
- Elective hospital admissions for hip replacement above national average
- Incidence of all cancers (in particular breast and lung) above national average
- Early mortality (under 75 years) for all causes, all cancers, circulatory disease and coronary heart disease are all above national average
- Deaths from strokes (all ages) also significantly above the average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

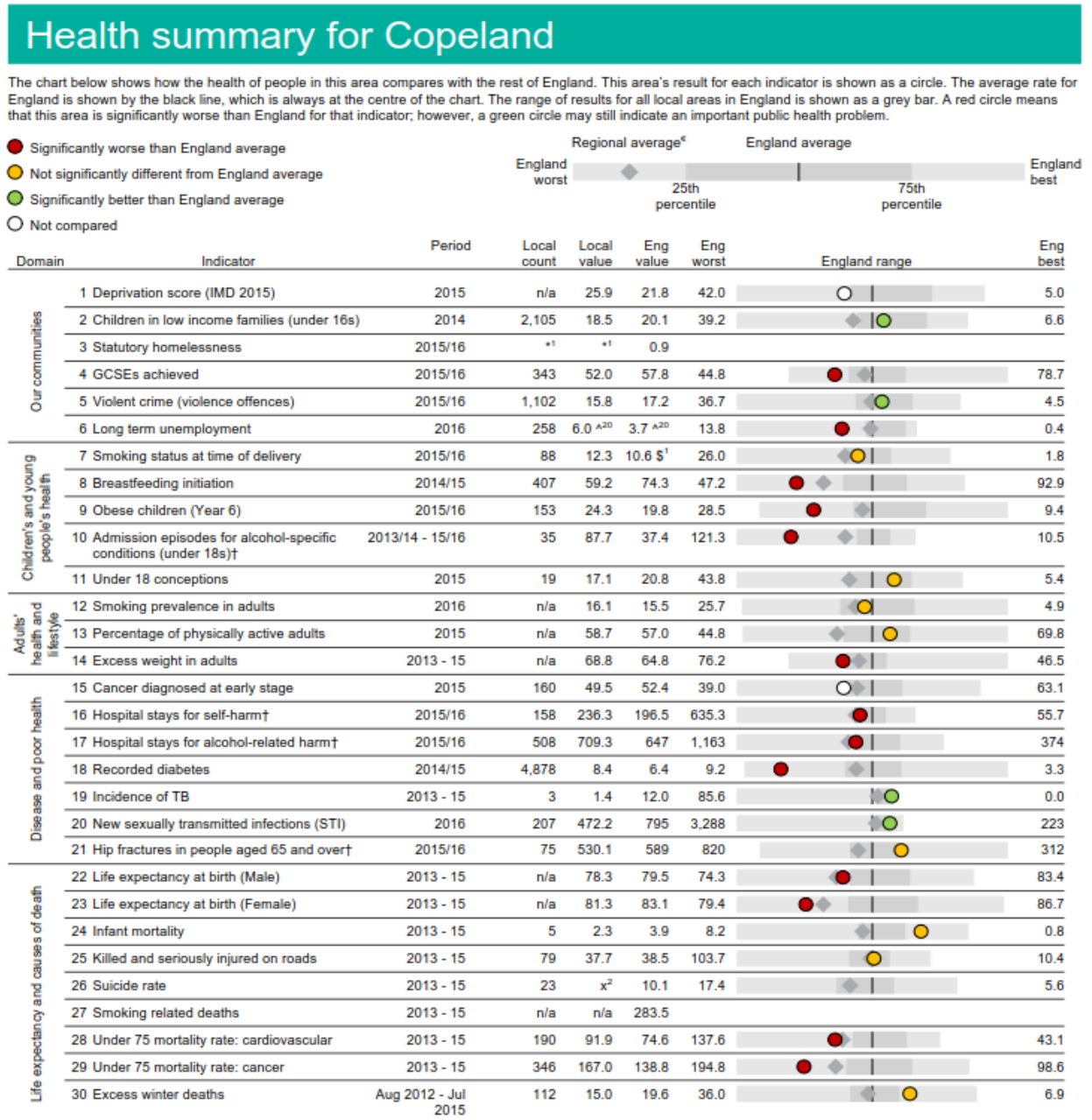
Key issues – Millom & Duddon Valley ICC

- Hospital stays for alcohol related harm are above the national average
- Childhood obesity/excess weight for reception children is significantly worse than the

national average

- Elective hospital admissions for hip replacements are above the national average
- Deaths from circulatory disease, under 75 years, are worse than the national average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Figure 21: Public Health England 2017 Health profile for Copeland



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

*1 Value suppressed for disclosure control due to small count ^{A20} Value based on an average of monthly counts ^{x²} Value cannot be calculated as number of cases is too small ^S There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

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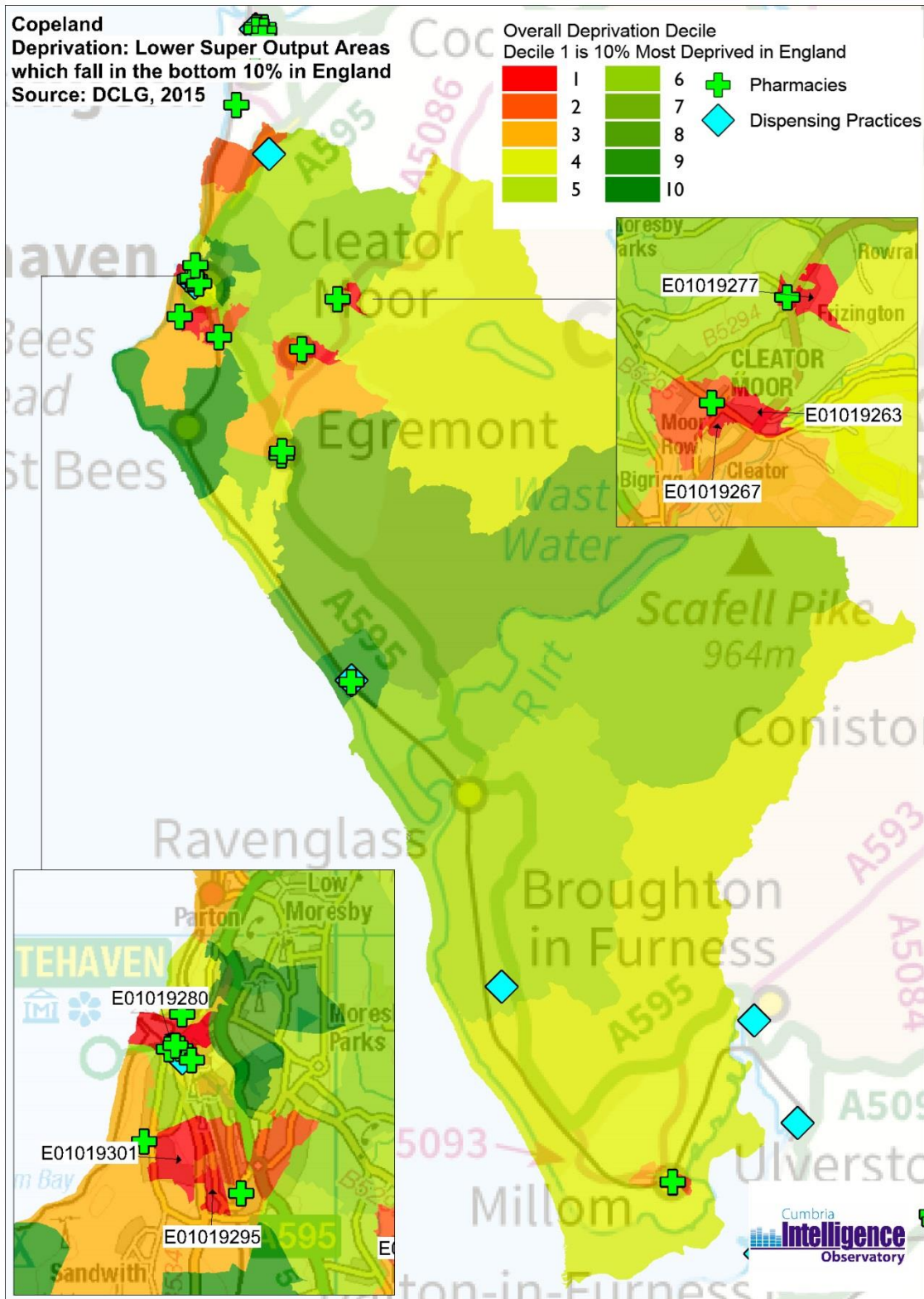
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9.4.4 Inequality and Deprivation

Copeland has 6 Lower Super Output Areas (LSOAs) that rank within the 10% most deprived areas in England (IMD 2015); one of which falls within the 3% most deprived nationally (located in the Sandwith area). Figure 22 plots each LSOA in the district shaded according to the national decile that their overall deprivation score falls in; a decile of 1 (areas shaded in red) represent communities that are in the 10% most deprived areas in England, while a decile of 10 (areas shaded in dark green) represent communities that are in the 10% least deprived of areas in England.

16 LSOAs rank amongst the 10% most deprived in England in relation to the 'geographical barriers to services' domain (presented in Figure 3).

Figure 22: Copeland; Deprivation: Lower Super Output Areas which fall in the bottom 10% in England; with community pharmacies and dispensing practices



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9.4.5 Strategic Direction

Copeland district is primarily part of West, North and East Cumbria STP area however the Millom area part of Morecambe Bay CCG and Lancashire and South Cumbria STP area details of plans are detailed in section 4.7.

The Copeland health and wellbeing forum includes the following priorities:

- Healthy Weight
- Alcohol Awareness
- Mental Health
- Older People – Ageing Well
- Addressing Health Inequalities
- Nuclear New Build Health Impact Assessment

9.4.6 Necessary Services: Current Provision

There are 14 pharmacies providing pharmaceutical services to the population of Copeland Borough.

The community pharmacies are located in Whitehaven (7) and the towns of Egremont (2), Cleator Moor, Frizington, Seascale and Millom (2). Figure 19 shows the distribution of pharmacies in relation to centres of population in Copeland.

There is one pharmacy for every 5,010 people (GP resident population, January 2017) in Copeland district or 20.0 per 100,000 population; the England average is 21.5 per 100,000 population (NHS, 2015-16).

There are three dispensing doctor practices in Copeland, these are in Distington, Seascale (with a branch surgery at Bootle) and Whitehaven. As listed previously, there is also community pharmacy provision in Seascale and Whitehaven.

Due the high percentage of items dispensed from dispensing practices in Cumbria consideration has been given to the dispensing provision of 25.7 per 100,000 population (GP resident population, January 2017) including community pharmacy and dispensing practices in Copeland.

Figure 22 shows the distribution of pharmacies and dispensing practices in relation to population distribution and areas of deprivation in Copeland.

It would appear that, in terms of numbers, the population may have less than adequate provision of community pharmacies. There are two higher populated areas without provision (St Bees and Gosforth). However, these are within driving distance of Whitehaven and Seascale respectively.

9.4.7 Access: Opening Hours

Access to community pharmacy across Copeland locality is well provided for between the hours of 9:00am and 6:00pm Monday to Friday and 9:00am to 12:30pm on Saturday (see Appendices). Whitehaven has community pharmacy provision until 11:00pm Monday to Friday as well as Saturday until 9:00pm and Sunday opening from 10:00am to 8:00pm. Also Monday to Friday there are pharmacies open, at times, after 6pm in Cleator Moor, Egremont and Millom.

The HWB considers that these pharmacies are meeting the needs of patients by providing access to pharmaceutical services when other pharmacies are closed.

NHS England also commissions an Out of Hours service if there is not service from community pharmacies on bank holidays and is commissioned as required.

Dispensing patients have access to their dispensing doctor practice at the times shown in the Appendices.

Cumbria Health on Call, located at West Cumberland Hospital, Whitehaven, provides urgent medication from the Out of Hours formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays.

9.4.8 Access: Distance

Figure 19 shows the location of community pharmacies and providers of dispensing services and the location of branch surgery at Bootle. Figure 19 also shows these outlets are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

However, it was noted some pharmacies close at 5:30pm weekdays, half day Saturday or 5pm and are not open Sunday. There is also no provision in the populated areas of St Bees and Gosforth. However, when distance was considered, there was pharmaceutical services close by - within driving distance. It was necessary to consider access to areas from Copeland with later opening times and Sunday opening (See Appendices). Distance and travel times were considered broadly reasonable for the rural community and noted the travel times were a minimum as public transport travel times may be longer.

It was noted that there is limited access to community pharmacy services for the residents of Millom on Saturday afternoon and Sunday. The travel times were the longest in the county.

A map in the Appendices reveals the areas of Cumbria that are not within reasonable distance of a pharmacy or dispensing practice. All areas within the map are considered within this assessment.

9.4.9 Necessary Services Outside the District

Copeland Locality is wholly within Cumbria H&WB area.

9.4.10 Haverigg Prison

HMP Haverigg is a category C prison with a capacity of 268 adult male prisoners serving short, medium and long term sentences. It is located in Haverigg near Millom. As in the general population, the average age of prisoners is increasing and consequently their health

needs reflect this aging population. In addition, it provides prisoners access to the integrated drug treatment system. The particular needs of this population require consideration given the high incidence of mental health and illegal drug issues offenders are recognised as having.

The immediate pharmaceutical needs of the prison population are served through contractual arrangement with a community pharmacy company; currently provided by Lloyds Pharmacy at Dalton-in-Furness. There are limited enhanced services available to the prison population.

9.4.11 Necessary Services: Gaps in Provision

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel in order to access services. However, consideration must be taken of the economic viability of providing services. There is limited access to community pharmacy services on Saturday afternoons for residents of Millom; Cleator Moor; Frizington; and Seascale. Furthermore, there is no pharmacy provision on Sundays in Millom, Egremont, Frizington, Cleator Moor; and Seascale.

9.4.12 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Medicine Use Review is an advanced service which is available in all 12 community pharmacies in Copeland. 11 pharmacies currently offer a New Medicine Service. There are no pharmacies in Copeland which offer Stoma Appliance Customisation (SAC) or Appliance Use Reviews (AUR). Appliance Use Review can be carried out by a pharmacist or specialist Stoma nurse. Locally commissioned services available in Copeland are presented in Table 10 below.

Table 10: Locally commissioned services in Copeland

Service	No of pharmacy providers in Copeland	Geographic coverage	Other providers
Gluten Free Food Scheme	14	All towns (Cleator Moor, Egremont, Frizington, Millom, Seascale, Whitehaven)	
Minor Ailment Scheme	14	All towns	
Palliative Care	2	Whitehaven	
Stop Smoking Service	13	All towns with the exception of Seascale	
NHS Health Checks	0	No pharmacy provision	GP practices
Emergency Hormonal Contraception	13	All towns with the exception of Seascale	Contraceptive services are provided at Whitehaven Sexual Health clinic(s)
Healthy Living Pharmacies (HLP)	7	Cleator Moor, Egremont, Whitehaven	
Needle and Syringe Exchange	6*	Not provided in Seascale	Unity provision in Whitehaven
Supervised administration	13	All areas	Unity provision in Whitehaven
Seasonal Influenza Vaccination	9	All areas	GP Practices

**In 2014, there were 8; Unity have 'rationalised' the number of needle exchange providers since the last PNA*

IV antibiotics are no longer commissioned in North Cumbria due to lack of take-up; and there are no current plans to recommission this service.

Pharmacy Services in Areas of Deprivation

Copeland district has communities (Lower Super output Areas LSOAs) with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 11 below shows the provision of these services.

Table 11: 10% most deprived LSOAs and pharmaceutical services in Copeland

10% most deprived LSOAs in England (see Map in Figure 22)	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	Advanced and Locally Commissioned Pharmaceutical Services													
				MUR	NMS	SAC	AUR	Gluten Free Food	Minor Ailment Scheme	Palliative Care	Stop Smoking Service	EHC	NHS Health Check	HLP	Influenza Vac.	Needle and Syringe Exchange	Supervised Administration
E01019301 (Sandwith: North East)	N	Y (67, 69)		Y	Y			Y	Y		Y	Y		Y	Y	Y	Y
E01019295 (Mirehouse: Central)	N	Y (67, 69)		Y	Y			Y	Y		Y	Y		Y	Y	Y	Y
E01019267 (Cleator Moor South: North)	N	Y (62, 66)		Y	Y			Y	Y		Y	Y		Y	Y	Y	Y
E01019263 (Cleator Moor North: East)	N	Y (62, 66)		Y	Y			Y	Y		Y	Y		Y	Y	Y	Y
E01019277 (Frizington: North East)	Y (45)			Y	Y			Y	Y		Y	Y				Y	Y
E01019280 (Harbour: North)	Y (47, 55, 56)			Y	Y			Y	Y	Y	Y	Y		Y	Y		Y

*numbers refer to the Master Pharmacy List (see Appendices)

9.4.13 Improvements and Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 12 shows the results of the determination.

Table 12: Gaps in pharmaceutical service provision in Copeland

Service	Description of Gap
Needle and Syringe Exchange	Not provided in Seascale
Stop Smoking Service	Not provided in Seascale
NHS Health Checks	No provision in pharmacies but available in all GP Practices

There is limited access to community pharmacy services on Saturday afternoons for residents of Millom; Cleator Moor; Frizington; and Seascale. Furthermore, there is no pharmacy provision on Sundays in Millom, Egremont, Frizington, Cleator Moor; and Seascale. Travel times in some of the areas are significantly longer than other parts of the district and county.

9.4.14 Other NHS Services

North Cumbria University Hospitals Trust (NCUHT) provides an inpatient and outpatient pharmacy dispensing service from West Cumberland Hospital in Whitehaven. The hospital pharmacy also supplies medicines to the community beds (at Copeland unit) and community clinics, Cumbria Health on Call and Cumbria Partnership Foundation Trust. *Alternative providers are currently being commissioned.*

In Copeland there is an acute hospital with A&E provision - West Cumberland Hospital (Whitehaven). Between 2014/15 to 2016/17 this provider saw a decrease in attendances. The majority of decreases were seen between the hours of 7am and 4pm. Sunday and Monday showed the largest number of attendances. During the peak times pharmacy services are available although there is less coverage on Sundays.

9.4.15 Future Developments

9.4.15.1 Primary Care

As part of STP plans access to primary care is being considered within ICC developments. Any future developments with greater access times to primary care will need to consider pharmaceutical service availability during the access times.

9.4.15.2 Housing

The Copeland Local Plan 2013-2028: Core Strategy and Development Management Policies was adopted in December 2013. It plans for a house building rate of 230 dwellings per annum (4,150 over 15 years). The spread of development is planned to be:

- Whitehaven – 45%
- Cleator Moor – 10%
- Egremont – 10%
- Millom – 10%
- Local Centre villages – 20% (to be spread between the 14 Local Centres)
- 5% windfall – likely to be in the main towns

A new Local Plan is proposed. An issues and options consultation is anticipated in October 2017.

Currently, planning permission has been granted to a series of relatively small sites spread out across the north of the district although focussed in Whitehaven. In South Whitehaven 600+ homes have been approved (180 with full permission and 430 in outline).

The other factor to consider in Copeland is the potential construction of a new nuclear power station, and the associated construction workers (that are estimated to be 5,000, and possibly more at peak construction) that will need to be accommodated while it is being built.

The upgrading of the National Grid to export the electricity generated by the new nuclear power station would add to the number of workers that would need to be accommodated.

There are no authorised sites for gypsies and travellers in Copeland.

9.4.16 Locally Commissioned Services

Locally commissioned services (services commissioned by the Local Authority) include: Stop Smoking services; Emergency Hormonal Contraception; NHS Health Checks; Needle and Syringe Exchange; and supervised administration.

9.4.17 Conclusions and Recommendations for Copeland District *[to be updated]*

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet needs of the Copeland district population for the provision and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there no gaps in pharmaceutical service provision that is needed by the Copeland district population. However it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services especially Millom.

The HWB considered the relevant services provided within Copeland district to determine seasonal flu vaccinations, gluten free food scheme, stop smoking services and EHC are provided to throughout Copeland to secure improvements in pharmaceutical services.

The HWB considered the relevant services and identified, needle and syringe exchange, stop smoking service and health checks as services that could have better access from Copeland district. There are limited enhanced services to prison population.

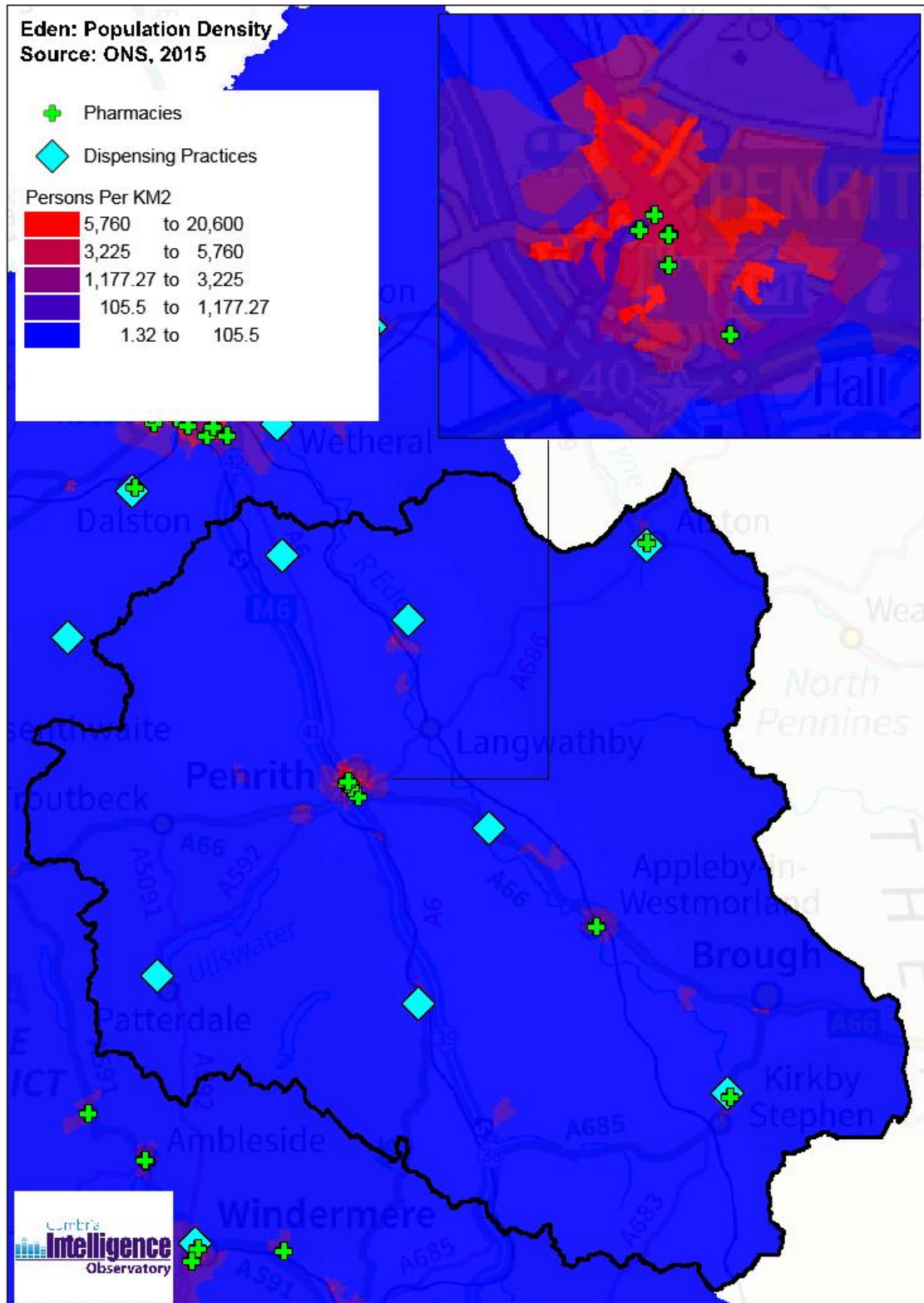
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.5 Eden District

9.5.1 Geography and Population Density

Eden is Cumbria's largest District, covering an area of 2,142 square km. The Eden ICC and district boundaries are coterminous. With an average population density of 25 people per square km, the district is the most sparsely populated in the county and much more sparsely populated than the national average (Cumbria 74 people per square km; England & Wales 375 people per square km). 70% of the District's residents live in rural areas, compared to 53% across Cumbria and 18% across England & Wales.

Figure 23: Population density, community pharmacies and dispensing practices in Eden

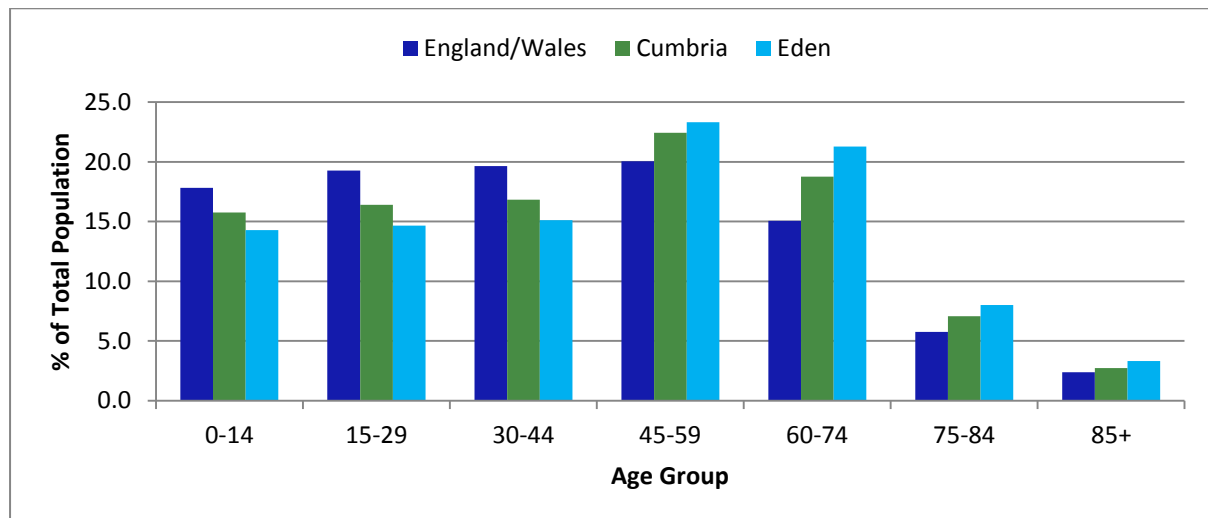


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9.5.2 Demography

The resident population of Eden District was estimated to be 52,600 persons as at mid-2015; an increase of 900 persons (+1.7%) since mid-2005. Population change over the last decade was not spread evenly across Eden’s wards, with 13 of the 30 wards experiencing a decrease in their population size (totalling 700 people) whilst other wards experienced large increases (totalling 1,600 people). The greatest proportional decrease was in Crosby Ravensworth ward (-9.2%) while the greatest proportional increase was in Hartside ward (+16.9%). Figure 24 plots the proportion of the population within each age group for Eden ICC, Cumbria and England & Wales.

Figure 24: Mid-2015 Estimates: England & Wales, Cumbria and Eden: Proportion of Persons: By Age Group



Source: Office for National Statistics

When compared to England & Wales, Eden has an older age profile; with lower proportions of residents in each of the three younger age groups and higher proportions of residents in the oldest four age groups. Eden’s age profile is also older than the county average.

The age profile of the wards within Eden ICC varies considerably. Kirkby Thore ward has the greatest proportion of residents aged 0-14 (Kirkby Thore: 16.9%; Eden 14.3%; Cumbria 15.8%; and England & Wales 17.8%). The lowest proportion of residents aged 0-14 is in Greystoke (11.2%). Appleby (Appleby) ward has the greatest proportion of residents aged 65+ (34.1%), Eden 25.1%, Cumbria 23.1%, England & Wales 17.9%).

Eden’s population is projected to increase by just 100 persons (+0.2%) over the next 25 years (to the year 2039). In contrast, Cumbria’s population is projected to decrease by 9,900 persons (-2.0%), while England’s population is projected to increase substantially (by +16.5%).

The projected changes in Eden’s population are not spread evenly across age bands. Numbers of 0-14 year olds in Eden are projected to decrease by approximately 700 persons (-9.1%) by 2039. Whilst this decrease is in line with the projected county fall (-8.4%), it is contrary to a projected national increase in England of +9.8%.

Numbers of 15-64 year olds are projected to decrease by 5,200 persons (-16.1%) across the district by 2039. Again, this is in line with the projected county trend (Cumbria -15.7%), but contrasts to the projected national increase (England +6.7%).

In contrast, the number of residents aged 65+ is projected to increase by 5,900 persons across the ICC area by 2039 (+46.1%). This projected trend is in line with the county projection (+39.8%), but is below that of England (+59.2%).

Because Eden's current age profile is older than the national average and the ICC is projected to experience a decrease in numbers of residents aged under 65 and a significant increase in residents aged over 65, the area's projected age profile is much older than the projected national age profile. From 2014- 2039, the proportion of residents aged 65+ is projected to increase from 24.3% of the total population in the ICC to 35.5%. The projected national and county proportions for over 65s are 32.4% and 24.0% respectively.

9.5.2.1 Ethnicity

1,555 residents in Eden reported that they were from Black and Minority Ethnic (BME) groups in their 2011 Census (3%); Cumbria 3.5%, England & Wales 19.5%.

The 2011 Census reported that 15 residents within the district (0.03%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is lower than the county and national averages (both 0.1%).

9.5.2.2 Migration

The Office for National Statistics estimate that between mid-2005 and mid-2015, 2,400 people migrated into Eden from overseas whilst 1,900 people migrated from Eden to overseas; resulting in a net balance of approximately 500 overseas migrants moving into the district over the decade (figures may not sum due to rounding).

The 2011 Census reported that 1,797 residents in Eden were born outside of the UK (3.4%). Of these non-UK born residents, 99 were born in Ireland, 303 were born in EU countries that were EU member countries in March 2001, 543 were born in EU countries that joined the EU between April 2001 and March 2011 and 852 were born countries other than those listed above.

9.5.3 Health Summary

The health of people in Eden is generally better than the England average. Life expectancy for both males (80.8 years) and females (85.1) is greater than the national average (79.5 and 83.1 respectively). Both are statistically significantly above the national rates.

Only two measures are significantly below those of the country as a whole. These are: recorded diabetes (6.8 compared with 6.4 in England); and those killed or seriously injured on the road (91.2 compared with 38.5 in England). This equates to 144 cases between 2013 and 2015 and this rate is close to the highest rate in the country as a whole (103.7).

The rates for many of the health measures are significantly better than the England average. Hospital stays for self-harm and alcohol-related self-harm are below the average for the country as a whole and the incidence of TB and new sexually transmitted infections are both better than the average and the under 75 mortality rate from cancer is also significantly below the average for the country as a whole.

9.5.3.1 ICC Health Summary

The boundary of Eden district and Eden ICC are coterminous, therefore any analysis which applies to the district also applies to the ICC

A health summary for each of the ICCs in Cumbria can be found via the following web-link: <https://www.cumbriaobservatory.org.uk/health-social-care/health-social-care-further-information/>. Key points from the Eden ICC are:

Key issues – Eden ICC

- The proportion of low birth weight births is significantly below the national average
- Proportion of reception age children (age 5) with excess weight significantly exceeds the national average
- Levels of “elective hospital admissions for hip replacements” are higher than the national average
- Incidence of all cancer and, particularly, lung cancer, is significantly lower than the national average, whilst the incidence of prostate cancer is significantly above the average
- Premature deaths for under 75s are significantly lower than the national average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Figure 25: Public Health England 2017 Health Profile for Eden District

Health summary for Eden

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain	Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1 Deprivation score (IMD 2015)	2015	n/a	15.4	21.8	42.0		5.0
	2 Children in low income families (under 16s)	2014	800	10.0	20.1	39.2		6.6
	3 Statutory homelessness	2015/16	*1	*1	0.9			
	4 GCSEs achieved	2015/16	370	64.7	57.8	44.8		78.7
	5 Violent crime (violence offences)	2015/16	430	8.2	17.2	36.7		4.5
	6 Long term unemployment	2016	39	1.3 ^{A20}	3.7 ^{A20}	13.8		0.4
Children's and young people's health	7 Smoking status at time of delivery	2015/16	48	12.3	10.6 ^{\$1}	26.0		1.8
	8 Breastfeeding initiation	2014/15	310	76.2	74.3	47.2		92.9
	9 Obese children (Year 6)	2015/16	76	16.3	19.8	28.5		9.4
	10 Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	^{A20}	^{A20}	37.4	121.3		10.5
Adults' health and lifestyle	11 Under 18 conceptions	2015	11	12.8	20.8	43.8		5.4
	12 Smoking prevalence in adults	2016	n/a	18.6	15.5	25.7		4.9
	13 Percentage of physically active adults	2015	n/a	57.4	57.0	44.8		69.8
	14 Excess weight in adults	2013 - 15	n/a	65.7	64.8	76.2		46.5
Disease and poor health	15 Cancer diagnosed at early stage	2015	132	50.2	52.4	39.0		63.1
	16 Hospital stays for self-harm†	2015/16	51	111.0	196.5	635.3		55.7
	17 Hospital stays for alcohol-related harm†	2015/16	329	564.3	647	1,163		374
	18 Recorded diabetes	2014/15	2,970	6.8	6.4	9.2		3.3
	19 Incidence of TB	2013 - 15	2	1.3	12.0	85.6		0.0
	20 New sexually transmitted infections (STI)	2016	104	326.5	795	3,288		223
Life expectancy and causes of death	21 Hip fractures in people aged 65 and over†	2015/16	70	539.5	589	820		312
	22 Life expectancy at birth (Male)	2013 - 15	n/a	80.8	79.5	74.3		83.4
	23 Life expectancy at birth (Female)	2013 - 15	n/a	85.1	83.1	79.4		86.7
	24 Infant mortality	2013 - 15	1	0.8	3.9	8.2		0.8
	25 Killed and seriously injured on roads	2013 - 15	144	91.2	38.5	103.7		10.4
	26 Suicide rate	2013 - 15	15	x ²	10.1	17.4		5.6
	27 Smoking related deaths	2013 - 15	n/a	n/a	283.5			
	28 Under 75 mortality rate: cardiovascular	2013 - 15	106	62.6	74.6	137.6		43.1
	29 Under 75 mortality rate: cancer	2013 - 15	207	120.4	138.8	194.8		98.6
	30 Excess winter deaths	Aug 2012 - Jul 2015	109	22.1	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

¹ Value suppressed for disclosure control due to small count ^{A20} Value suppressed for disclosure control reasons ^{A20} Value based on an average of monthly counts ^{x²} Value cannot be calculated as number of cases is too small ^{\$1} There is a data quality issue with this value

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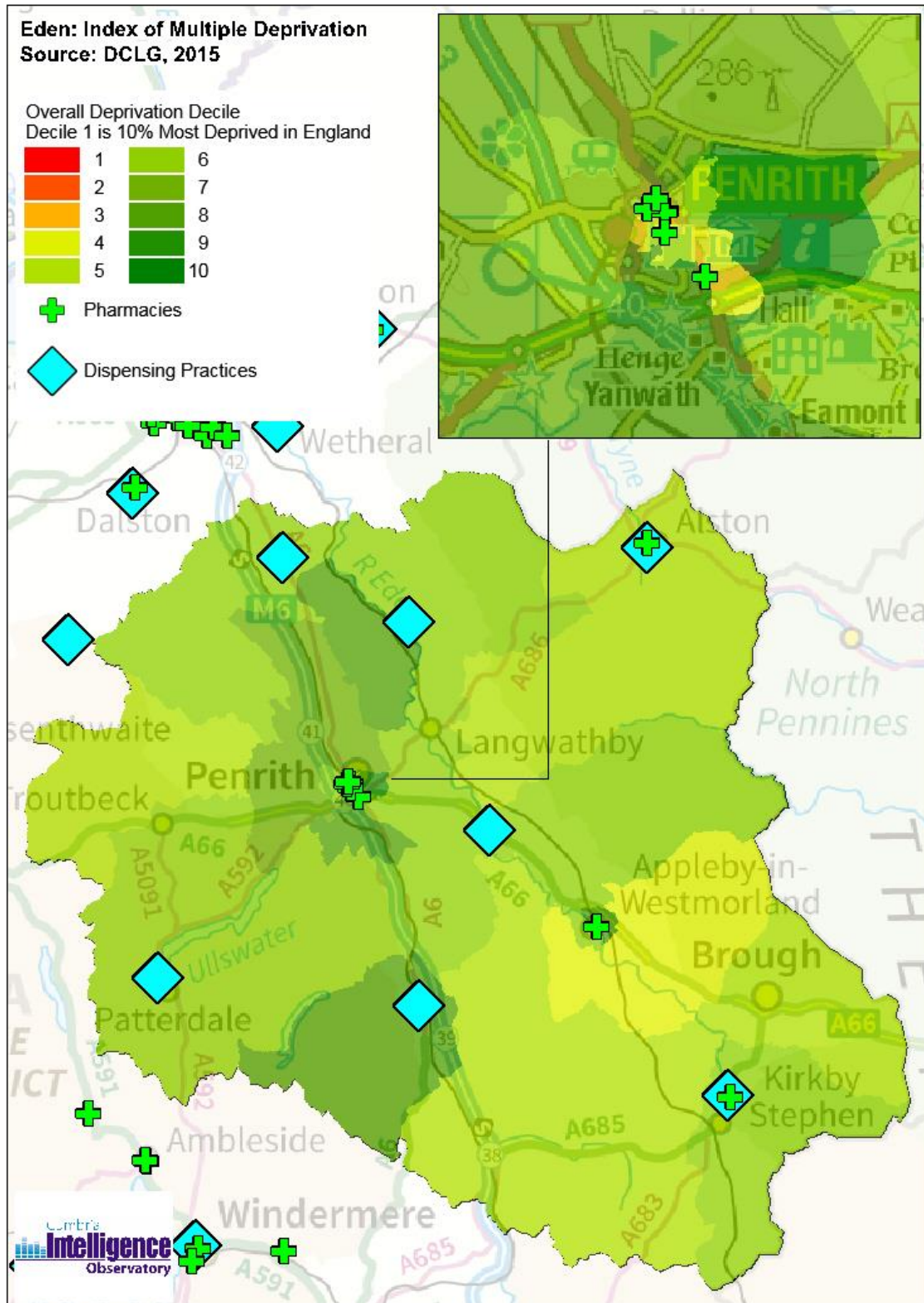
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Eden - 4 July 2017

9.5.4 Inequality and Deprivation

There are no Lower Super Output Areas (LSOAs) in Eden which rank in the bottom 10% of overall deprivation in England. However, there are 20 LSOAs in the district which rank amongst the 10% most deprived in England in relation to the 'geographical barriers to services' domain (presented in Figure 3).

Figure 26: Deprivation, community pharmacies and dispensing practices in Eden



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9.5.5 Strategic Direction

Eden district is part of West, North and East Cumbria STP area details of plans are detailed in section 4.7

The Eden Health and Wellbeing Forum includes the following priorities:

- Children and Young People: Resilience and Wellbeing
- Fuel Poverty
- Older People

Dementia

Social Isolation

Falls Prevention

Winter Resilience

9.5.6 Necessary Services: Current Provision

There are currently 9 pharmacies providing pharmaceutical services to the population of Eden ICC. The community pharmacies are located in Penrith (6) and the towns of Alston, Appleby and Kirkby Stephen.

There is one pharmacy for every 5,800 people (GP resident population, January 2017) in Eden ICC or 17.2 per 100,000 of population; the England average is 21.5 per 100,000 population (NHS, 2015-16).

There are seven dispensing doctor practices in Eden district. They are located in rural areas of Alston, Glenridding, Temple Sowerby, Shap, Kirkoswald, Low Hesket (Court Thorn Surgery) and Kirkby Stephen (Upper Eden practice).

Upper Eden Medical Practice also has a branch surgery with a dispensary at Brough, a branch surgery without a dispensary at Tebay where patients can collect dispensed medicines during opening hours and a delivery service operating from the main practice in Kirkby Stephen. Shap Medical Practice has a branch surgery without a dispensary at Orton where patients can collect their dispensed medicines; patients are also able to collect dispensed medicines from Tebay although the branch surgery is no longer in operation.

Figure 26 shows the distribution of pharmacies and dispensing practices in relation to population distribution and areas of deprivation in Eden.

It would appear that, in terms of numbers, the population does not have adequate provision of community pharmacies. However, Eden has the highest number of dispensing practices and these are relied upon to provide a significant proportion of the provision of dispensing services, especially in rural areas. Therefore, the pharmacy numbers were considered in conjunction with the dispensing practices and there is a provision of 30.7 per 100,000 population (GP resident population, January 2017), which appears to be adequate.

9.5.7 Access: Opening Hours

Access to community pharmacies across Eden is well provided for during the hours of 9:00am and 5:30pm Monday to Saturday (see Appendices). Penrith has community pharmacy provision until 11pm Monday to Friday and until 10pm on Saturday and 10am until 4pm on Sundays. Also, between Monday and Friday, there is pharmacy provision after 6pm in Appleby. There is no pharmacy provision in the towns of Alston; Appleby; and Kirkby Stephen on Sundays.

The HWB considers that these pharmacies are meeting the needs of patients by providing access to pharmaceutical services when other pharmacies are closed.

NHS England also commissions an Out of Hours service if there is not service from community pharmacies on bank holidays and is commissioned as required.

Dispensing patients have access to their dispensing doctor practice at the times shown in the Appendices.

Cumbria Health on Call, located at Cumberland Infirmary, Carlisle, provides urgent medication from the Out of Hours formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays.

9.5.8 Access: Distance

Figure 27 shows the location of providers of dispensing services and the location of branch surgeries where patients can collect their prescriptions. Figure 27 also shows that these outlets are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

However it was noted that some pharmacies close at 5:30pm week days, half day Saturdays or 5pm and are not open on Sundays and therefore it was necessary to consider access to areas with later opening times and Sunday opening. Distance and travel times were considered broadly reasonable for a rural community and noted the travel times were a minimum as public transport travel times may be longer. (see Appendices).

A map in the Appendices reveals the areas of Cumbria that are not within reasonable distance of a pharmacy or dispensing practice. All areas within the map are considered within this assessment.

9.5.9 Necessary Services Outside the District

Eden district shares borders to the north east with Northumberland; to the east with Durham and to the south east with North Yorkshire. The physical barrier of the North Pennines means that few people live near these borders, with the exception of the residents of Alston and its surrounding area.

Historically very few (less than 10) patients that are resident in Eden district are registered with GPs outside the H&WB area. Data from prescriptions items dispensed in June 2017 was analysed to understand the use of services outside Cumbria. The data indicates those outside Cumbria in the vicinity of Eden district border do not appear to significantly contribute to the services for Cumbria residents.

9.5.10 Necessary Services: Gaps in Provision

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel in order to access services however consideration must be taken of the economic viability of providing services to these rural areas. No gaps were identified in the provision of necessary services.

9.5.11 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Medicine Use Review is an advanced service which is available in all 9 community pharmacies in Eden; all 9 also currently offer a New Medicine Service. GAP: There are no pharmacies in Eden which offer Stoma Appliance Customisation (SAC) or Appliance Use Reviews (AUR). Locally commissioned services available in Eden are presented in Table 13 below.

Table 13: Locally commissioned services in Eden

Service	No of pharmacy providers in Eden	Geographic coverage	Other providers
Gluten Free Food Scheme	9	All areas (Alston, Appleby, Kirkby Stephen, Penrith)	
Minor Ailment Scheme	9	All areas	
Palliative Care	2	Penrith	
Stop Smoking Service	9	All areas	
Emergency Hormonal Contraception	9	All areas	Contraceptive services are provided at Penrith Clinic
Healthy Living Pharmacies (HLP)	2	Penrith	
Seasonal Influenza Vaccination	7	All areas	GP practices
Needle and Syringe Exchange	1*	Penrith	Unity provision in Penrith
Supervised administration	9	All areas	Unity provision in Penrith

**In 2014, there were 4; Unity have 'rationalised' the number of needle exchange providers since the last PNA*

IV antibiotics are no longer commissioned in North Cumbria due to lack of take-up; and there are no current plans to recommission this service.

9.5.12 Pharmacy Services in Areas of Deprivation

In the Eden district there are no Lower Super Output Areas (LSOAs) which rank in the 10% most deprived in England therefore no further analysis in relation to deprivation has been conducted within this assessment for Eden.

9.5.13 Improvements & Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 14 shows the results of the determination.

Table 14: Gaps in pharmaceutical service provision in Eden

Service	Description of Gap
Needle and Syringe exchange	Limited access to needle exchange, particularly in rural areas
NHS Health Checks	No provision in pharmacies but available in all GP practices
Palliative Care drugs	Limited access

There is no pharmacy provision in the towns of Alston; Appleby; and Kirkby Stephen on Sundays.

9.5.14 Other NHS Services

North Cumbria University Hospitals Trust (NCUHT) supplies pre packed and stock medicines to Cumbria Health on Call and Penrith and Alston Community hospitals. NCUHT also provides pharmaceutical services to discharge patients, out patients and the mental health provider Cumbria Partnership Trust. *Alternative providers are currently being commissioned.*

In Eden there is not an acute hospital providing A&E, the closest is in Carlisle at Cumberland Infirmary. Between 2014/15 to 2016/17, the provider saw a decrease in the number of attendances. There were decreases across all hours, with the exception of 06:00-06:59 and 08:00-08:59 where attendances increased. Attendances have decreased across all days. The greatest number of attendances are on Sundays and Mondays. During peak times pharmacy services are available however there is less coverage on Sundays.

9.5.15 Future Developments

9.5.15.1 Primary Care

As part of STP plans access to primary care is being considered within ICC developments. Any future developments with greater access times to primary care will need to consider pharmaceutical service availability during the access times.

9.5.15.2 Housing

The Main Modifications arising from the Examination of the Eden Local Plan 2014 – 2032 were subject to public consultation in July – August 2017. The proposed housing target is 4,356 over the plan period, with an annual housing requirement of 242 dwellings a year.

Distribution:

Urban (3006 dwellings, 69%): Penrith, 2178 dwellings (50%); Alston, 131 dwellings (3%); Appleby, 392 dwellings (9%); Kirkby Stephen 305 dwellings (7%);

Rural (1350: Key Hubs, 871 dwellings (20%); Villages and Hamlets 479 (11%).

Taking account of completions, sites under-construction or with planning permission, the residual requirement is as follows: Penrith 1103 dwellings (74/year); Alston 69 dwellings (5/year); Appleby 210 dwellings (14/year); Kirkby Stephen 250 dwellings (17/year); Key Hubs 242 dwellings (16/year); Villages and Hamlets -57 dwellings (-4/year).

For gypsies and travellers, Eden locality has a recognised encampment site for around 20 trailers. In addition for 7 days in June each year the locality hosts Appleby Fair which is one of the largest gatherings of gypsies and travellers in England.

9.5.16 Locally Commissioned Services

Locally commissioned services (services commissioned by the Local Authority) include: Stop Smoking services; Emergency Hormonal Contraception; NHS Health Checks; Needle and Syringe Exchange; and supervised administration.

9.5.17 Conclusions and Recommendations for Eden district

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet needs of the Eden district population for the provision and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there are no gaps in pharmaceutical service provision that is needed by the Eden district population. However it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

The HWB considered the relevant services provided within Eden district to determine Seasonal flu vaccinations, gluten free food scheme and EHC are provided throughout Eden to secure improvements in pharmaceutical services.

The HWB considered the relevant services and identified palliative care, access to needle and syringe exchange and health checks as services that could have better access from Eden district.

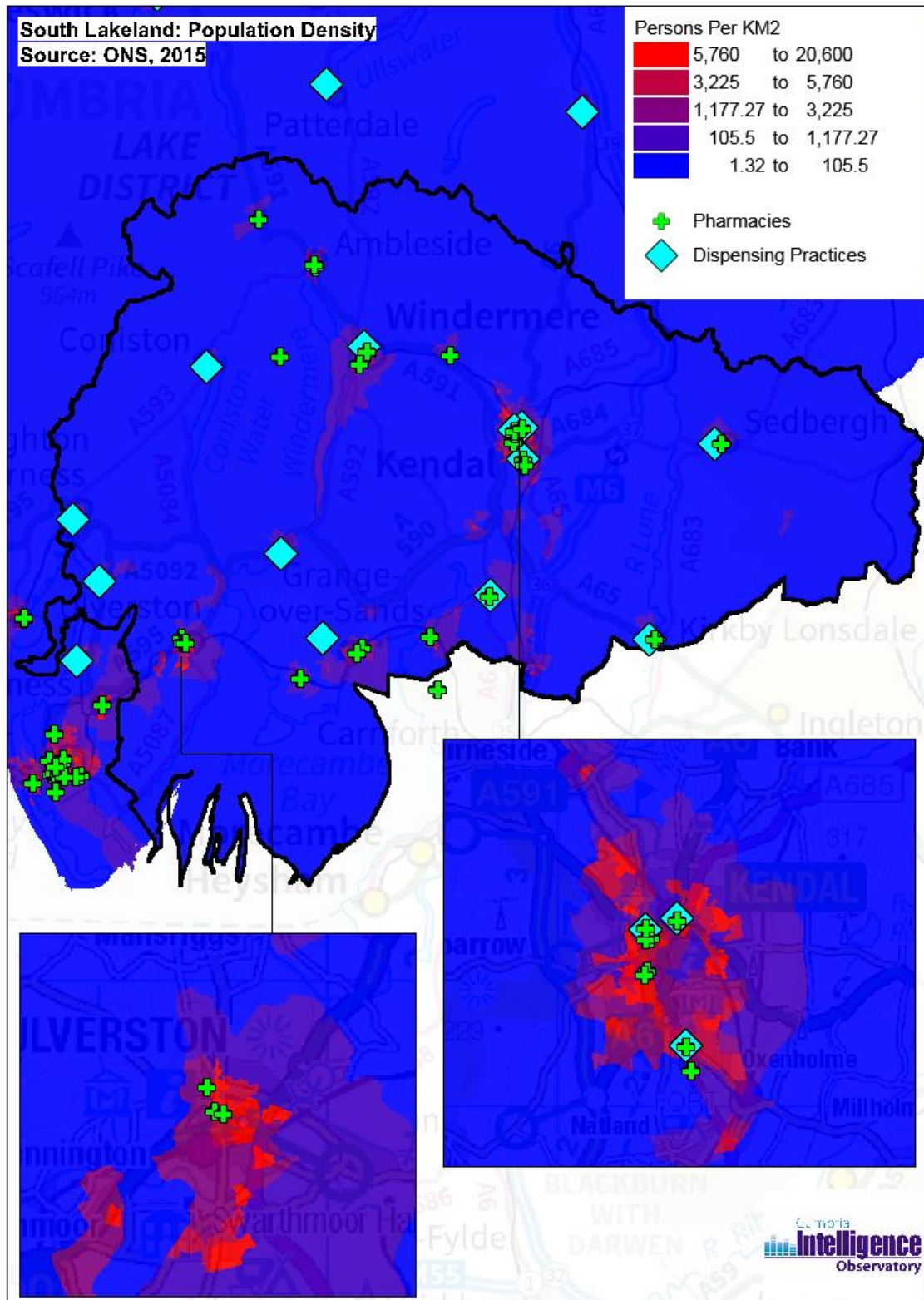
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.6 South Lakeland District

9.6.1 Geography and Population Density

South Lakeland is Cumbria's second largest district, covering an area of 1,534 square km. With an average population density of 68 people per square km, the district is more sparsely populated than both the county and national average (Cumbria 74 people per square km, England & Wales 375 people per square km). 61% of the district's residents live in rural areas, compared to 53% across Cumbria and 18% across England & Wales.

Figure 27: Population density, community pharmacies and dispensing practices in South Lakeland

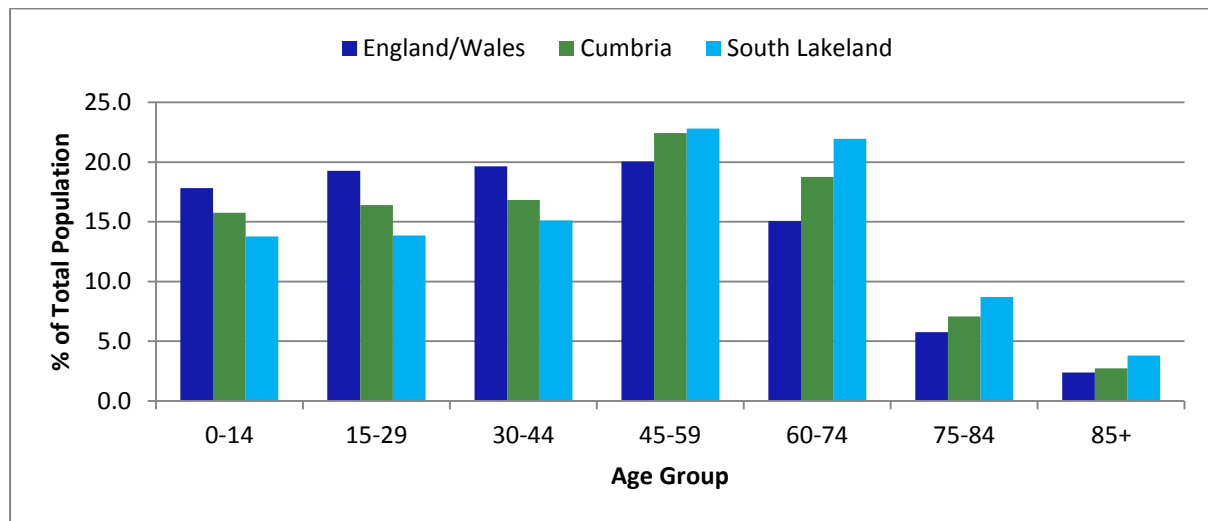


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9.6.2 Demography

The resident population of South Lakeland was estimated to be 103,500 persons as at mid-2015; a fall of 800 persons (-0.8%) since mid-2005. Population change over the last decade was not spread evenly across South Lakeland’s wards, with 26 of the 45 wards experiencing decreases in their population size, whilst the other 19 wards experienced increases. The greatest proportional decrease was seen in Hawkshead ward (-14.3%) while the greatest proportional increase was seen in Kendal Fell ward (+26.1%). Figure 28 plots the proportion of the population within each age group for South Lakeland, Cumbria and England & Wales.

Figure 28: Mid-2015 Estimates: England & Wales, Cumbria and South Lakeland: Proportion of Persons: By Age Group: Source: Office for National Statistics



When compared to England & Wales, South Lakeland has an older age profile; with significantly lower proportions of residents in each of the three younger age groups and higher proportions of residents in the oldest four age groups – particularly in the 60-74 age group. South Lakeland’s age profile is also older than the county average – to a much greater extent than the other districts in Cumbria.

The age profiles of South Lakeland’s wards vary considerably. Kendal Far Cross ward has the greatest proportion of residents aged 0-14 (20.7%), 13.8% in South Lakeland, 15.4% in Cumbria and 17.8% in England & Wales. Inversely, Grange South ward has the greatest proportion of residents aged 65+ (48.3%), compared with 27.4% in South Lakeland, 23.1% in Cumbria and 17.9% in England & Wales.

South Lakeland’s population is projected to decrease marginally, by 100 persons (-0.1%) over the next 25 years (to 2039). In contrast, Cumbria’s population is projected to decrease by 9,900 persons (-2.0%), while England’s population is projected to increase substantially (+16.5%).

The projected changes in South Lakeland’s population are not spread evenly across age bands. Numbers of 0-14 year olds in South Lakeland are projected to decrease by 1,100 persons (-7.7%) by 2039. Of England’s 326 district/unitary authorities, South Lakeland has the ninth greatest projected proportional decrease for this age group. While this decrease is in line with the projected county trend (Cumbria -8.4%), it is contrary to the projected national trend (England +9.8%).

Numbers of 15-64 year olds are projected to decrease by 9,800 persons (-16.0%) across the district by 2039; the sixth greatest projected proportional decrease for numbers of 15-64 year olds out of all district/unitary authorities in England. Again, this is in line with the projected county trend (Cumbria -15.7%), but contrary to the projected national trend (England +6.7%).

In contrast, the number of residents aged 65+ is projected to increase by 10,900 persons across the district by 2039 (+39.4%). This projected trend is in line with the Cumbria projected increase (+39.8%), but is lower than the national increase (+59.2%).

Because South Lakeland's current age profile is older than the national average and the district is projected to experience a decrease in numbers of residents aged under 65 in addition to significant increases in residents aged over 65, the district's projected age profile is much older than the projected national age profile. Between 2014 and 2039, the proportion of residents aged 65+ is projected to increase from 26.8% to 37.3% across South Lakeland. This is higher than the projected national and county proportions for 2039 (Cumbria 32.4%, England 24.0%).

9.6.2.1 Ethnicity

4,569 residents in South Lakeland reported that they were from Black and Minority Ethnic (BME) groups in their 2011 Census (4.4%); Cumbria 3.5%, England & Wales 19.5%.

The 2011 Census reported that 36 residents within the district (0.03%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is lower than the county and national averages (both 0.1%).

9.6.2.2 Migration

The Office for National Statistics estimate that between mid-2005 and mid-2015, 7,200 people migrated into South Lakeland from overseas while 5,400 people migrated from South Lakeland to overseas; resulting in a net balance of 1,800 overseas migrants moving into the district over the decade.

The 2011 Census reported that 5,009 residents in South Lakeland were born outside of the UK (4.8%). Of these non-UK born residents, 280 were born in Ireland, 898 were born in EU countries that were EU member countries in March 2001, 1,303 were born in EU countries that joined the EU between April 2001 and March 2011 and 2,528 were born countries other than those listed above.

9.6.3 Health Summary

The health of residents in South Lakeland is generally better than the England average. The life expectancy of males in South Lakeland is longer than England at 80.7 years compared to 79.5 years. Females also have a life expectancy in South Lakeland higher than in England (84.7 years compared to 83.1 years).

There are only two measures which are significantly above the average in South Lakeland. These are: admission episodes for children aged under 18 for alcohol-specific conditions (78.5 in South Lakeland compared with 37.4 in England); and those killed or seriously injured on the road – 197 incidents between 2013 and 2015 (a rate of 63.6 compared with 38.5 in England).

The rate of breastfeeding initiation (78.9) is above the average for the country as a whole (74.3). Excess weight in adults (61.3%) is also well below the national average (64.8%).

Other measures which are significantly better than the average for England are: hospital stays for alcohol-related harm; incidence of TB and new sexually transmitted infections; and under 75 mortality from cardiovascular disease and cancer.

¹ all data obtained from PHE 2017 health profile or public health outcome framework as of July 2017.

9.6.3.1 ICC Health Summary

There are 6 Integrated Care Communities (ICCs) which are wholly or partly within South Lakeland District. Only Central Lakes and Grange and Kendal ICCs are wholly within South Lakeland. Approximately 50% of Millom & Duddon Valley is in the Borough, along with 50% of Barrow Other, 75% of Dalton & Ulverston and 70% of East Lakes. The population of Central Lakes & Grange ICC was 28,400 in mid-2015 and Kendal ICC was 36,700. Dalton & Ulverston ICC had a population of 29,800 and East Lakes of 18,100. For the purposes of analysis, where the population of a district ward is more than 50% within an ICC, then that ward is treated as being within that ICC boundary. In Millom & Duddon Valley ICC, 100% of Haverigg, Holborn Hill, Millom Without and Newtown wards are within the ICC area and 92% of Broughton ward.

A health summary for each of the ICCs in Cumbria can be found via the following web-link: <https://www.cumbriaobservatory.org.uk/health-social-care/health-social-care-further-information/>. Key points from the two ICCs in Copeland are:

Key issues – Central Lakes & Grange ICC

- Hospital stays for alcohol-related harm are significantly lower than the national average
- The proportion of obese adults is significantly better than average
- Child development at age 5 is better than average
- Elective hospital admissions for hip replacement worse than national average
- Incidence of cancer and, particularly, lung cancer are better than average
- Premature deaths (under 75s) is also lower than the average
- Deaths (all ages) from respiratory disease is also significantly lower than the national average
- Greater % of patients on GP Registers with: hypertension; asthma; and dementia than the national average

Key issues – Dalton & Ulverston ICC

- Hospital stays for alcohol-related harm is significantly better than the average
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average
- The rate of “deaths from stroke” is worse than the national average

Key issues – Kendal ICC

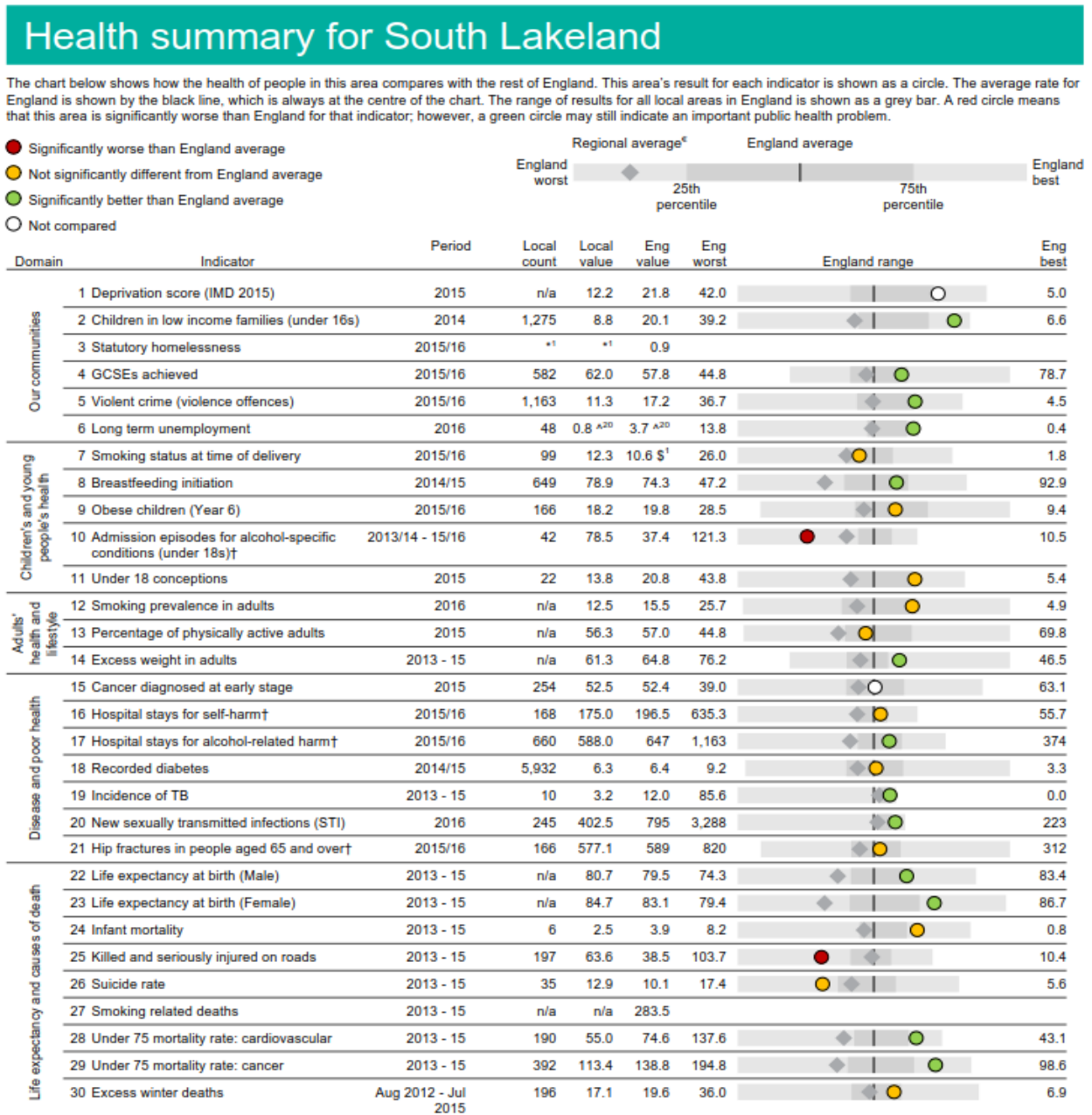
- Hospital stays for alcohol related harm worse than national average
- Childhood obesity/excess weight rates are significantly better than the national average
- Elective hospital admissions for hip replacement above national average

- Incidence of cancer (particularly lung and prostate) are significantly better than the national
- Premature death rates (under 75) are significantly better than national rates
- Deaths from respiratory diseases (all ages) are also better than in the country as a whole
- Greater % of patients on GP Registers with: hypertension; diabetes; asthma; and dementia than the national average

Key issues – East Lakes ICC

- Hospital stays for alcohol-related harm are significantly below the national average
- The proportion of obese adults is significantly below average
- The proportion of obese and overweight children in Year 6 is significantly below the national average
- Emergency hospital admissions for hip fractures is significantly below average
- Elective hospital admissions for hip replacement above national average
- Incidence of all cancer, and particularly lung cancer, is significantly below average
- Premature deaths (under age 75) are also significantly below average, as are all deaths from respiratory diseases
- Greater % of patients on GP Registers with: hypertension; asthma; and dementia than the national average

Figure 29: Public Health England 2017 Health profile for South Lakeland



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households
 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population
 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery
 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18
 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at
 least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental
 statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis
 or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a
 recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to
 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to
 live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised
 mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and
 over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess
 winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

*1 Value suppressed for disclosure control due to small count ^{A20} Value based on an average of monthly counts ^{\$1} There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

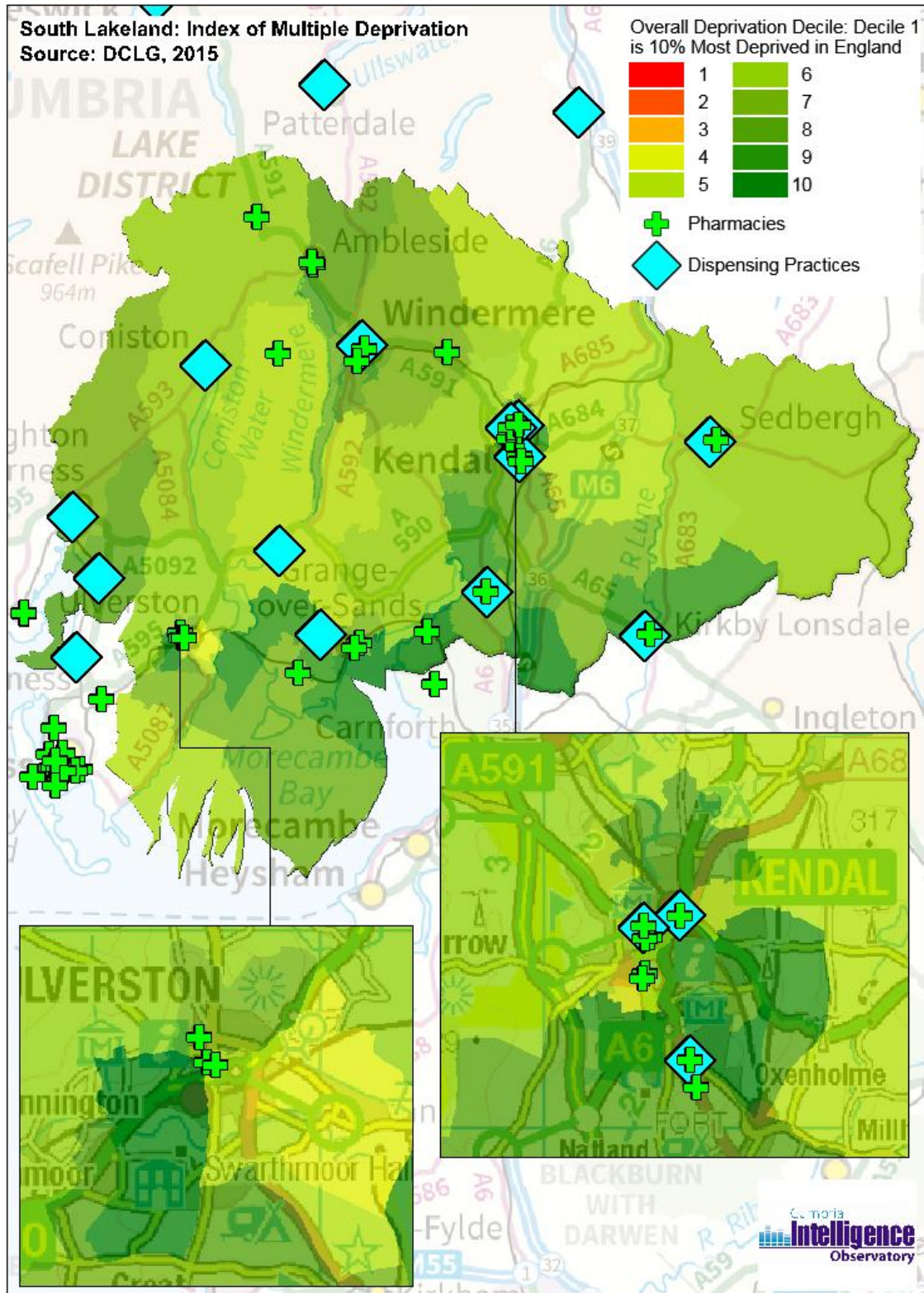
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9.6.4 Inequality and Deprivation

There are no Lower Super Output Areas (LSOAs) in South Lakeland which rank in the 10% most deprived in England therefore no further analysis in relation to overall deprivation has been conducted within this assessment for South Lakeland. However, it should be noted that there are 16 LSOAs in the district which rank in the 10% most deprived in England in relation to the 'geographical barriers to services' domain (presented in Figure 3).

Figure 30: Deprivation, community pharmacies and dispensing practices in South Lakeland



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9.6.5 Strategic Direction

South Lakeland district is part of Lancashire and South Cumbria STP area details of plans are detailed in section 4.7

The Health and Wellbeing Forum for South Lakeland includes the following priorities:

For Young People, Children and Young Families

- 1st Priority: Diet, exercise and weight management
- 2nd Priority: Educational attainment
- 3rd Priority: Emotional and mental health

For those in Midlife

- 1st priority: job security and prospects
- 2nd priority: activity and physical health
- 3rd priority: housing

For Older People

- 1st priority: loneliness
- 2nd priority: maintaining independence
- 3rd priority: access

9.6.6 Necessary Services: Current Provision

In South Lakeland district there are 27 pharmacies providing pharmaceutical services to the population of South Lakeland. Pharmacies are located primarily in areas of higher population density (see Figure 27). In market towns such as Kendal, Ulverston and Ambleside there is more than one pharmacy (8, 3 and 2 respectively) thereby offering more patient choice. The pharmacies also provide services to the 5 million tourists who visit the area every year.

There is one pharmacy for every 4,184 people (GP resident population, January 2017) in South Lakeland district or 23.9 per 100,000 population; the England average is 21.5 per 100,000 population (NHS, 2015-16).

There are 12 dispensing doctor practices providing dispensing services in South Lakeland district. The dispensaries are generally located in rural areas although some are located in the market towns where there is also community pharmacy provision (see Figure 27).

Due to the high percentage of items dispensed from dispensing practices in Cumbria consideration has been given to the dispensing provision of 34.5 per 100,000 population (GP resident population, January 2017) including community pharmacy and dispensing practices in South Lakeland.

Morecambe Bay CCG includes one Local Pharmaceutical Service (LPS) located in Grasmere (Grasmere Pharmacy). In addition, there is a 40 hour pharmacy at Silverdale which is located in the North Lancashire Local Authority area, on the border between

Lancashire and Cumbria. This pharmacy is included in this assessment as it serves the patients of the Silverdale branch of Arnside surgery in South Lakeland.

Morecambe Bay CCG also includes Bentham medical practice, a dispensing practice that is also located in the Lancashire local authority area. It is referred to in this assessment to provide an understanding of the services available, but is not included in the 12 dispensing doctor practices above as it is not in the South Lakeland area.

9.6.7 Access: Opening Hours

Access to community pharmacy across South Lakeland is well provided for during the hours of 9:00am and 5:00-6:00pm, Monday to Saturday (see Appendices).

Kendal has community pharmacy provision from 7:00am to 11:00pm, Monday to Friday; until 9:00pm on Saturday; and until 4.00pm on Sunday. Ambleside has provision from 9:00am to 18:30pm Monday to Friday; 09:00am to 18:00pm on Saturdays; and 11:00am to 17:00pm on Sundays. There is no pharmacy provision on Sundays in: Grange; Staveley; Silverdale; Milnthorpe; Arnside; Ulverston; Grasmere; Flookburgh; Kirkby Lonsdale; Sedbergh; Ulverston; Windermere; and Hawkshead.

The HWB considers that these pharmacies are meeting the needs of patients by providing access to pharmaceutical services when other pharmacies are closed.

NHS England also commissions an Out of Hours service if there is not service from community pharmacies on bank holidays and is commissioned as required.

Dispensing patients have access to their dispensing doctor practice at the times shown in the Appendices.

Cumbria Health on Call, located at Westmorland General Hospital, Kendal, provides urgent medication from the Out of Hours formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays.

9.6.8 Access: Distance

Figure 31 shows the location of providers of dispensing services and the location of branch surgeries where patients can collect their prescriptions. Figure 31 also shows that these outlets are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

However it was noted that some pharmacies close at 5:30pm on week days, half day Saturdays or 5pm and are not open on Sundays and therefore it was necessary to consider access to areas with later opening times and Sunday opening. Distance and travel times were considered broadly reasonable for a rural community and noted the travel times were a minimum as public transport travel times may be longer. (see Appendices).

A map in the Appendices reveals the areas of Cumbria that are not within reasonable distance of a pharmacy or dispensing practice. All areas within the map have been considered within this assessment.

9.6.9 Necessary Services Outside the District

The community pharmacy and dispensing practice in Bentham have been providing pharmaceutical services to Cumbria CCG residents.

Although exact numbers could not be obtained for this assessment it is known historically that some residents living in the south of Cumbria are registered with a GP practice outside the county. Historically patients utilising GP services outside the H&WB area have predominantly been registered with practices in Hawes and Carnforth. A significant number of prescriptions have been collected by Cumbria CCG residents from the community pharmacies in Carnforth, Ingleton and Silverdale.

9.6.10 Necessary Services: Gaps in Provision

Having considered the opening times, accessibility and patient opinion the HWB determine that the community pharmacies and dispensing doctors in South Lakeland district meet needs of the South Lakeland locality population for the provision and access to pharmaceutical services.

It was acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel to access services and consideration must be taken for economic viability of providing services. No gaps were identified in the provision of necessary services.

9.6.11 Other Relevant Services: Current Provision

There are *advanced services* which pharmacies can choose to provide. Medicine Use Review is an advanced service which is available in 20 community pharmacies in South Lakeland; 24 pharmacies currently offer a New Medicine Service. 4 pharmacies provide Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AUR), which can be carried out by a pharmacist or specialist Stoma nurse. 24 pharmacies offer Electronic Transfer of Prescriptions (ETP). Locally commissioned services available in South Lakeland are presented in Table 15 below.

Table 15: Locally commissioned services in South Lakeland

Service	No of pharmacy providers in South Lakeland	Geographic coverage	Other providers
Gluten Free Food Scheme	27	All areas (Ambleside, Arnside, Flookburgh, Grange, Grasmere, Hawshead, Kendal, Kirkby Lonsdale, Milnthorpe, Sedbergh, Silverdale, Staveley, Ulverston, Windermere)	
Minor Ailment Scheme	27	All areas	
Palliative Care	3	Ambleside and Kendal	
Stop Smoking Service	17	Ambleside, Flookburgh, Grange, Grasmere, Hawkshead, Kendal, Sedbergh, Staveley, Ulverston (Not provided in Arnside/	

		<i>Silverdale, Kirkby Lonsdale, Milnthorpe, or Windermere)</i>	
NHS Health Checks	12	Ambleside, Flookburgh, Grasmere, Hawkshead, Kendal, Silverdale, Staveley, Ulverston <i>(Not provided in Arnside, Grange, Kirkby Lonsdale, Milnthorpe, Sedbergh, Windermere)</i>	GP practices
Emergency Hormonal Contraception	26	All areas with the exception of Arnside	Contraceptive services are provided at Kendal and Ulverston Sexual Health clinics
Healthy Living Pharmacies (HLP)	7	Grange, Grasmere, Hawkshead, Sedbergh, Staveley, Ulverston	
Seasonal Influenza Vaccination	16	Not provided in Arnside, Flookburgh, Milnthorpe, Staveley or Silverdale	GP Practices
Needle and Syringe Exchange	3*	Kendal, Ulverston Windermere <i>(Not provided in Ambleside, Arnside, Flookburgh, Grange, Grasmere, Hawkshead, Kirkby Lonsdale, Milnthorpe, Staveley)</i>	Unity provision in Kendal
Supervised Administration	22	Not provided in Flookburgh and Milnthorpe	Unity provision in Kendal

**In 2014, there were 6; Unity have 'rationalised' the number of needle exchange providers since the last PNA*

IV Antibiotics are no longer commissioned in South of Cumbria.

9.6.12 Improvements & Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 17 shows the results of the determination.

Table 16: Gaps in pharmaceutical service provision in South Lakeland

Service	Description of Gap
Needle and Syringe exchange	Limited access particularly in rural areas
Emergency Hormonal Contraception	No provision in Arnside
NHS Health Checks	Not available in all pharmacies but provision in all GP Practices
Seasonal Influenza Vaccination	Not provided in Arnside, Flookburgh, Milnthorpe, Staveley or Silverdale
Palliative Care drugs	Limited access

There is no pharmacy provision on Sundays in: Grange; Staveley; Silverdale; Milnthorpe; Arnside; Ulverston; Grasmere; Flookburgh; Kirkby Lonsdale; Sedbergh; Ulverston; Windermere; and Hawkshead.

9.6.13 Other NHS Services

University Hospitals of Morecambe Bay NHS Trust (UHMBT) supplies prepacked medicines to Cumbria Health on Call and pharmaceutical services to discharge and out patients in addition to a stock supply system to the GP-led Step Up Step Down Unit at Westmorland General Hospital. If UHMBT stopped providing any of all of these services for any reason and alternative provider would need to be found. *Currently the service is being reviewed by UHMBT.*

In South Lakeland there is not an A&E service within the district. However, the A&E service in the South of the County is provided by UMBT at Furness General Hospital, Barrow in Furness. Between 2014/15 to 2016/17, the provider has seen an increase in A&E attendances. All hours showed an increase in attendances with the exception of the hours of 07:00-07:59; and 18:00-18:59, where there were decreases. Attendances on all days of the week have increased. During peak times pharmacy services are available however, there is less coverage on Sundays.

9.6.14 Future Developments

9.6.14.1 Primary Care

As part of STP plans access to primary care is being considered within ICC developments. Any future developments with greater access times to primary care will need to consider pharmaceutical service availability during the access times.

9.6.14.2 Housing

The South Lakeland Core Strategy adopted in 2010 sets a requirement for approximately 400 new houses per year for the next 15 years (total 6,000) throughout the locality. The Allocations Plan would deliver 2,176 dwellings in Kendal.

South Lakeland District Council has approved the Land Allocations Development Plan Document. This allocates 5,277 dwellings up to 2025 throughout the locality.

A development plan document is being prepared by South Lakeland DC and Lancaster City Council for the Arnside/Silverdale Area of Outstanding Natural Beauty. The draft DPD proposes 8 sites for residential development in the AONB of which 3 sites are in Arnside with a combined yield of 30 dwellings, 2 sites in Beetham with a combined yield of 6 dwellings and 1 mixed use site at Sandside including residential (number of dwellings not stated).

There are no significant authorised Gypsy and Traveller sites in South Lakeland.

9.6.15 Locally Commissioned Services

Locally commissioned services (services commissioned by the Local Authority) include: Stop Smoking services; Emergency Hormonal Contraception; NHS Health Checks; Needle and Syringe Exchange; and supervised administration.

9.6.16 Conclusions and Recommendations for South Lakeland District

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet needs of the South Lakeland district population for the provision and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there are no gaps in pharmaceutical service provision that is needed by the South Lakeland district population. However it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

The HWB considered the relevant services provided within South Lakeland district to determine Seasonal flu vaccinations and supervised administration are provided to most areas in South Lakeland to secure improvements in pharmaceutical services.

The HWB considered the relevant services and identified palliative care, needle and syringe exchange, emergency hormonal contraception and health checks as services that could have better access in some areas in South Lakeland district. Depending on the outcome of the minor ailment scheme there may be locations within South Lakeland that may benefit from a similar service.

The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

10 Equality Impact Assessment

The assessment has identified adequate provision and throughout the assessment the following groups/issues have been considered Gypsy traveller sites, Rurality, Prison population and Deprived households. The assessment has raised needs within the assessment for these groups where relevant.

11 Conclusion

The overall provision of pharmaceutical services is considered by HWB to be adequate however each district has services that could be improved with better access and the particular services vary in each district.

There are many rural communities within Cumbria and it is acknowledged across Cumbria people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.