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3 Context for the pharmaceutical needs assessment

Key messages

The pharmaceutical needs assessment (PNA) for Blackpool, Blackburn with Darwen and Lancashire, is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described on the joint strategic needs assessment (JSNA) pages on the [Blackpool JSNA](#), Blackburn with Darwen [Integrated Needs assessment](#) and Lancashire County Council [Lancashire Insight](#) website. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA pages.

The pan-Lancashire area consists of urban and rural areas. The health of people across Blackburn with Darwen, Blackpool and Lancashire County Council is varied compared with the England average. Deprivation is higher than average. In Blackburn with Darwen, Blackpool and Lancashire County Council at least 5,200, 10,500 and 40,200 children live in povertyⁱ, respectively. In all three local authorities, life expectancy for both men and women is lower than the England average. In pan-Lancashire, across the 14 localities, the difference in life expectancy is 6.9 years for men and 4.8 years for women.

3.1 Joint strategic needs assessments

The Blackpool, Blackburn with Darwen and Lancashire JSNAs provide an online platform for intelligence to inform priority setting and commissioning for health and wellbeing, which include intelligence about indicators of health, wellbeing and social care, and the determinants of health such as employment, the environment, community safety and social capital. Joint-working arrangements between health and wellbeing board (HWB) partners are in place to maintain and develop the content of the webpages.

The JSNA teams undertake analyses to identify strategic health needs to inform commissioning decisions. JSNAs are viewed as a process rather than a document so that the most up to date information is available as widely as possible to inform decision-making.

The Blackpool, Blackburn with Darwen and Lancashire County Council websites publish all the local JSNA reports and supporting documentation, including an annual JSNA summary and specific topic area reports for the local areas.

<http://www.blackpooljsna.org.uk/Home.aspx>

<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>

<http://www.lancashire.gov.uk/lancashire-insight/jsna-publications.aspx>

3.2 Health and wellbeing boards

The Health and Social Care Act 2012 states that all upper-tier local authorities must establish a health and wellbeing board (HWB) for their area. A HWB must consist of

- subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3)

- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local Healthwatch organisation for the area of the local authority
- a representative of each relevant clinical commissioning group
- such other persons, or representatives of such other persons, as the local authority thinks appropriate

Health and wellbeing boards are a forum for key leaders, from the health and care system, to work together to improve the health and wellbeing of the local population and reduce health inequalities.

Across the pan-Lancashire region there are three health and wellbeing boards that cover the local authority areas of Blackburn with Darwen, Blackpool and Lancashire.

Board members work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and their local council in the future.

It is the responsibility of the three health and wellbeing boards to

- to identify the priority health and wellbeing needs in our area (using the JSNAs)
- to set priorities based on information gathered from across their area
- to promote integrated commissioning and provision of services by encouraging partnership working

The work of each health and wellbeing board is guided by their local health and wellbeing strategy that focuses on key priorities. The priorities for each health and wellbeing board can be found below.

<https://www.blackburn.gov.uk/health/health-and-wellbeing-board>

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Health-and-Wellbeing-Board/Our-vision-and-priorities.aspx>

<https://www.lancashire.gov.uk/practitioners/health-and-social-care/health-and-wellbeing-board/>

3.3 Integrated care systems

NHS planning guidance from 2018 outlined the move from Sustainability and Transformation Partnerships to Integrated Care Systemsⁱⁱ. There will be 42 Integrated Care Systems (ICS) across the country. Within each ICS there is an Integrated Care Board and an Integrated Care Partnership. Lancashire and South Cumbria became a shadow ICS during 2018/19 and this partnership is known as Healthier Lancashire and South Cumbria.

The Integrated Care Board

The NHS Lancashire and South Cumbria Integrated Care Board (ICB) will be established under the Health and Care Act 2022, on 1 July 2022. Locally the ICB will be known publicly as NHS Lancashire and South Cumbria. CCGs will be closed down and their functions will transfer to the new organisation, which will be responsible for NHS spend and the day-to-day running of the NHS in Lancashire and South Cumbria.

The Integrated Care Partnership

The Integrated Care Partnership is the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. In Lancashire and South Cumbria, this will be known as the Lancashire and South Cumbria Health and Care Partnership.

Place Based Partnerships (PBP)

At the time of writing the Clinical Commissioning Groups (CCGs) remain statutory bodies but were moving towards the formation of five place based partnerships. The place-based partnerships will be where planners and providers work together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place. In Lancashire and South Cumbria the five place-based partnerships currently are:

- Morecambe Bay – Bay Health and Care Partners
- Central Lancashire – Our Central Lancashire
- Fylde Coast – Healthier Fylde Coast
- Pennine Lancashire – Healthier Pennine Lancashire
- West Lancashire – West Lancashire Partnershipⁱⁱⁱ

The Primary Care Networks

GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices. PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Pharmacy colleagues are working with GP federations and primary care networks across Lancashire and South Cumbria to enhance the contribution to managing patients with long-term conditions, improving public health outcomes and reducing health inequalities. The Community Pharmacy Forward View set out the sector's ambitions to radically enhance and expand personalised care in addition to supporting wellbeing services that community pharmacies provide^{iv}.

Source: <https://www.healthierlsc.co.uk/about/glossary>

ICS wide strategic approach

Throughout 2021/22 the COVID-19 pandemic continued to pose significant challenges and many of the measures introduced at the height of the pandemic remained in place as CCGs and services began to navigate a 'new normal', wherein the threat of Covid-19 remained a constant.

CCG staff from across the ICS worked side by side with GP practices, PCN Clinical Directors and staff from community and urgent care settings, to ensure that patients and staff remained as safe and supported as possible. These efforts have saved lives and

demonstrated how much can be achieved when staff unite around a common purpose. Community pharmacy were a key player in this response and helped in numerous ways, for example, exploring how vulnerable people could best access vital medications and how community pharmacy could liaise even more effectively with GP practices to integrate new ways of working, under pressure.

The intention is now to build upon this strong foundation for integration and facilitate even greater integration between community pharmacy and Primary Care Networks (PCNs) in areas such as the Community Pharmacy Consultation Service.

Strategic Areas 2021/22

Commissioning work plans were refreshed in line with the planning guidance with a strong intention to address health and care inequalities, many of which were exacerbated by the pandemic. Key specific areas for 2021/22 included

- restoring elective and cancer services to the highest possible level
- expanding Mental Health, Learning Disability and Autism services
- continuing the development of Primary Care Networks, delivering an increase in the Primary Care workforce and access within Primary Care
- implementing a 2-hour Crisis community response at home and embedding Discharge to Assess
- understanding, monitor and improve quality and safety post pandemic
- developing focused work with partners to address health inequalities, including supporting the Health Inequalities Commission and Call to Action
- transitioning the functions of the CCG into the ICS in a controlled manner closing-down the necessary duties and support the evolving ICS
- supporting our staff in the transition to the ICS and shaping the structure of local and ICS teams
- operating within the financial constraints and contribute to system improvement targets

In addition to this, the CCG continued to support the ongoing response to the pandemic including

- supporting the vaccination programme
- supporting the testing programme
- ensuring readiness for outbreak management that might require standing up command structures again

3.4 Place Based Partnership priorities

Error! Reference source not found. outlines the priorities of the five pan-Lancashire Place Based Partnerships and

DRAFT

Figure 3.2 shows the location of all the pan-Lancashire CCGs.

Additional priorities specifically relevant to pharmaceutical services, presented in Figure 3.1, were provided by the PBP commissioners.

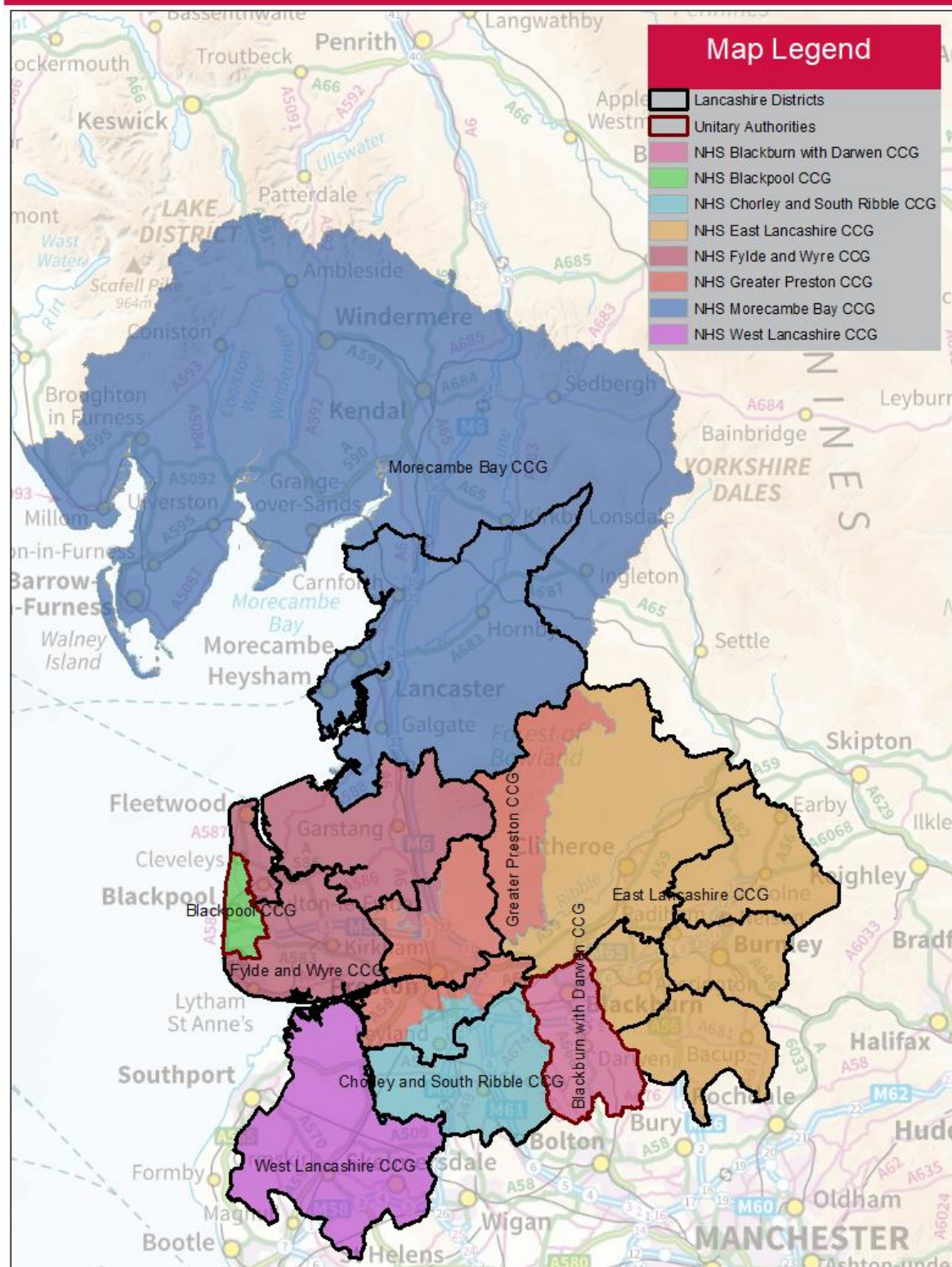
Figure 3.1 Strategic priorities of the pan-Lancashire Place Based Partnerships

PBP	PBP strategic priorities
Bay Health and Care Partners	<ul style="list-style-type: none"> taking more action on prevention and health inequalities through a 'population health' approach further strengthen the sustainability of general practice and provide improved care through Integrated care Communities and new Primary Care Networks to support thriving communities deliver care that will prioritise real improvements in mental health, cancer, emergency care and planned care and meet national standards improve financial and clinical sustainability alongside the quality of service delivery develop and deliver more integrated care locally using the new NHS infrastructure at three levels: Lancashire and South Cumbria Integrated Care System; Morecambe Bay Integrated Care Partnership and Integrated Care Community and Primary Care Network <p><u>Additional priorities specifically relevant to pharmaceutical services</u></p> <ul style="list-style-type: none"> increased use of Community Pharmacy Referral Scheme across all PCNs/Practices strengthen links within PCNs between general practice and community pharmacy community pharmacy provision and impact to be considered within any PCN Estates developments
Our Central Lancashire	<p>Our current priorities are to improve healthcare in the following areas:</p> <ul style="list-style-type: none"> heart disease and stroke cancer mental health Dementia long term conditions (such as diabetes) end of life care <p>We are also aiming to make improvements in the following healthcare areas:</p> <ul style="list-style-type: none"> prescribing and medications hospital-based care urgent and emergency care community-based care <p>Our strategic objectives</p> <ul style="list-style-type: none"> improve quality through more effective, safe services which deliver better patient experience and outcomes commission integrated care, ensuring an appropriate balance between in-hospital and out-of-hospital provision help engineer a financially sustainable health economy ensure patients are at the centre of the planning and management of their own care and that their voices are heard be a well-run clinical commissioning group and system leader
Healthier Fylde Coast	<p>Population health We will do more to prevent people getting ill, reduce health inequalities (the differences in people's health) and improve the health and wellbeing of our communities</p> <p>Primary and community care We will further strengthen primary care and provide more care within your local communities</p>

	<p>Quality We will improve the quality of care and clinical outcomes</p> <p>National standards We will deliver improvements in mental health care, cancer care, urgent and emergency care and planned care</p> <p><u>Additional priorities specifically relevant to pharmaceutical services</u></p> <ul style="list-style-type: none"> Pharmacies are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over the-counter medicine. One of our key strategic aims is to promote the benefits that community pharmacy can offer and encourage GP practices to work with their neighbouring pharmacies to Community Pharmacist Consultation Service.
Healthier Pennine Lancashire	<p>Our strategy is summed up by our mission statement: "We will use our local clinical expertise, the available evidence and patient experiences to ensure that the right services are commissioned for patients to be seen at the right time, in the right place, by the right professional. We will maintain a strong locality focus, with clinical expertise, patient experience and safety at the heart of all decision-making. We will harness efficiency and effectiveness in our work across our localities and we will seek to commission safe, stable, high-quality services where best practice is the standard."</p> <p>Key specific areas for 2021/22 included:</p> <ul style="list-style-type: none"> restoring elective and cancer services to the highest possible level expanding Mental Health, Learning Disability and Autism services continuing the development of Primary Care Networks, delivering an increase in the Primary Care workforce and access within Primary Care implementing a 2-hour Crisis community response at home and embedding Discharge to Assess understanding, monitor and improve quality and safety post pandemic developing focused work with partners to address health inequalities, including supporting the Health Inequalities Commission and Call to Action transitioning the functions of the CCG into the ICS in a controlled manner closing-down the necessary duties and support the evolving ICS supporting our staff in the transition to the ICS and shaping the structure of local and ICS teams operating within the financial constraints and contribute to system improvement targets
West Lancashire Partnership	<p>Following a workshop held in November 2021, the following priorities were agreed</p> <ul style="list-style-type: none"> mental health transport workforce making every contact count giving every child the best start neighbourhood development <p><u>Additional priorities specifically relevant to pharmaceutical services</u></p> <ul style="list-style-type: none"> Encouraging GP practices to make greater use of the pharmacy consultation service
https://healthierpenninelancashire.co.uk/	
https://westlancashirepartnership.co.uk/our-priorities	
https://healthierfyldecoast.nhs.uk/our-strategy-2020-2025/resources/draft-fylde-coast-integrated-care-partnership-our-strategy-2020-2025#key%20areas%20of%20focus	
https://www.healthierlsc.co.uk/application/files/3616/3705/3677/BCT2_Strategy_-_Final_March_2020.pdf	
https://centrallancashireccgs.nhs.uk/about-us/who-we-are-and-what-we-do	
PBP Commissioners (additional priorities list)	

Figure 3.2: Pan-Lancashire CCGs

Clinical Commissioning Groups



3.5 Outcomes frameworks

In addition to local priorities, there are national priority areas for improvement in health and wellbeing. The Department of Health and Social Care has published outcomes frameworks for the NHS, CCGs, social care and public health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2019-2022 sets out desired outcomes for public health, focussing on two high-level outcomes of

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

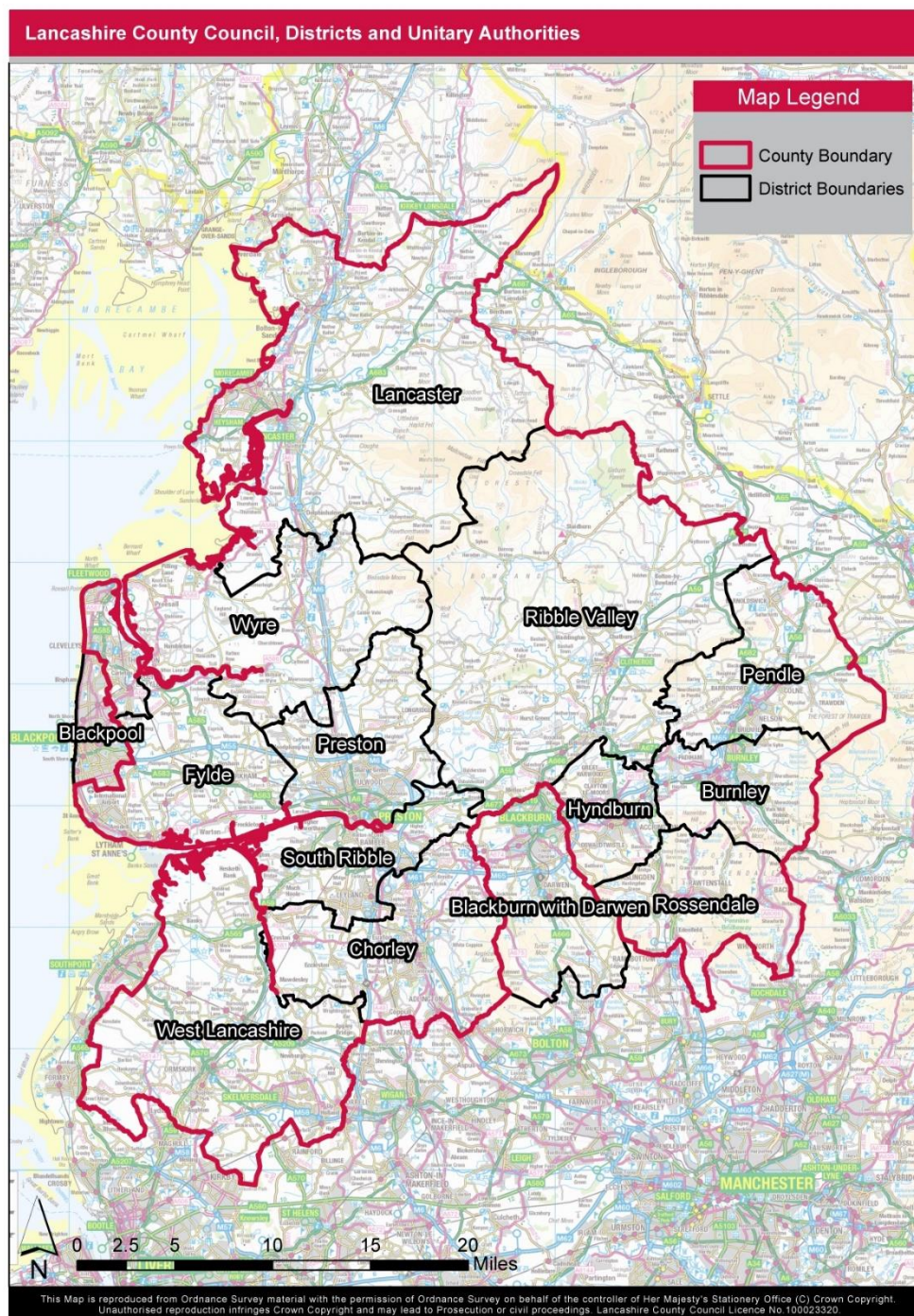
To support these outcomes, a set of public health indicators has been developed to monitor progress year-on-year. These indicators have been split into four domains

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality

3.6 Locations across pan-Lancashire

Across pan-Lancashire there are 12 district councils and two unitary authorities. Error! Reference source not found. shows the 12 districts and the two unitary authorities.

Figure 3.3: Pan-Lancashire districts and unitary authorities



The health of people across Blackburn with Darwen, Blackpool and Lancashire County Council Lancashire is varied compared with the England average. Deprivation is higher than average and large numbers of children live in poverty ().

Figure 3.4: Percentage of children (<16) in a local area, living in absolute low income families (2019/20)

Local authority	Percentage	Recent trend
Blackburn with Darwen	30.3	↑
Blackpool	19.8	→
Burnley	27.7	↑
Chorley	11.6	→
Fylde	11.9	↑
Hyndburn	27.4	↑
Lancaster	14.2	→
Pendle	31.1	↑
Preston	19.9	→
Ribble Valley	9.2	→
Rossendale	18.3	→
South Ribble	11.9	↑
West Lancashire	13.6	→
Wyre	13.6	→
Lancashire-12	17.9	↑
North West region	18.4	↑
England	15.6	↑

Significantly worse than England average

Significantly better than England average

↑

Increasing and getting worse

→

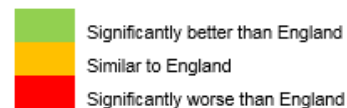
No significant change

Source: PHE, Fingertips¹

Error! Reference source not found. shows male and female life expectancy (LE) at birth compared to the national average. Life expectancy for both men and women is lower than the England average.

Figure 3.5: Life expectancy at birth by local authority (2018-2020)

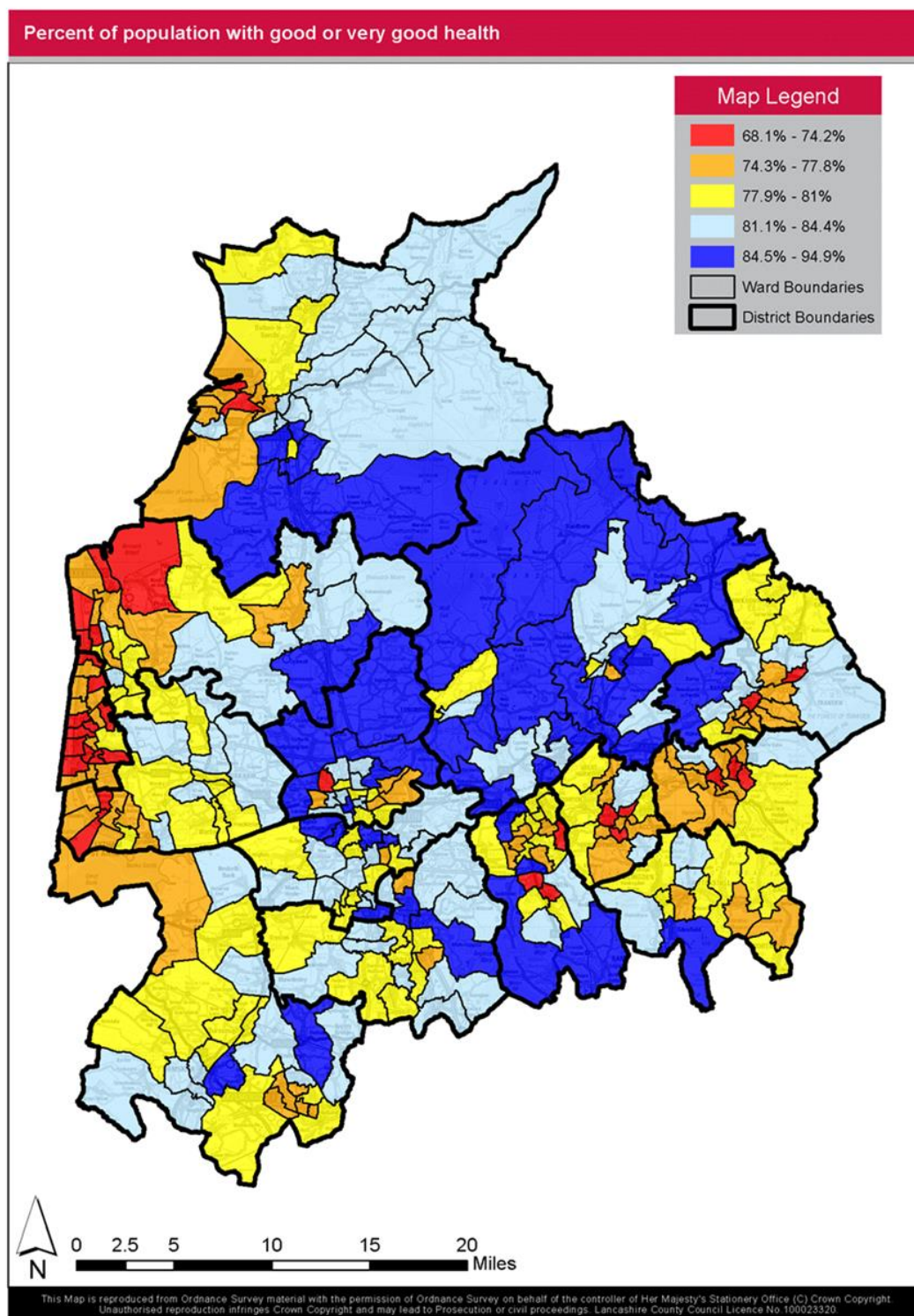
Local authority	Male LE (years)	Female LE (years)
Blackburn with Darwen	76.3	80.3
Blackpool	74.1	79.0
Burnley	75.7	80.3
Chorley	78.9	81.9
Fylde	79.9	82.9
Hyndburn	76.6	80.8
Lancaster	78.5	82.2
Pendle	78.0	81.5
Preston	76.7	80.5
Ribble Valley	81.0	83.8
Rossendale	77.9	81.2
South Ribble	79.9	83.7
West Lancashire	78.6	82.6
Wyre	77.8	82.3
Lancashire-12	78.3	82.0
North West	77.9	81.7
England	79.4	83.1

Source: PHE, PHOF^v

There are differences in health care across Blackburn with Darwen, Blackpool and Lancashire County Council area, and, as one example, Figure 3.6 shows the proportion of the population in different parts of pan-Lancashire who reported good or very good health in 2011 Census.

Out of the 152 counties and unitary authorities in England, Blackpool's male life expectancy is the lowest, Blackburn with Darwen's male life expectancy is the 9th lowest and Lancashire County Council's male life expectancy ranks 46th lowest. Out of the 152 counties and unitary authorities in England, Blackpool's female life expectancy is the lowest, Blackburn with Darwen's male life expectancy is the 9th lowest and Lancashire County Council's male life expectancy ranks 44th lowest. Of the 12 districts in Lancashire County Council, male and female life expectancy is the lowest in Burnley and highest in Ribble Valley.^v Burnley's male life expectancy is the fifth lowest in England.

Figure 3.6: Percentage of population reporting good or very good health, by ward, 2011 Census – pan-Lancashire



Source: [2011 Census](#)

3.7 Characteristics of the population across pan-Lancashire

3.7.1 Demography

The mid-2020 population estimate of the pan-Lancashire area was approximately 1,515,487 people^{vi}, Blackburn with Darwen – 150,030, Blackpool – 138,381 and Lancashire County Council – 1,227,076. Error! Reference source not found. to 3.9 shows the age and gender profile of this population. The age composition of the population varies by locality, for example Wyre has more people aged 65 or older compared to other localities (Figure 3.16).

The overall population is not forecast to increase substantially in the coming years but the 65+ population is, with the following projected changes in population over the next 10 years.^{vii} Blackburn with Darwen – 0.2% decrease in all ages and 15.7% increase in population aged 65+ years. Blackpool – 0% change in all ages and 15.2% increase in population aged 65+ years. Lancashire County Council area – 3.8% increase in all ages and 20.9% increase in population aged 65+ years.

The biggest increases are seen in the age group 65+ years, with a projection of a 27%, 25% and 34% increase over the next 20 years in Blackburn with Darwen, Blackpool and Lancashire County Council area, respectively. Figure 3.8 shows the population projection in various age groups.

There are also several major housing developments underway across Lancashire as part of the Preston, South Ribble and Lancashire City Deal. The impact of this population growth on pharmaceutical needs is discussed in Chapter 6 of the PNA. Current pan-Lancashire population density can be found at: <http://www.lancashire.gov.uk/lancashire-insight/population-and-households/population.aspx>

Figure 3.7: Blackburn with Darwen population age profile, mid-2020

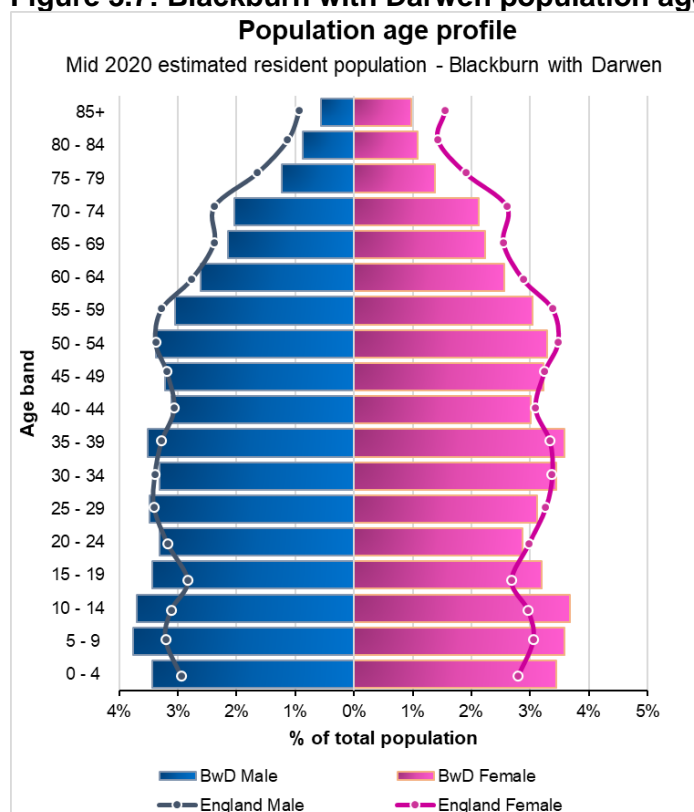


Figure 3.8: Blackpool population age profile, mid-2020

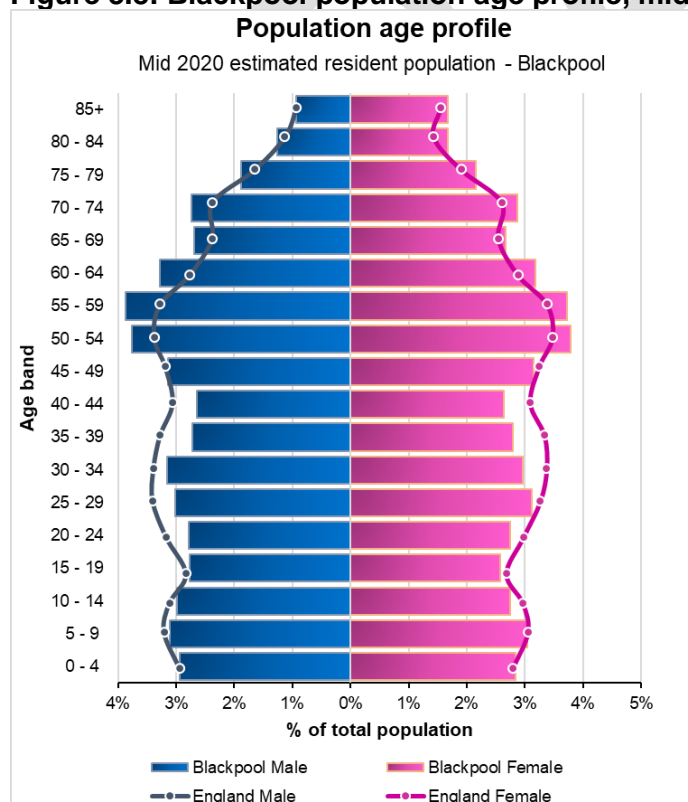
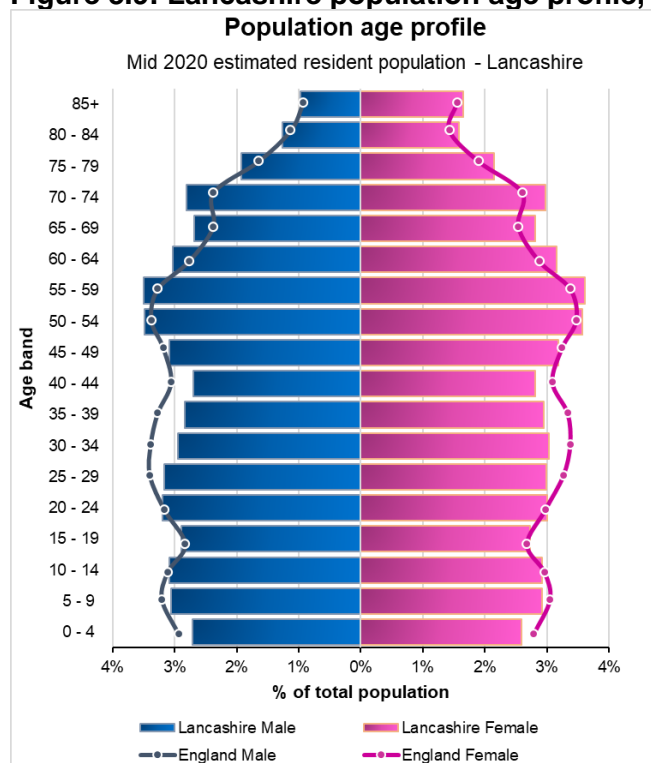
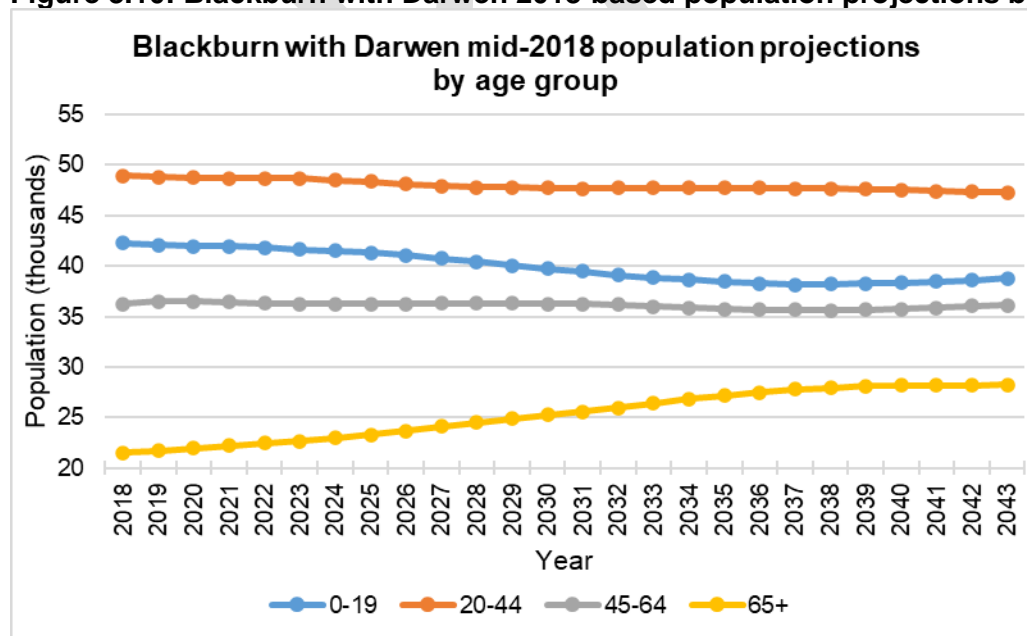


Figure 3.9: Lancashire population age profile, mid-2020



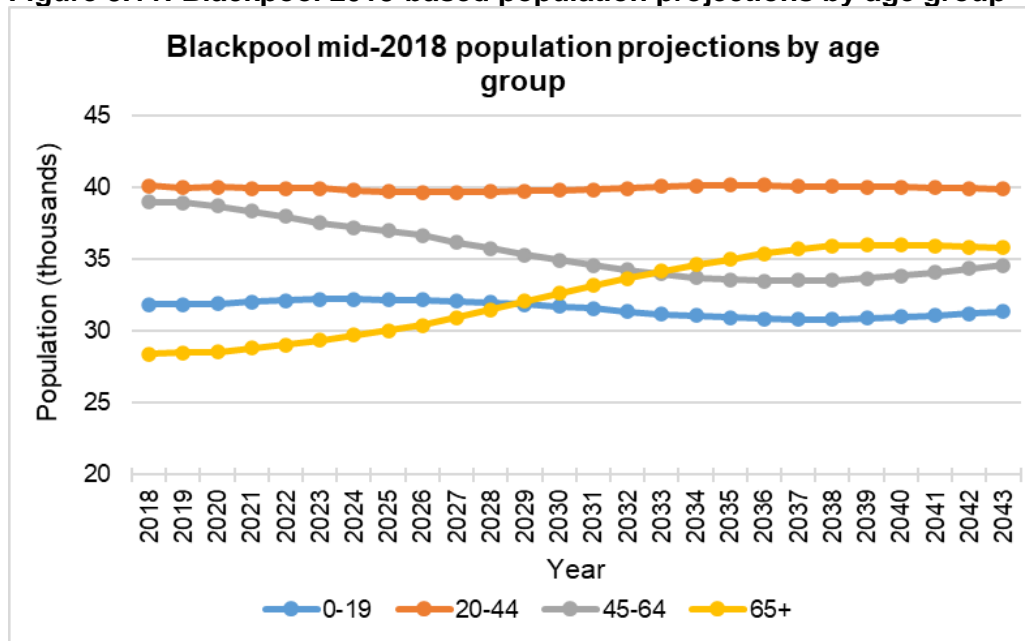
Source: [ONS Mid 2020 population estimates](#)

Figure 3.10: Blackburn with Darwen 2018-based population projections by age group



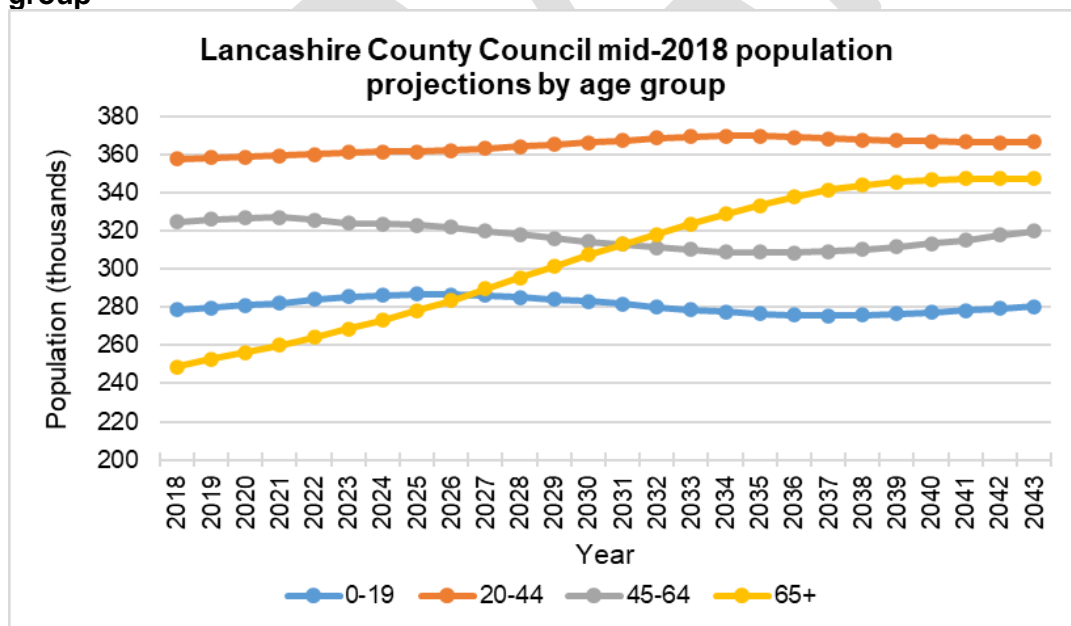
Source: [ONS Population Projections](#)

Figure 3.11: Blackpool 2018-based population projections by age group



Source: [ONS Population Projections](#)

Figure 3.12: Lancashire County Council 2018-based population projections by age group



Source: [ONS Population Projections](#)

3.7.2 Ethnicity

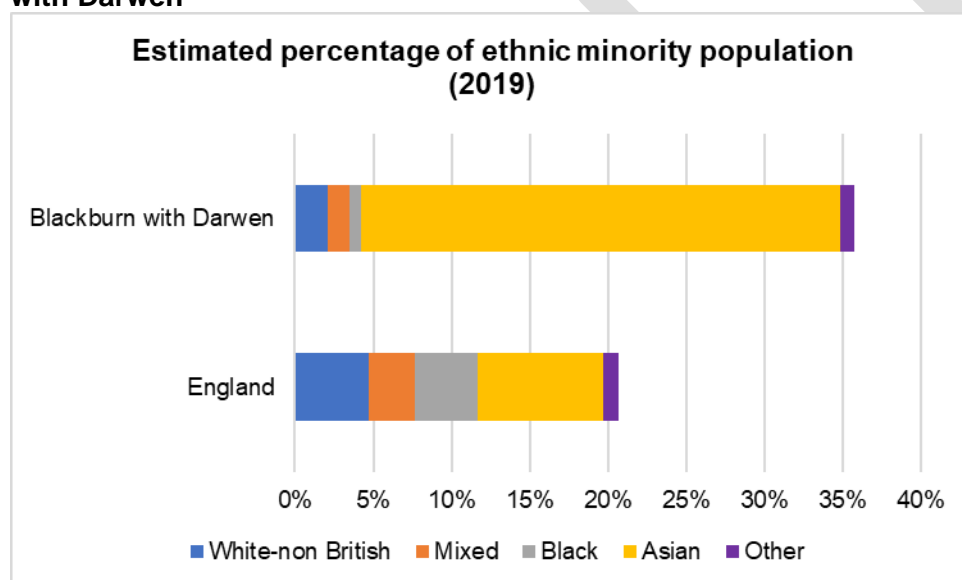
Information about the ethnicity of the population is collected every 10 years in the UK Census, the last being conducted in 2021, but the data have not yet been released.

However, population estimates by broad ethnic group have been published by the ONS, with the latest being 2019 based.^{viii}

The largest ethnic group (**Error! Reference source not found.**, 3.12 and 3.13) in Blackburn with Darwen (64.2%), Blackpool (93.9%) and Lancashire County Council area (89.4%) is white British. In Blackburn with Darwen 35.8% of the population is estimated to be white-other and ethnic minority, with 30.6% of the population Asian/Asian British (largest ethnic minority group). In Blackpool 6.1% of the population is estimated to be white-other and ethnic minority with 2.3% of the population white-other (largest ethnic minority group). In Lancashire County Council area 10.6% of the population is estimated to be white-other and ethnic minority, with 6.6% of the population Asian/Asian British (largest ethnic minority group).

Blackburn with Darwen has the highest proportion of ethnic minority residents (including other white), followed by Preston (25.6%) and Pendle (24.9%) in the Lancashire County Council area.

Figure 3.13: Estimated percentage of ethnic minority population (2019) in Blackburn with Darwen



Source: ONS^{viii}

Figure 3.14: Estimated percentage of ethnic minority population (2019) in Blackpool

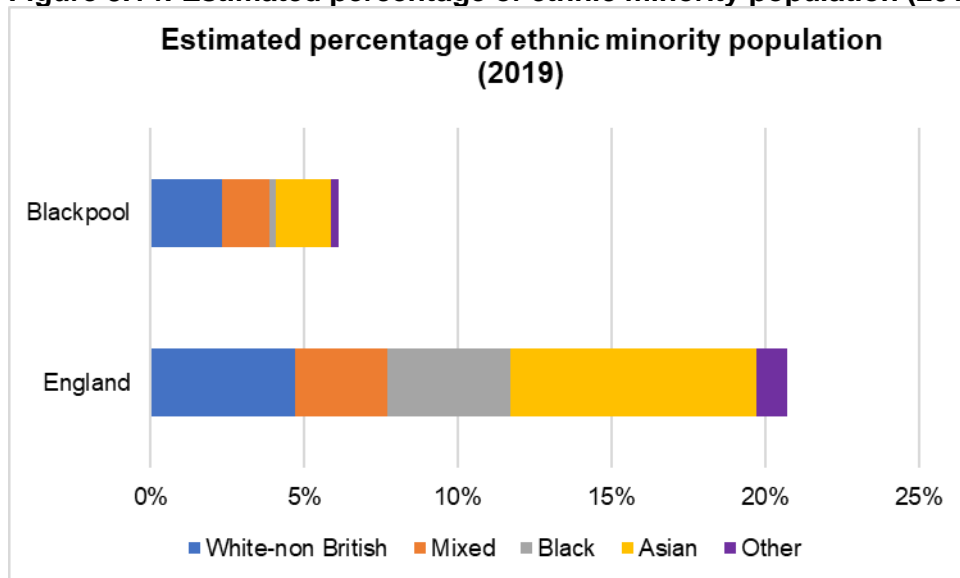


Figure 3.15: Estimated percentage of ethnic minority population (2019) across the Lancashire County Council area

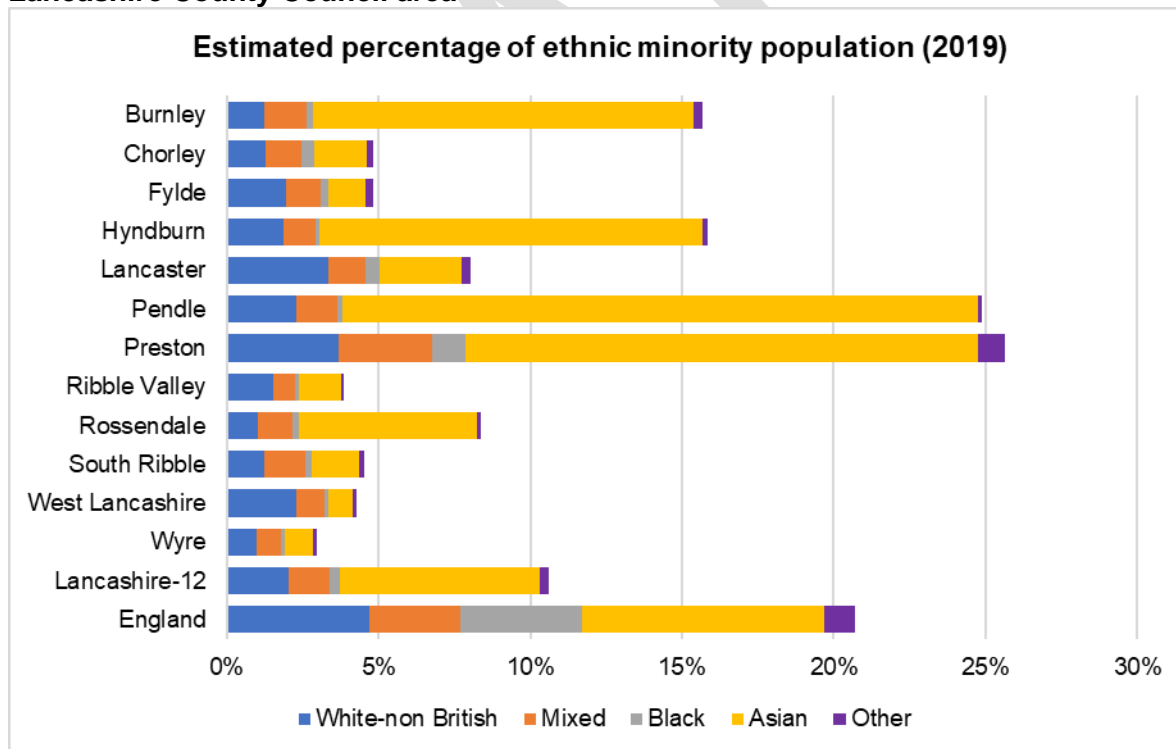
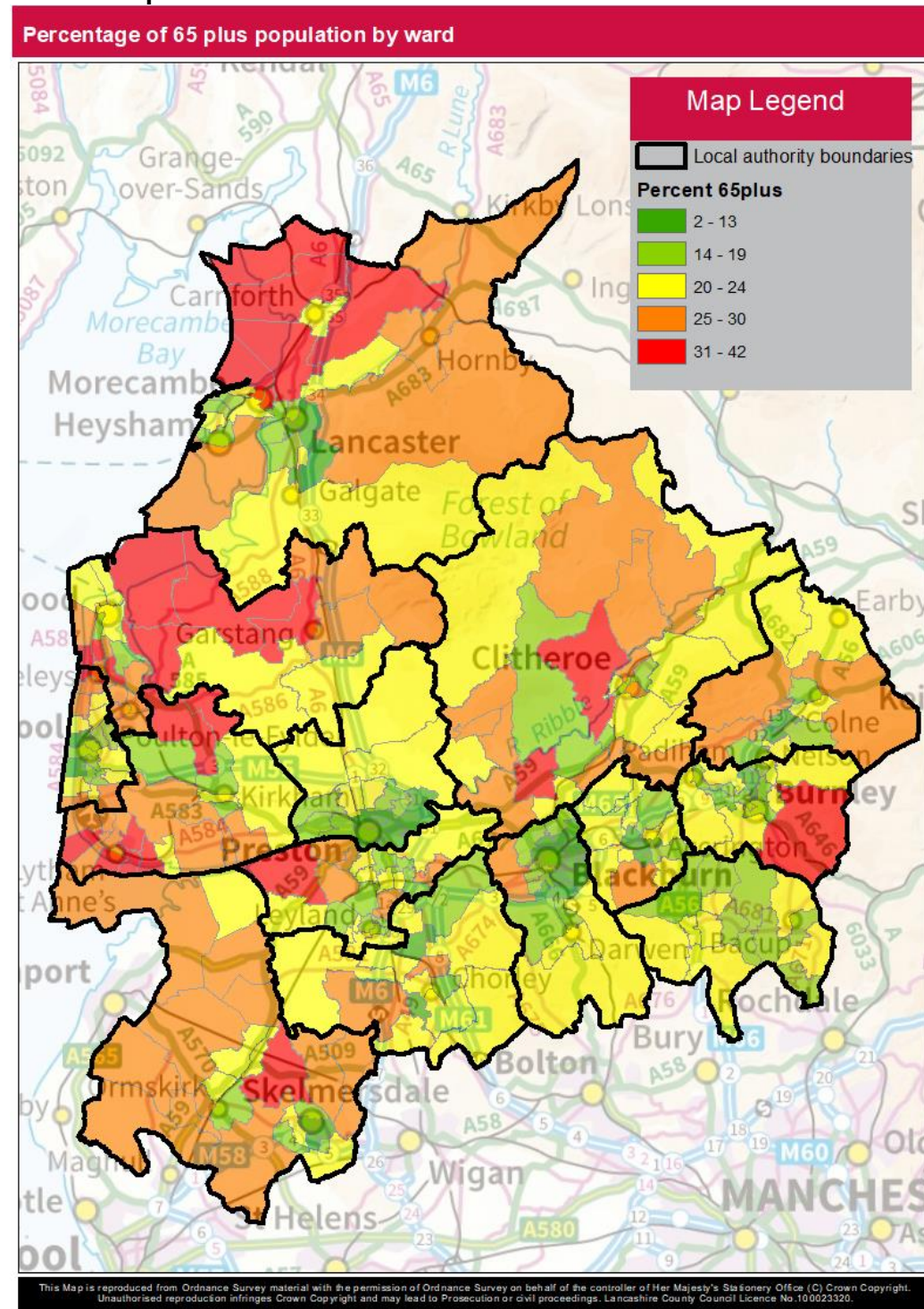


Figure 3.16: Percentage of population aged 65 or above, by ward, 2020 mid-year estimate – pan-Lancashire

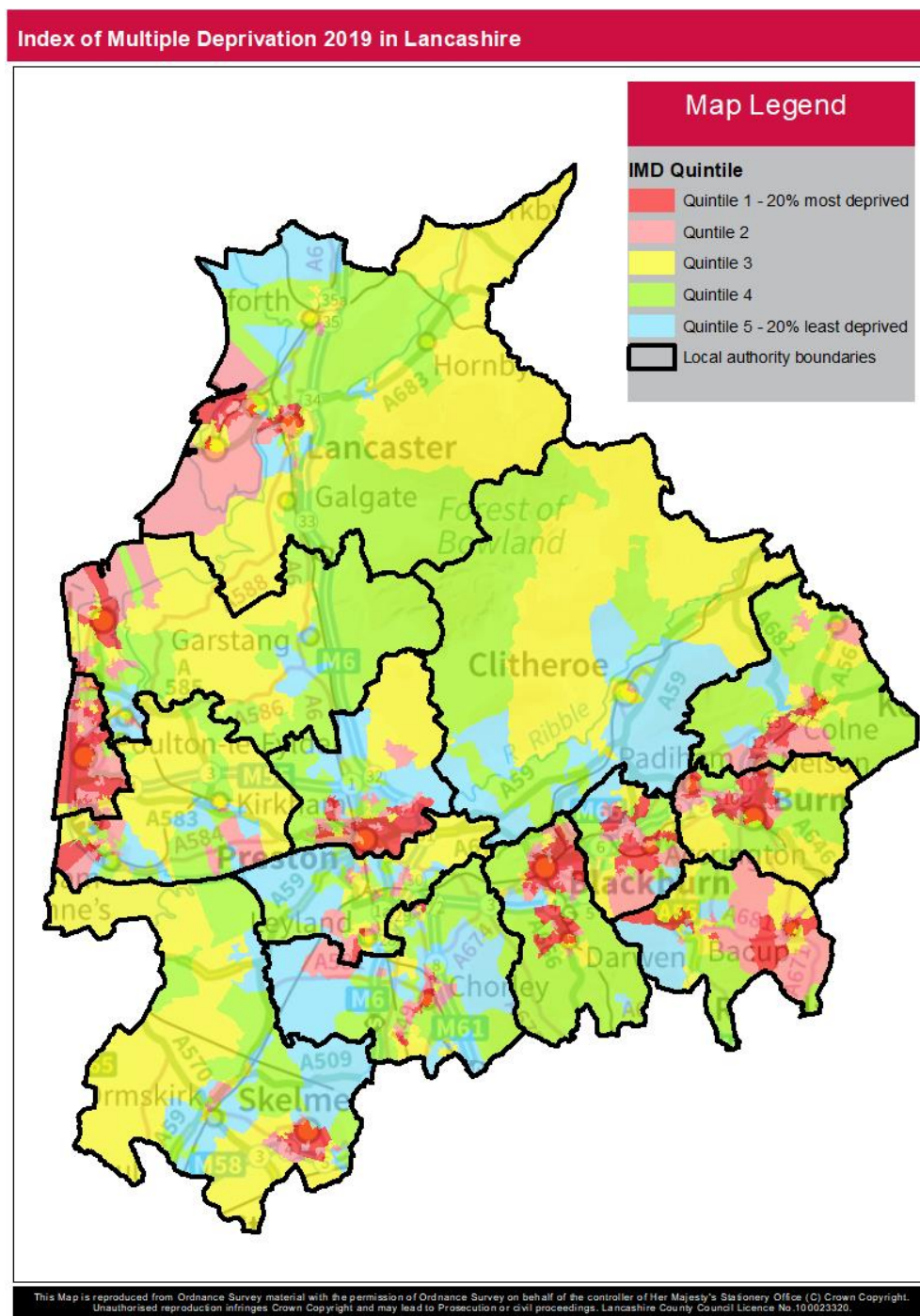


Source: ONS ^{ix}

3.7.3 Deprivation

Pockets of deprivation are found in all localities apart from Ribble Valley. Figure 3.17 shows pan-Lancashire's lower-layer super output areas shaded according to their national quintile of Index of Multiple Deprivation (IMD) 2019.

Figure 3.17: Deprivation in the pan-Lancashire area, Index of Multiple Deprivation 2019



Source: [Department for Communities and Local Government](#)

3.7.4 Health

Public Health England's annual Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas. The 2019 health profiles highlight a number of Blackburn with Darwen, Blackpool and Lancashire County Council indicators which are significantly worse than the national average, including premature mortality and alcohol-related hospital admissions in under 18s. The profiles also highlight the differing health priorities across pan-Lancashire localities and an interactive tool shows comparisons across the 14 local authorities and by health topic (<http://fingertips.phe.org.uk/profile/health-profiles>).



The key demographic and health data is presented on the websites of the three pan-Lancashire local authorities at the links below:

Blackburn with Darwen

<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>

Blackpool

<http://www.blackpooljsna.org.uk/Home.aspx>

Lancashire County Council

<http://www.lancashire.gov.uk/lancashire-insight.aspx>

References

- ⁱ Children in absolute low income families (under 16s). PHOF.
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000041/ati/402/iid/93701/age/169/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

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- ii Moving Towards an Integrated Care System Blog Dr Amanda Doyle
<https://www.healthierlsc.co.uk/blog/moving-towards-integrated-care-system>
- iii Healthier and South Cumbria and Lancashire <https://www.healthierlsc.co.uk/about/glossary>
- iv Pharmaceutical Services Negotiating Committee <https://beta.psnc.org.uk/national-pharmacy-services/community-pharmacy-forward-view/>
- v Life expectancy at birth. PHE, PHOF. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000049/pat/15/par/E92000001/ati/401/are/E07000126/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>
- vi ONS. Mid-2020 Population Estimates.
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2020>
- vii [2018-based Subnational Population Projections for Local Authorities in England.
- viii Population estimates by broad ethnic group. ONS:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/008781populationdenominatorsbybroadethnicgroupandforwhitebritishlocalauthoritiesinenglandandwales2011to2017>
- ix Mid 2020 population estimates by wards. ONS.
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualsmallareapopulationestimates/mid2020>