PUBLIC

Agenda Item 11

DERBYSHIRE HEALTH AND WELLBEING BOARD

1 March 2018

Report of the Director of Public Health

DERBY CITY AND DERBYSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

1. Purpose of the report:

This briefing document introduces the Derby City and Derbyshire Pharmaceutical Needs Assessment (PNA) 2018-2021 final draft for approval by the Board.

2. Information and Analysis:

Legislative Background

The PNA is covered by regulations issued by the Department of Health (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013), which sets out the legislative basis for developing and updating PNAs. PNAs are carried out around the country every three years to ensure that local community pharmacies are meeting the pharmaceutical needs of local people. The PNA helps NHS England manage and make decisions about requests from pharmacists or pharmacy businesses to set up new community pharmacies, merge businesses, or move premises. It also provide insight into other areas where improvements can be made.

To develop a PNA each Health and Wellbeing Board is asked to:

- Assess the need for pharmaceutical services in its area;
- Publish a statement of this assessment;
- Determine the pharmaceutical services to which a PNA must relate;
- Establish which specific persons and bodies must be consulted about specific matters when making an assessment;
- Co-ordinate the manner in which an assessment is made;
- Determine which matters a HWB must have regard to when making an assessment; and
- Publish a revised assessment every three years.

To comply with the regulations the latest assessment must be published by 1st April 2018.

The Derbyshire and Derby City PNA

A steering group was established to direct the work programme to produce the PNA and met every two months. The group was accountable to the Derby and Derbyshire Health and Wellbeing Boards. The steering group co-ordinated a work programme which consisted of three stages summarised below:

- Collation of current and future health needs of the population and pharmacy data
- Compilation of up-to-date pharmacy locations and services provided
- Formal consultation with wider stakeholders and the public on the draft document

Two formal consultations were undertaken: Professionals were asked to comment on the PNA document and whether it meets statutory requirements, and the general public were asked to comment on whether current pharmaceutical provision meets their needs. Responses can be found in the supplementary Public and Stakeholder Consultation reports.

The steering group will sign off the PNA on the 27th February 2018. Given the requirement of the HWB to publish by 1st April 2018, the final draft PNA is submitted to the Health & Wellbeing Board for approval. No major revisions are expected.

Publication

The PNA will be published in electronic form on the Derbyshire Observatory website. To comply with regulations paper copies will be made available on request.

For further information about the Derby City and Derbyshire PNA please contact Andy Muirhead at Derby City Council at andrew.muirhead@derby.gov.uk

3. Links to the Health and Wellbeing Strategy

The PNA is a statutory responsibility of the Health and Wellbeing Board, which has been delegated to the Director of Public Health

RECOMMENDATION

The Health & Wellbeing Board is asked to approve the Derby City and Derbyshire Pharmaceutical Needs Assessment 2018-2021 final draft.

The Health & Wellbeing Board is asked to give delegated responsibility to the Director of Public Health to approve the final version of the PNA.

Dean Wallace
Director of Public Health
Derbyshire County Council

DERBYSHIRE County Council

Derby City Council

Pharmaceutical Needs Assessment

2018-2021

Produced by Derby City Public Health Department
Knowledge, Intelligence & Planning

This Pharmaceutical Needs Assessment has been produced for both Derby City Council and Derbyshire County Council Health & Wellbeing Boards.

Acknowledgements

The PNA Steering Group wishes to thank all stakeholders who participated in the consultation of this needs assessment. It also wishes to acknowledge Derby City, Derbyshire County and District Local Authority Planning Departments for contributing the detail on future housing plans, to support the assessment of future need for community pharmacy across the area.

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Comments	

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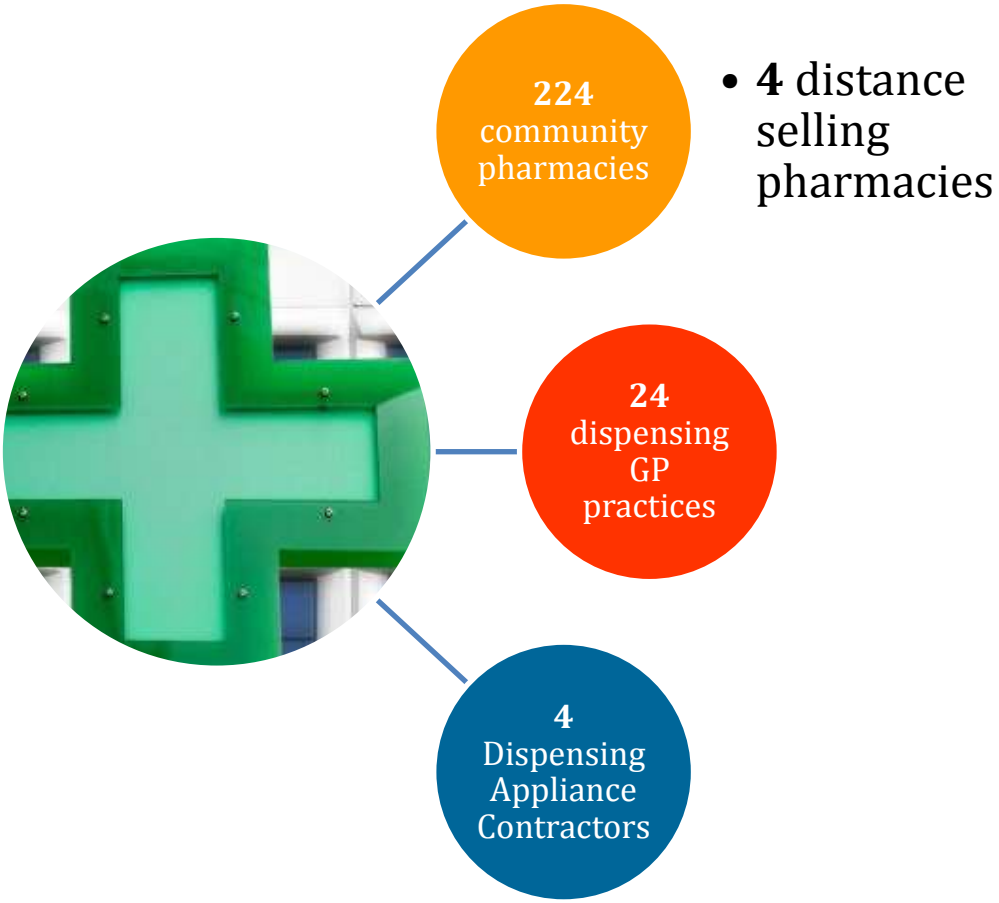
Executive Summary

The Health and Social Care Act 2012 transferred responsibility for producing a Pharmaceutical Needs Assessment (PNA) from Primary Care Trusts to Health and Wellbeing Boards (HWB). The PNA is a statement of current pharmaceutical services provided in the local area. It assesses whether or not provision is satisfactory to meet the health, wellbeing and care needs of the local population, and makes recommendations where gaps are identified. PNAs must be used as the basis for determining market entry to a pharmaceutical list. Figure 1 highlights the numbers of community pharmacies in the Derby and Derbyshire area.

Figure 1: Summary of community pharmacy numbers in Derby and Derbyshire



Key findings

- There are an estimated 22 pharmacies to every 100,000 population in England. The 224 community pharmacies across Derby and Derbyshire represent a rate of 21. In Derby City there are 25 per 100,000 whilst in Derbyshire there are 20. At a District level, the rate varies from 23 (Erewash and High Peak) to 15 pharmacies per 100,000 (South Derbyshire)
- Derbyshire Dales District has the greatest concentration of dispensing GP Practices (10, 42%)
- Of the distance selling pharmacies; three are located in Derby and one in Erewash
- Of the dispensing appliance contractors; two are based in Derby, one in Chesterfield, and one in Erewash.

The Community Pharmacy Contractual Framework categorises pharmaceutical services as Essential, Advanced and Enhanced:

- **Essential services** are those which all pharmacy contractors will provide and are commissioned by NHS England;
- **Advanced services**, also commissioned by NHS England, can be provided by contractors once accreditation requirements have been met;
- Locally commissioned, or **enhanced services**, are those that can be commissioned by NHS England, Local Authorities or Clinical Commissioning Groups, in response to the needs of the local population. Pharmacy contractors can choose whether they wish to provide advanced or enhanced services.

Key pharmacy provision headlines:

- 92% of community pharmacies offer Medicines Use Reviews (MUR)
- 86% offer the New Medicines Service (NMS)
- 88% provide the Emergency Supply of medicines Service (ESS), while 9% of pharmacies are piloting the NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- 82% are registered to provide population level flu vaccination for the 2017/18 winter period
- 46% are on the Palliative Care Drug Stockist Scheme.

Both Derby City Council and Derbyshire County Council currently commission Emergency Hormonal Contraception (EHC), Supervised Consumption, Needle Exchange and Flu vaccination (for front line social care staff) enhanced services. The four CCGs currently commission Medicine Administration Record (MAR) services, with Minor Ailments Service (known locally as Pharmacy First) and Anticoagulant testing services being commissioned by Southern Derbyshire and Erewash CCGs. A Self-Care Policy is now in place across Derbyshire, which may impact on the provision of Pharmacy First in the future.

Access to and availability of community pharmacy has been examined at different levels as part of this PNA. Twenty-three of the 224 pharmacies within the area (rate of two per 100,000 population) have 100 hour contracts. To ensure pharmacy provision on bank holidays/ substitute bank holidays, NHS England commissions a voluntary roster in Derbyshire. Taking the 1.6km radius that has nationally been determined to be an accessible distance from a community-based pharmacy, 88% of households across Derby and Derbyshire are within 'accessible distance'. An estimated 7% are dispensed to by their GP, 1% are serviced by a pharmacy over the Derbyshire border in neighbouring counties, leaving 4% with limited physical access overall, largely in the county area.

Derby and Derbyshire have good public transport networks and most households, particularly in the more remote areas of the county, have access to a car. In rush hour/peak traffic conditions a pharmacy should still be accessible within a 5 minute drive for 90% of households. For the remaining 10%, most will be within a 10 minute drive with only a small volume of population having to travel for longer. In recent years community pharmacy has had to adapt to new technologies and digital services, both as adopted by the NHS and used by the general public. For the public, the need to be able to access provision remotely (through internet, postal and telephone channels), has grown gradually. Guidance published since the previous PNA 2015-2018 by the General

Pharmaceutical Council in 2015 (General Pharmaceutical Council, 2015) recognises two types of pharmacy: the 'traditional' service, where all aspects, including the sale and supply of medicines and advice, takes place in the registered premises; and 'at a distance', or Distance Selling Pharmacies, including on the internet.

In 2016/17, 14% (representing one in every seven) prescriptions issued in Derby and Derbyshire were dispensed by distance selling pharmacies. At end December 2017, 71% of items in NHS Erewash CCG; 60% in NHS Hardwick CCG; 53% in NHS North Derbyshire CCG; 57% in NHS Southern Derbyshire CCG, were prescribed using the Electronic Prescription Service (EPS). This service sends electronic prescriptions from GP surgeries to pharmacies, which in time will remove the need for most paper prescriptions. To support the process, patients are asked to choose, or 'nominate', a preferred dispensing contractor to which their prescriptions can be sent.

Key nomination headlines:

- At end of December 2017, 489,303 nominations were recorded against patients registered to GP practices of the four Derbyshire NHS Clinical Commissioning Groups. This represented 45% of the total registered populations of Derby and Derbyshire
- The average number of nominations per pharmacy for the area as whole was 2,184, compared with 2,218 on average for England. In Derby the average was 1,856 nominations per pharmacy, while in Derbyshire it was 2,313
- At a District level, Chesterfield pharmacies had an average 2,046 nominations while South Derbyshire had 2,758 nominations.

It is an important part of the PNA process to consider future housing provision. The East Midlands Regional Plan referred to in the previous PNA was revoked some years ago and now local authorities establish their housing needs and targets through their local plans. The city's housing needs were identified as over 16,000 new homes between 2011 and 2028, and a minimum target of 11,000 new homes are planned to be provided over this period in Derby itself. The remaining 5,000 of these will be built in Amber Valley and South Derbyshire as urban extensions to the city to ensure that Derby's needs are met in sustainable locations. There are expected to be in excess of 7,000 new homes built overall on the edge of Derby but outside its administrative area by 2028. Across the Derbyshire County area, in excess of 50,000 new homes are planned over periods to the year 2033. Provision for health facilities, including pharmacy, will be determined through discussions with the relevant commissioning organisations. The annual delivery of new homes is expected to rise to over 1,000 a year in the coming years.

Key housing plan targets:

- Amber Valley: 9,000 by 2028 (contributing to 7,000 urban extension on edge of Derby)
- Bolsover: 3,600 by 2033
- Chesterfield: 4,269 by 2033, with the potential to increase to 8,863 new homes
- Derbyshire Dales: 6,440 by 2033
- Erewash: 6,250 by 2028
- High Peak: 1,681 by 2022
- North East Derbyshire: 6,600 by 2031
- South Derbyshire: 12,000 by 2028 (contributing to 7,000 urban extension on edge of Derby)

Health, wellbeing and care needs are varied and wide ranging across both HWB areas. Derby is a particularly young (one in four residents are children and young people), ethnically and culturally diverse city. A recent population profiling exercise identified 182 nationalities resident across the 30 square mile area. Derby has the largest (proportionally) Roma/Gypsy Traveller community in England (Public Health England, Fingertips, 2017). It also has significant Eastern European and South Asian communities. Generally, the health of the population of Derby is worse than the England average. It is one of the 20% most deprived authorities in England, and about 25% of children live in poverty. Life expectancy for both men and women is lower than the national average, and significant inequalities exist. For men, life expectancy is currently 10.4 years lower in the most deprived areas of the city than in the least deprived. For women the difference is 8.4 years. The rate of smoking related deaths is worse than average for England in Derby, as are hospital stays for alcohol-related and self harm. The risk of early death (before 75 years of age) from cardiovascular diseases is greater in Derby than the England average. Prevalence of certain long-term conditions, such as Diabetes, are higher than average.

Top 3 causes of death where life expectancy could be gained[1]:

- Derby males:
  1. Coronary Heart Disease
  2. Lung cancer
  3. Other external causes (accidents, self-harm, assault)
- Derby females:
  1. Chronic obstructive airways disease
  2. Dementia & Alzheimer's disease
  3. Other cancers (excluding Lung cancer)
- Derbyshire males:
  1. Coronary Heart Disease
  2. Lung cancer
  3. Chronic obstructive airways disease
- Derbyshire females:
  1. Lung cancer
  2. Other cancers (excluding Lung cancer)
  3. Coronary Heart Disease

Derbyshire is an equally diverse mix of expansive rural extents and village locations, as well as more bustling market towns, such as Chesterfield, and urban conurbations in close proximity to major transport links and other cities. The health of the population of Derbyshire is varied compared with the England average. Approximately 17% of children live in low income families and life expectancy for both men and women is worse, though the gap in life expectancy is 8.2 years for men and 6.4 years for women between the most and least deprived areas. The rate of winter deaths, smoking deaths, and people killed or seriously injured on roads is worse than average. Prevalence of Hypertension, Stroke, Coronary Heart Disease and Chronic Kidney Disease, are higher than average.

[1] Life expectancy years gained if most deprived quintile in the area had the same mortality rates as the least deprived quintile in the area (Public Health England, Segment Tool, 2016)

The NHS Five Year Forward View published in 2014 set out that a radical upgrade in prevention was needed to improve people's lives and to achieve financial sustainability of the health and care system. Pharmacy teams play a pivotal role as a community and health asset within local areas. In Public Health England's paper, Pharmacy: A way forward for Public Health in 2017 (Public Health England, Opportunities for action through pharmacy for public health, 2017), a range of interventions are suggested in order for pharmacies to take action and be a part of supporting the health of individuals, families and communities in the localities they service. High quality public health and clinical interventions drive delivery that is focused on prevention, health improvement and protection of local communities. The recent Community Pharmacy Clinical Services Review (Murray, Community Pharmacy Clinical Services Review, 2016) made several recommendations to renew efforts to make the most of the existing clinical services that community pharmacies can provide.

Key recommendations from the Murray Review[2]

- Under the banner, **'Services'**, it was recommended that full use of the Electronic Prescribing System (EPS) should be made, particularly for repeat prescribing. Use of the system would support integration in a multifaceted approach to helping people with long-term conditions, and those at risk. MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. NHS England should set out how it intends to deliver on its commitment that a minor ailments scheme be locally commissioned across England by 2018, while consideration of a nationally commissioned smoking cessation service should be given.
- Under the banner, **'New models of care'**, support for existing Vanguard programmes and resources was made, to be used in conjunction with the Pharmacy Integration Fund. Specific areas to expand the evidence base for community pharmacists within new models of care include: integration into long term condition management pathways utilising the principles of medicines optimisation for residents of care homes; being involved in case finding programmes for conditions that could be prevented from worsening, or have serious consequences if left unidentified; developing new ways of contracting to provide clinical skills in ways that mitigate conflict of interest.
- Under the heading, **'Overcoming barriers'**, a recommendation for NHS England and partner organisations was to consider how best to support Sustainability and Transformation Plans (now Partnerships) in integrating community pharmacy into plans, and overcome the current complexities in the commissioning landscape. Other areas included that: digital maturity and connectivity should be improved to facilitate effective and confidential communication; regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions; community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate them and their teams into primary care.

[2] (Pharmaceutical Services Negotiating Committee, PSNC Briefing 072/16, 2016)

The Derbyshire Sustainability and Transformation Partnership (STP) ambition, aligned to the 5-Year Forward View (NHS England, NHS Five Year Forward View, 2014), will be best achieved by way of a holistic approach led by primary care, and working in partnership with a range of key stakeholders including social care, community pharmacy, the care home market, voluntary sector, district and borough councils and local communities themselves. As of December 2017, 18 new 'Places' are being developed across Derbyshire as the vehicle to take forward the aims of the STP. There are presently five city places and 13 across the county, but these will be subject to change in the future. The Derbyshire STP places are fundamentally built upon GP practice footprints, with primary care working in partnership with specialist services, on a range of issues pertinent to the varying health and care needs of their local populations. Given that this PNA baselines the current and predicted levels of need and provision for community pharmacy to 2021, it is important to note these developing places which will increase in importance in the development and delivery of health and care services. It is also important that community pharmacy is aware and involved, where appropriate, in these developments, to ensure integration of community pharmacy in health and care decision making for the best outcomes for the Derby and Derbyshire population.

Statement of pharmaceutical need

Based on the information collated post consultation, the PNA found that the pharmaceutical need in Derby City and Derbyshire County HWB areas, is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2021 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.

1. Introduction

1.1 Background and purpose

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB) with defined statutory duties in every upper tier Local Authority area in England. These Boards comprise elected members and system leaders, representing local health and social care organisations and other key partners. Underpinned by the Health and Wellbeing Strategy, the Board works in partnership to improve the health and wellbeing of their local population and reduce health inequalities and promote integration. One of the statutory responsibilities of the Board is the development and updating of the Pharmaceutical Needs Assessment (PNA).

The PNA is a statement of current pharmaceutical services provided in the local area. It assesses whether or not provision is satisfactory for the local population given the health and care needs experienced which could be impacted on by appropriate pharmaceutical services. As part of this process, a consultation on the PNA is also undertaken to hear views directly from stakeholders. The preparation and consultation on the PNA should take account of the statutory Joint Strategic Needs Assessment and other relevant strategies, such as the children and young people's plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

If a pharmacist or dispensing appliance contractor wants to provide pharmaceutical services they are required to apply to the NHS to be included on the pharmaceutical list. The PNA informs the market entry process, and provides NHS England with the information it will need to consider applications to amend or, where appropriate, to allow entry to the list of pharmaceutical service providers within the HWB area. This includes:

- Determining market entry of new NHS pharmaceutical service providers
- Determining relocation or change of business premises of existing pharmaceutical service providers
- Determining changes of pharmaceutical services provided by any current individual pharmaceutical services provider.

1.1.1 Legislative and Policy Background

The PNA is fundamentally a commissioning tool, used by NHS England to identify the pharmaceutical needs of the local population and to support the decision-making process for pharmacy applications. It is also be used to inform the planning of other services that can be delivered by community pharmacies to meet the health needs of the local population. This PNA replaces the previous joint Derby and Derbyshire PNA 2015-2018 (McManus, 2015). It represents the third publication of this assessment since 2010 when it was produced in a Primary Care Trust (PCT) setting. The Health and Social Care Act 2012 transferred duties and functions of PCTs, to NHS England and local Clinical Commissioning Groups (CCGs) from 1st April 2013.

The NHS Regulations 2013[3] set out the legislative basis for developing and updating PNAs. Under these regulations, each HWB must:

- Assess the need for pharmaceutical services in its area;
- Publish a statement of its assessment and of any revised assessment, relating to:
  - All the pharmaceutical services that may be provided under arrangements made by NHS England;
  - the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
  - the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
  - the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

A guidance document (Department of Health, Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards, 2013) setting out the requirements of the regulations, remains unchanged since 2013.

Figure 2: Stipulations of Department of Health Regulations for PNA, under the Health and Social Care Act 2012

The regulations must make provision:

- as to information which must be contained in a statement;
- as to the extent to which an assessment must take account of likely future needs;
- specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
- as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

The regulations may in particular make provision:

- as to the pharmaceutical services to which an assessment must relate;
- requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
- as to the manner in which an assessment is to be made;
- as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

In accordance with the regulations, HWBs, as a minimum, must publish a statement of revised assessment within three years of the publication of the previous document. In addition, HWBs will make a new assessment of pharmaceutical need as soon as is reasonably practicable, should it identify any significant changes to the availability of pharmaceutical services that have occurred since the publication of this 2018 PNA. This will be undertaken only where, in the Boards' view, the changes are so substantial that the publication of a new assessment is a proportionate response.

[3] Pharmaceutical and Local Pharmaceutical Services (SI 2013/349)

1.1.1.1 Recent amendments

On 5 December 2016, amendments to the NHS Regulations 2013 came into force to implement changes to the 2016/17 Community Pharmacy Contractual Framework (CPCF). Community pharmacy teams should take note of the following changes:

Pharmacy consolidations (mergers)

NHS pharmacy businesses may apply to consolidate the pharmaceutical services provided on two or more sites onto a single site (i.e. to merge multiple businesses into one). Such consolidations could require a change in the ownership of one of the businesses in question and a process will be in place to facilitate such consolidations.

Applications to consolidate will be dealt with as "excepted applications" under the 2013 Regulations, which means in general terms they will not be assessed against the pharmaceutical needs assessment (PNA) produced by the Health and Wellbeing Board (HWB). Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation.

Community pharmacy core funding has been reduced by 7.5% per annum since December 2016. There had been concern that this might result in the closure of a number of pharmacies and adversely affect the provision of pharmaceutical services. To date this has not been the case. There have, however, been some reductions in length of opening hours of some pharmacies in recent months.

The Department of Health confirmed the introduction of a Pharmacy Access Scheme (PhAS)[4], in December 2016. Qualifying pharmacies receive an additional payment, meaning those pharmacies in areas where there are fewer pharmacies with higher health needs, will be protected from the full effect of the reduction in funding until at least March 2018.

1.1.2 Sustainability & Transformation Plans

In 2016 the NHS published its Shared Planning Guidance (NHS England, NHS Operational Planning and Contracting Guidance 2017-2019, 2016). This included a requirement for local areas to produce a Sustainability and Transformation Plan (STP) to cover the period October 2016 to March 2021. The purpose of the STP (now termed Sustainability and Transformation Partnership) is to show how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View (NHS England, NHS Five Year Forward View, 2014) vision for better health, better patient care and improved NHS efficiency. The STP seeks to address three 'gaps' in health and wellbeing, care and quality, and finance and efficiency. Within the guidance, specific ambitions for pharmaceutical services are presented. These include the provision of clinical pharmacists in GP practices and care homes, and integrating the role of pharmacists into pathways of care. For example, there is an expectation that CCGs will have considered the value provided by a community pharmacy minor ailments service, and also the contribution to better medicines use by patients with long term conditions.

[4] http://psnc.org.uk/contract-it/pharmacy-access-scheme-phas/

1.1.3 Murray Review

The Murray Review of Community Pharmacy Services (Murray, Community Pharmacy Clinical Services Review, 2016) supported the view that STPs could hold great opportunity for community pharmacy. Specifically, they could be the vehicle to providing a coherent strategy toward the commissioning of pharmacy services that in the current landscape, are split across multiple commissioners. Furthermore, that they offer the chance to develop coherent, system-wide services and pathways to deliver better care (Pharmaceutical Services Negotiating Committee, PSNC Briefing 072/16, 2016). As part of the process towards a much more integrated community pharmacy, Public Health England, working alongside the Pharmacy and Public Health Forum (Public Health England, Pharmacy and Public Health Forum, 2017), have begun to publish a suite of quality-assured case studies intended to mobilise pharmacy in respect of public health delivery and ultimately, contributing to STP's in relation to prevention. One such example is the development of healthy living pharmacies, the benefits of which are shown in Figure 3 below.

Figure 3: The impact of Healthy Living Pharmacies (Public Health England, Healthy living pharmacy: intro infographics for presentations, 2016)

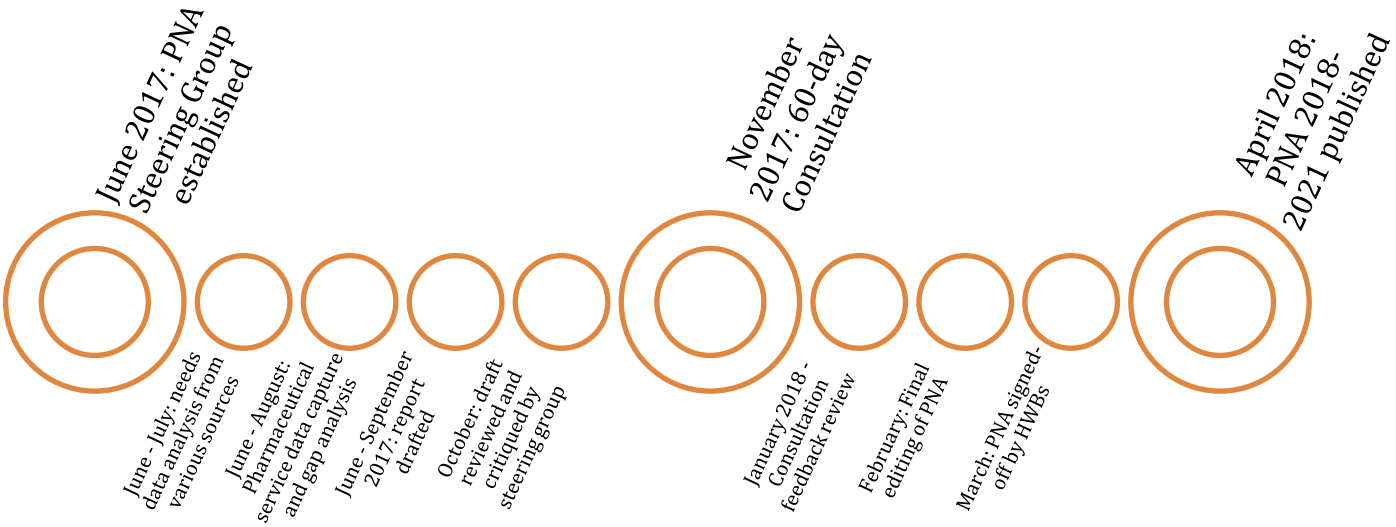
1.2 Process for producing the PNA

In May 2017 the HWBs approved the development of a revised PNA to be published by April 2018. It was agreed that a joint Derby and Derbyshire PNA should be produced. The PNA has been undertaken in line with the requirements of the NHS Regulations 2013 under the oversight of the Derby and Derbyshire PNA Steering Group. Organisational membership of the group is as follows:

- Derby City Council (Public Health)
- Derbyshire County Council (Public Health)
- Representation from the four Derbyshire CCGs
    - NHS Southern Derbyshire; NHS North Derbyshire; NHS Erewash; NHS Hardwick
- The Local Pharmaceutical Committee
- NHS England – North Midlands Team
- Healthwatch

The group had its first meeting on 6th June 2017. At that time it was agreed that a full draft PNA should be developed and prepared for October 2017 when it would be consulted upon for 60 days. The group has met regularly throughout the PNA process.

Figure 4: Timeline of the production of the PNA 2018-2021



1.2.1 In scope

This Pharmaceutical Needs Assessment has been produced for both Derby City Council and Derbyshire County Council Health and Wellbeing Boards. It is therefore concerned with the needs of the resident population of Derby and Derbyshire. However, given the commissioning responsibilities of the NHS Clinical Commissioning Groups, the needs of the registered populations of Southern Derbyshire, Erewash, North Derbyshire and Hardwick CCGs are also discussed. In these cases, the population will be resident not only in Derby and Derbyshire but also neighbouring Local Authority areas, travelling into Derbyshire for GP practice care. Overall responsibility for the health needs of these populations will rest with neighbouring Health and Wellbeing Boards.

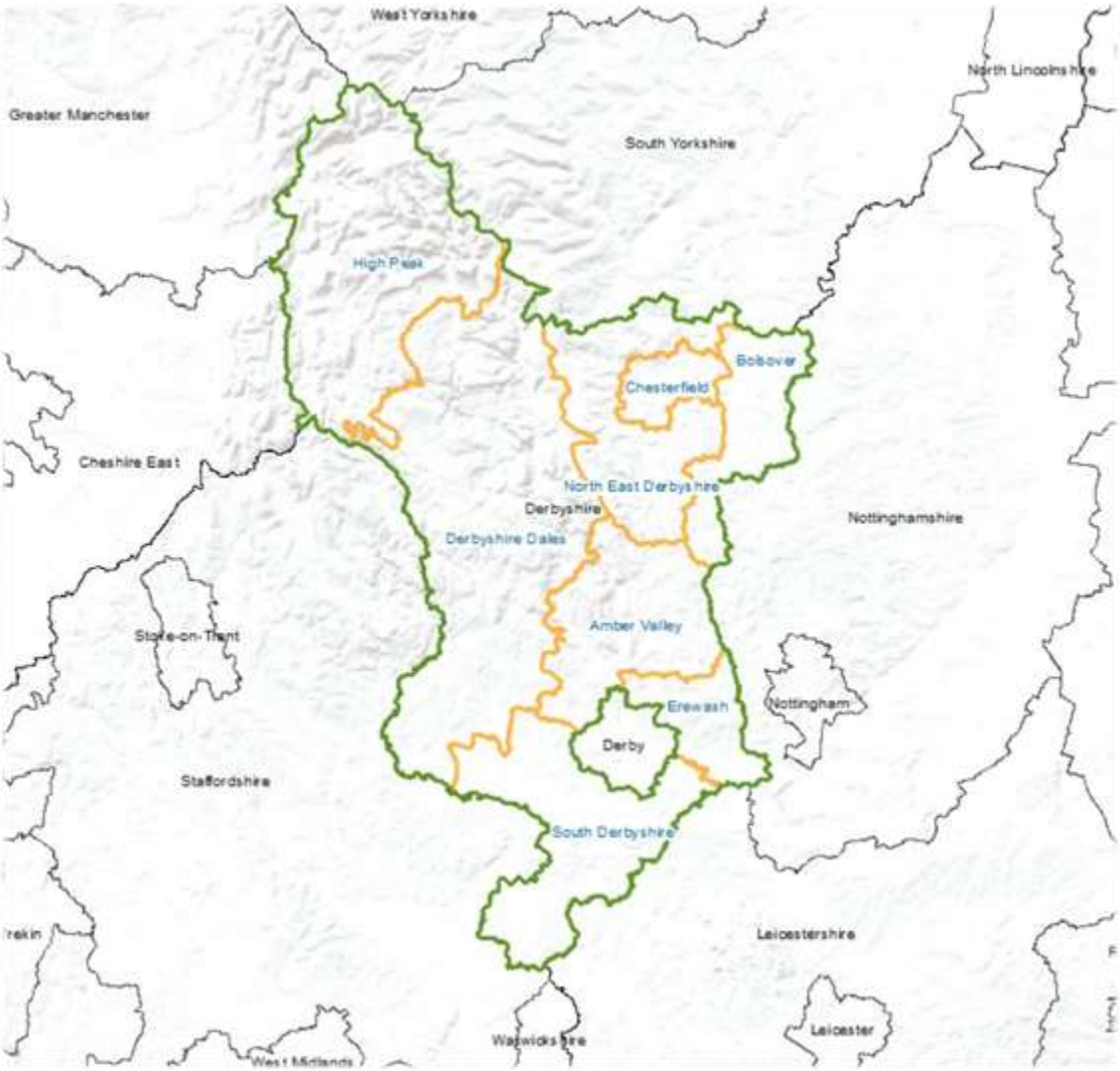
It has been an important part of the PNA process to consult with these areas and ensure that population health needs are entirely accounted for, and that pharmaceutical services provision is considered in its widest geographical sense. This has been particularly relevant in the case of the High Peak District area of Derbyshire. NHS services, including community pharmacy, for the Glossopdale area of the High Peak, are commissioned locally by NHS Tameside and Glossop CCG and nationally by NHS England – North Team. It has therefore been necessary to liaise with commissioners in the Tameside and Glossop CCG and NHS England team, to ensure complete coverage of services in scope for Derbyshire, and vice versa. Tameside Metropolitan Borough Council (TMBC) has produced an equivalent PNA on behalf of the wider Tameside Health and Wellbeing Board area. The key contact at TMBC is Jacqui Dorman, Public Health Intelligence Manager.

In accordance with the NHS Regulations 2013, the PNA steering group considered how to assess the differing needs of the localities in the area. It concluded that the best approach was to divide Derbyshire into its constituent eight District and Borough Councils, with Derby City as a separate entity, as was the approach with the previous PNA 2015. A summary narrative of geographic and

demographic information for each area has been produced, as well as a more detailed review of wider population health, care and social needs across the area as a whole. Where available, these needs have been explored at a more granular level, including by Electoral Ward for Derby given the density of the population.

Community pharmacy provision is equally explored at a District and Derby City level. Where access is concerned, this has been determined on the basis of access to 'traditional' pharmacy – that is, where all parts of the service take place within the registered pharmacy premises. Whilst it is acknowledged that the role of distance selling pharmacy, including internet based services, has grown considerably in recent years, there is limited access to information to inform our understanding of how these services are utilised by the local population.

Figure 5: Derby, Derbyshire and surrounding Local Authority areas



1.2.2 Consultation

A public and professional stakeholder survey to seek views on pharmaceutical need was carried out between November 2017 and January 2018. The survey is online and as hard copy on request. Survey results will be considered in the overall assessment of need. Other areas where community pharmacy could contribute to improving health needs are also identified.

2. PNA Locality Profiles

The following section offers individual PNA summary profiles at a Derby City and Derbyshire District level, drawing insight from our understanding of the demographic characteristics, health needs and pharmaceutical provision, and whether it is felt that this provision is adequate on the basis of access and availability of services within each area. Each is discussed in greater detail in later sections of the document. Pharmaceutical services are accurate at time of publication, in April 2018.

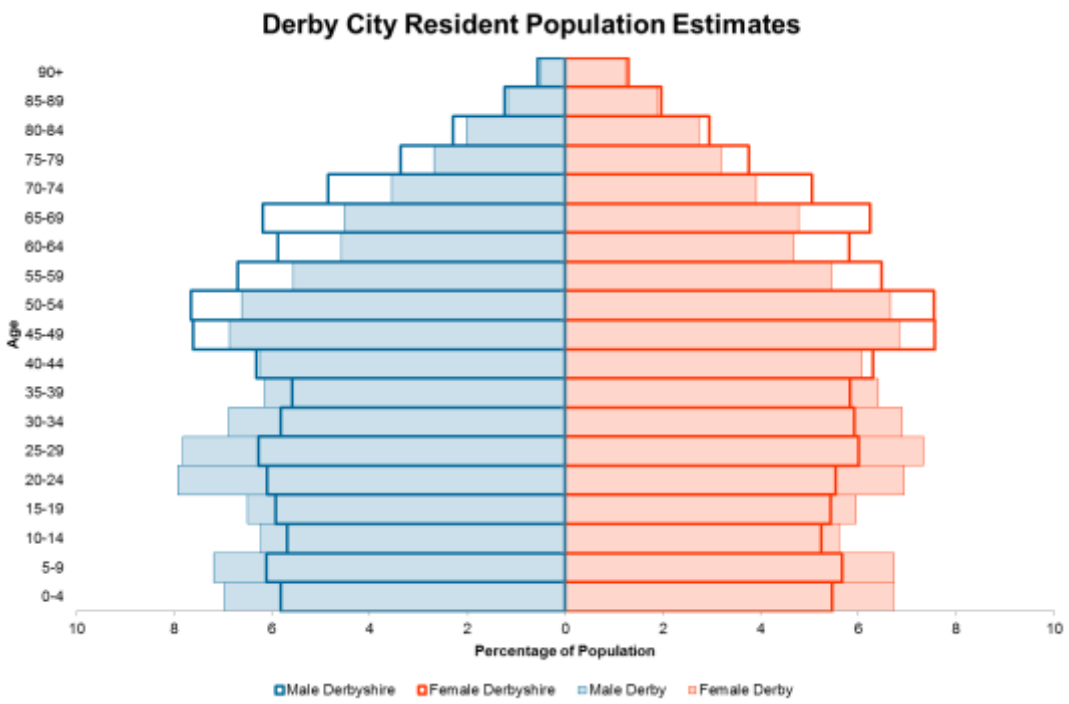
2.1 Derby City

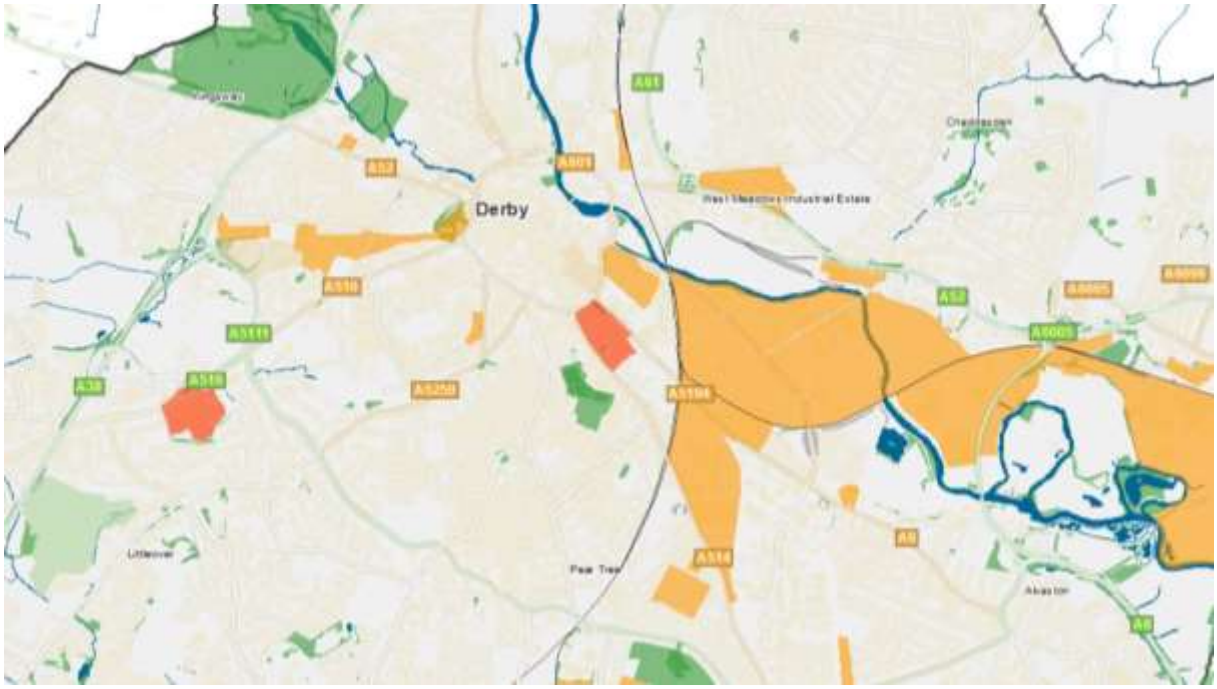
Derby City lies upon the banks of the River Derwent and is located in the south of the county of Derbyshire. It is comprised of 17 wards that are characterised by varying levels of deprivation and ethnic diversity. These range from the lower levels within Allestree and Mickleover to higher levels across Arboretum and Normanton. The city's key points of interest include the Cathedral Quarter, Silk Mill museum and Darley Abbey. Housing developments range from the modern, more affluent residential areas of Mickleover and Oakwood to the large council housing estates within Chaddesden. There are a number of assets to the area that include its parks and nature reserves, which are distributed across the wards. There are also a diversity of religious sites and community facilities for ethnic minorities.

Population

Derby has a population of 256,233 (Office for National Statistics, Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2016, 2017). It is a relatively young city with a higher proportion of 20-34 year-olds (21.9%) than individuals over 65 years (16.1%). Derby has a higher proportion of younger people and a smaller proportion of older people than Derbyshire as a whole. However, the proportion of older people over 65 is expected to increase by 32% by 2039.

Figure 6: Derby City Population Pyramid (mid-2016)





NHS Services

There are 30 General Practices across the city, in addition to branch practices and walk-in centres. Derby Teaching Hospitals NHS Foundation Trust provides both acute hospital and community based health services. Its two main hospitals are the Royal Derby Hospital and London Road Community Hospital. These provide a range of inpatient and outpatient medical and surgical specialities, intensive care, maternity services, community and children's services and accident and emergency care. There are 63 pharmacies in the area that provide a range of services, including medicines use review, needle exchange supply and supervised consumption. Seven of these are '100' hour pharmacies that provide evening and weekend services, in addition to the core essential services (dispensing, repeat dispensing, disposal of waste medicines, self-care, signposting and promotion of health lifestyles). There are two Dispensing Appliance Contractors in Derby.

Poverty

Approximately 12,809 children (24.9%) live in poverty in the city. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 4.8% of the population of Allestree to 42.3% in Sinfin.

Quality of health

5.9% of people in the area rate their health as 'bad' or 'very bad'. This ranges from 3.6% in Oakwood to 7.8% in Arboretum. The city is affected by significantly higher rates of premature mortality from cardiovascular diseases, liver disease and respiratory disease than the national average.

Employment

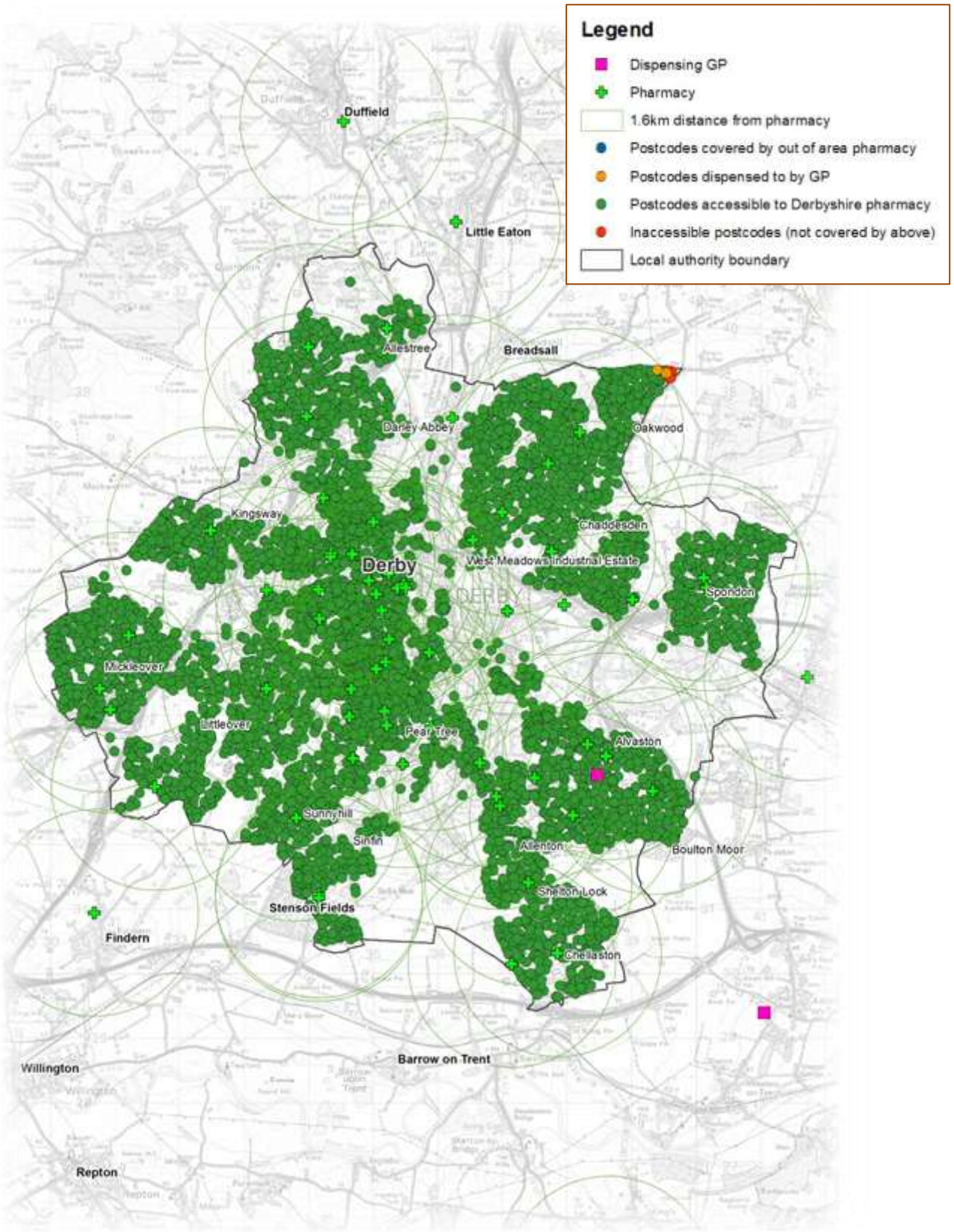
The city's largest employers specialise in engineering and trade; extending across renowned businesses such as Rolls Royce, Toyota Motor Manufacturing and Bombardier. There are also a number of smaller creative companies that range from textiles to film-making.

Figure 7: Pharmaceutical services provided in Derby

	Derby		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	60	23	205	20
New Medicine Service (NMS)	55	21	193	19
100 hour pharmacy[5]	7	3	23	2
Flu vaccination (population)	50	20	184	18
Palliative care drugs stockist scheme	20	8	103	10
Emergency Supply Service (ESS)	53	21	192	18
National Urgent Medicine Supply	6	2	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception	31	12	115	11
Supervised Consumption	43	17	174	17
Needle Exchange	31	12	121	12
Flu vaccination (employer)	43	17	158	15
NHS Clinical Commissioning Group				
Pharmacy First	60	23	130	12
Medicine Administration Record	51	20	173	17
Anticoagulant (INR testing)	0	0	10	1

[5] 100 hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100 hour conditions as an indication of increased access and availability.

Figure 8: Map of pharmaceutical service coverage in Derby



Accessibility

There are 25 pharmacies to every 100,000 population in Derby, compared to the national average of 22. Each pharmacy has on average, 1,769 EPS nominations, compared with the national average of 2,130. There are seven 100 hour pharmacies (11% of the total). Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, almost 100% of households are within an accessible distance.

Strategic priorities and key health needs

Priorities for Derby include giving children the best start in life, promoting healthier lifestyle choices, and population immunisation, screening and early diagnosis. Key additional health needs include (but are not limited to):

- Homelessness
- Educational attainment
- Teenage pregnancies
- Smoking during pregnancy
- Breastfeeding
- Drug and alcohol misuse
- Excess weight

Future housing plans

The Derby City Plan outlines a target to establish 11,000 new homes to 2028. Between 2011 and 2017, 3,000 have already been built. The annual delivery of new homes is expected to rise to over 1,000 a year in the coming years.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Derby City is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

2.2 Derbyshire County and Districts

2.2.1 Amber Valley

The district of Amber Valley encompasses the four market towns of Alfreton, Belper, Heanor and Ripley, in addition to several villages and smaller settlements. Whilst the eastern area is primarily urban, the western part is more rural, with countryside surrounding the villages and town of Belper. The borough ranks 161st out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are pockets of deprivation in which 10% of areas fall within the most deprived 20% nationally. The latest census data highlights a markedly higher proportion of owner-occupied households than the national average (74.1% compared with 63.3%). Despite this, there are hidden elements of deprivation in which a minority of households are affected by overcrowding (3.2%) and a lack of central heating (2.2%). The area's nature reserves and award-winning parks, heritage features and architecture, make this an ideal location for being physically active as well as a high quality environment for tourists.

Population

Amber Valley has a population of 124,645 that is expected to increase to 137,894 by 2039. Black and minority ethnic individuals form a relatively low proportion, with less than 4% who are not White British. The proportion of middle-aged and older people is greater than the Derbyshire average. Older people over 65 years constitute 22% of the population, which is greater than the national average of 18%. By 2039, however, this is expected to increase to 30%.

Figure 9: Amber Valley Population Pyramid (mid-2016)

Employment

Major businesses in the area specialise in retail, manufacturing and the provision of bespoke services such as tourism and IT. The district is home to the head office of Thorntons (a leading confectionary brand), as well as a number of retail outlets across all four market towns. Leading manufacturing companies include HL Plastics – one of the district's largest employers and Alfreton Trading Estate, which comprises industrial/warehouse units.

NHS Services

There are 18 General Practices within the district – four of which are branch practices. Ripley Hospital is the main acute hospital in the area. The majority of its services are provided by Derbyshire Community Health Services NHS Foundation Trust. These include cardiology, neurology and paediatrics services. Derby Teaching Hospitals NHS Foundation Trust provides diabetic medicine and diagnostic physiological measurement within the hospital. There are 27 pharmacies in the district all offering essential services in addition to those shown in Figure 10.

Poverty

It is estimated that 3,752 children (17.6%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 2.8% in the South West Parishes to 32.4% in Somercotes.

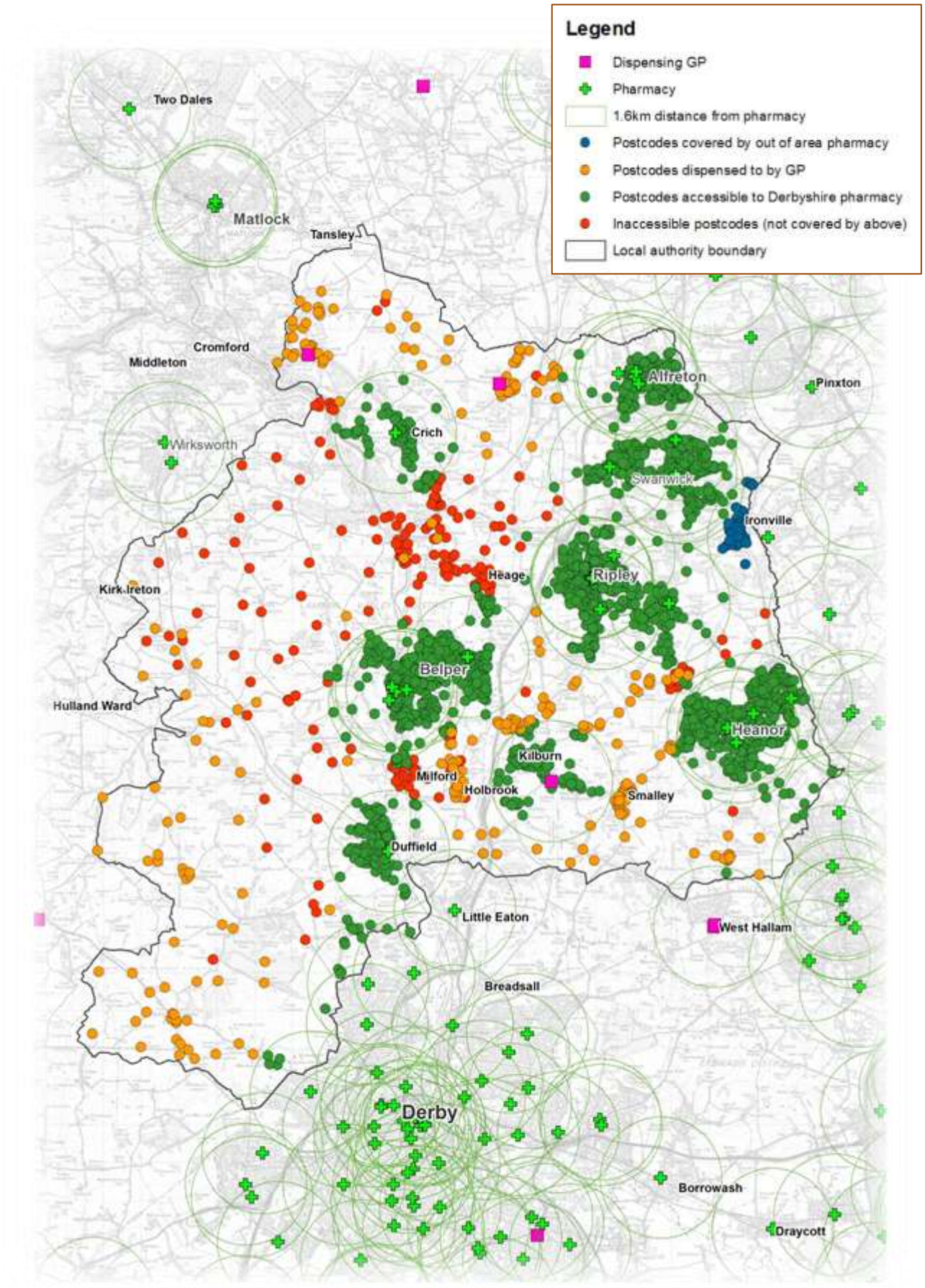
Quality of health

6.0% of people in the area rate their health as "bad" or "very bad". At a ward level this ranges from 3.4% in Belper East to 8.6% in Alfreton. Within Amber Valley, there is a significantly higher rate of premature mortality from cardiovascular diseases considered preventable. The percentage of adults classified as overweight or obese is also significantly higher than the national average.

Figure 10: Pharmaceutical services provided in Amber Valley

	Amber Valley		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	27	22	205	20
New Medicine Service (NMS)	25	20	193	19
100 hour pharmacy	5	4	23	2
Flu vaccination (population)	24	19	184	18
Palliative care drugs stockist scheme	21	17	103	10
Emergency Supply Service (ESS)	26	21	192	18
National Urgent Medicine Supply	0	0	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	12	10	115	11
Supervised Consumption	24	19	174	17
Needle Exchange	14	11	121	12
Flu vaccination (employer)	21	17	158	15
NHS Clinical Commissioning Group				
Pharmacy First	27	22	130	12
Medicine Administration Record (MAR)	23	18	173	17
Anticoagulant (INR testing)	2	2	10	1

Figure 11: Map of pharmaceutical service coverage in Amber Valley



Accessibility

At time of publication of this document, there are 22 pharmacies to every 100,000 population in Amber Valley compared to the national average of 22. Each pharmacy has on average, 2,440 EPS nominations, compared with the national average of 2,130. There are five 100 hour pharmacies (19% of the total). Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 83% of households are within an accessible distance. A further 9% are estimated to be dispensed to by a GP, and 2% are in close proximity to an out of area pharmacy.

At the close of business on 11th June 2018, the Lloyds Pharmacy situated in the Sainsburys store in Butterley, Ripley, will permanently close. Given the density of pharmacies in and around the Ripley area, this closure will not significantly impact on the reasonable access to pharmaceutical provision for local residents. It will however, bring the number of pharmacies in Amber Valley to 21 per 100,000 population, and impact upon the volume of commissioned services.

Strategic priorities and key health needs

Priorities in Amber Valley include mental health and wellbeing, maintaining healthy weight and reducing physical inactivity, and supporting older people. Key additional health needs include (but are not limited to):

- Child poverty
- Children with Special Education Need and/or Disability
- Violent crime and antisocial behaviour
- Recorded Diabetes
- Homelessness
- Smoking during pregnancy
- Breastfeeding

Future housing plans

The emerging Local Plan for Amber Valley estimates that around 9,000 dwellings will be built by 2028, some of which will contribute to the 7,000 homes being built as urban extensions to the edge of Derby. The other 6 largest sites (of over 300 units) will be in Alfreton, Heanor, Ripley, and North of Derby.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Amber Valley is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

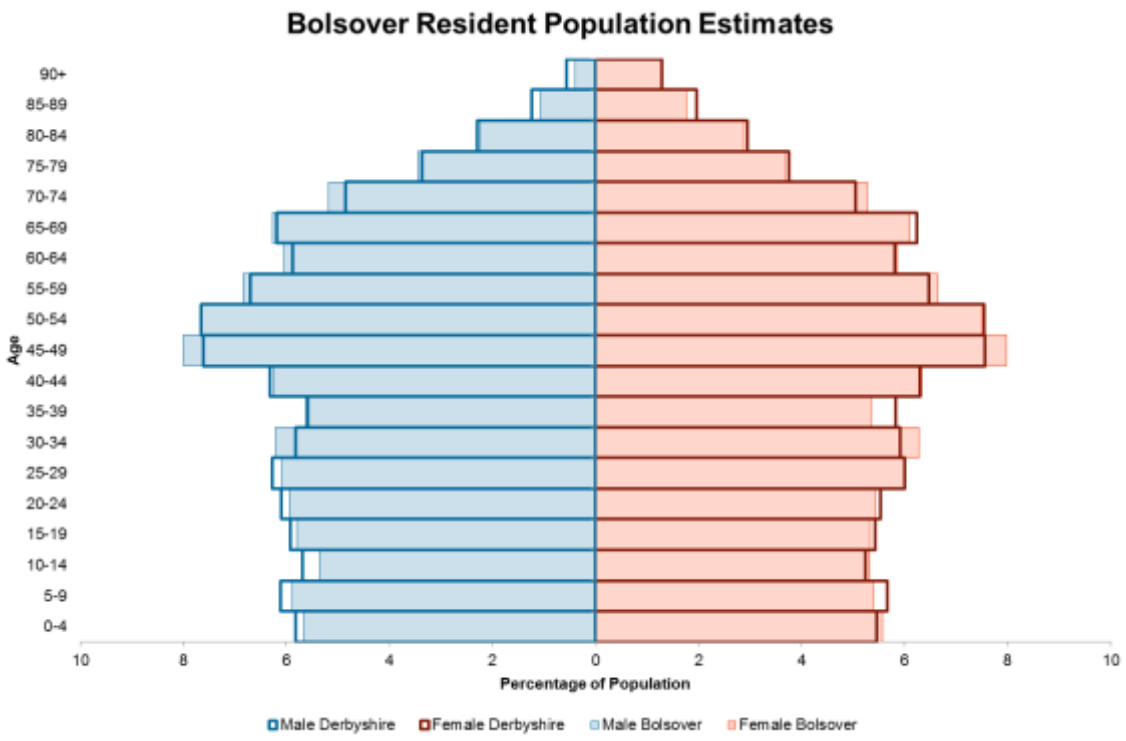
2.2.2 Bolsover

The Bolsover district is situated in the north east of Derbyshire, and has four towns and five main villages. Mainly rural in composition, it has a long history of coal mining and is the most deprived district of Derbyshire. The area ranks 87th out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation, where 1 is the most deprived. 21% of its lower super output areas rank within the most deprived 20% nationally. Furthermore, the proportion of households that are deprived in two or more dimensions (33.2%) is higher than the Derbyshire (25.2%) and national average (24.8%). Despite this, there are a number of assets to the area such as its outdoor recreation facilities, including Pleasley Vale outdoor activity centre. There are also several retail outlets, including East Midlands Designer Outlet and markets that sell a wide range of goods.

Population

Bolsover has a population of 78,082 that is expected to increase to 85,200 by 2039. 20% of its population are aged 65 and over, which is greater than the national average of 18%. The age structure of Bolsover is generally similar to Derbyshire as a whole, with a higher proportion of middle-aged and older people aged 45-69. It is anticipated that by 2039, there will be a smaller proportion of younger and middle-aged people and a greater proportion of older people aged 70 and over. Black and minority ethnic individuals form 3.7% of the local population, which is lower than the Derbyshire (4.2%) and national (20.2%) average.

Figure 12: Bolsover Population Pyramid (mid-2016)



Employment

Manufacturing is a key employment sector within the area, although this is projected to decline. Forecasts for 2030 suggest that the key areas of growth will be within the Construction, Professional, Scientific and Technical and Wholesale and Retail Trade sectors.

NHS Services

There are 15 General Practices across the district as well as 16 pharmacies, all offering essential services in addition to those shown in Figure 13. Three of the GP surgeries are branch practices and another three provide dispensing services. Bolsover Hospital is the main acute hospital in the area, and provides the following services on behalf of Derbyshire Community Health Services NHS Foundation Trust:

- Community therapy services
- Intermediate care services
- Older people's mental health
- Falls prevention, and continence.

Poverty

Approximately 3,155 children (23%) live in poverty, significantly higher than the national average of 20%. These children live in income-deprived families experiencing deprivation relating to low income. At a ward level this varies from 6.8% in Barlborough to 42.5% in Shirebrook North West.

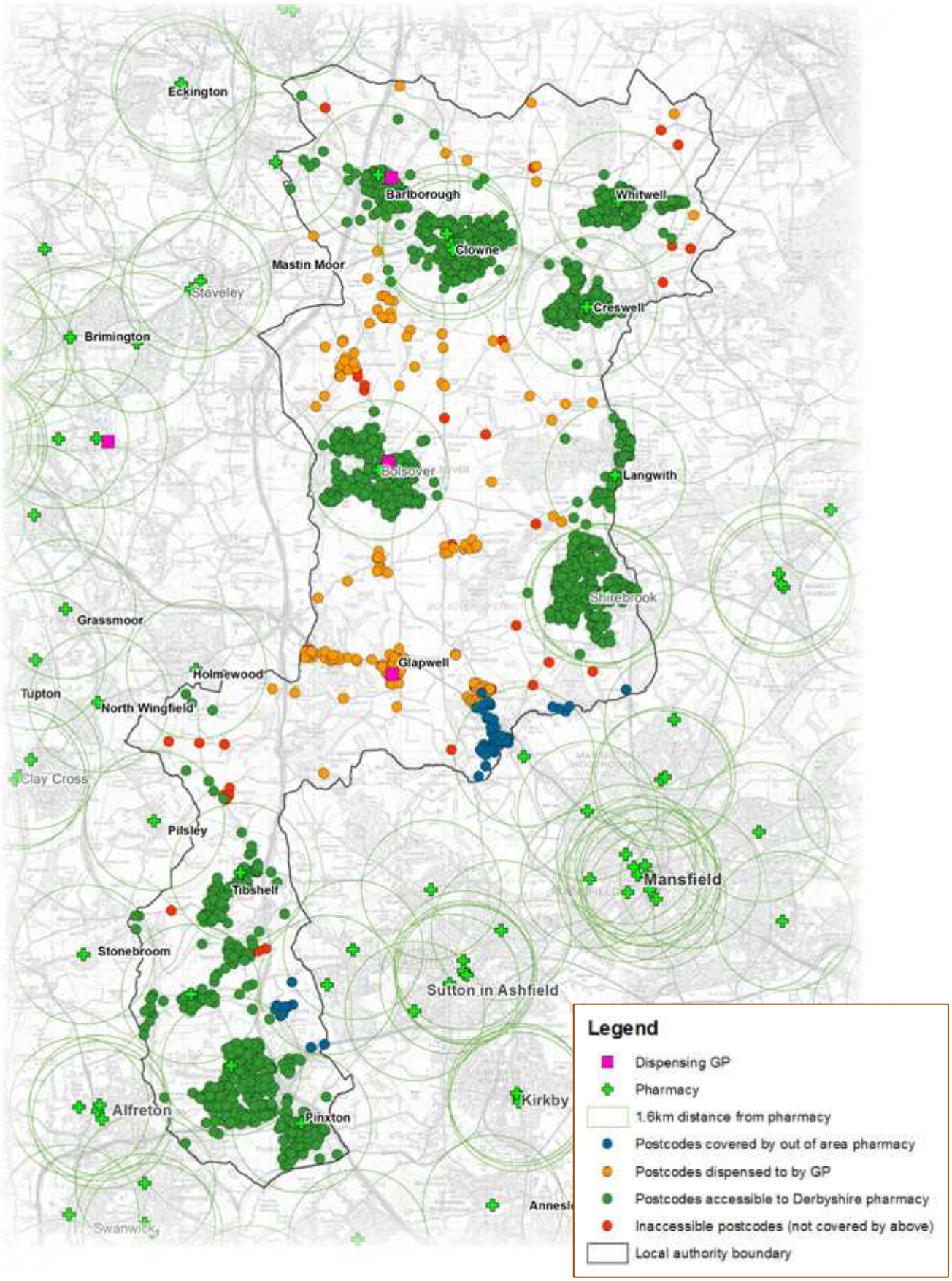
Quality of health

8.6% of people in the area rate their health as "bad" or "very bad". At a ward level this ranges from 4.8% in Barlborough to 14.7% in Shirebrook North West. Of particular note are the district's significantly higher rates of premature mortality from cancer and respiratory disease. The average health related quality of life for older people is significantly lower than national average.

Figure 13: Pharmaceutical services provided in Bolsover

	Bolsover		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	15	19	205	20
New Medicine Service (NMS)	15	19	193	19
100 hour pharmacy	2	3	23	2
Flu vaccination (population)	12	15	184	18
Palliative care drugs stockist scheme	5	6	103	10
Emergency Supply Service (ESS)	14	18	192	18
National Urgent Medicine Supply	2	3	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	6	8	115	11
Supervised Consumption	12	15	174	17
Needle Exchange	10	13	121	12
Flu vaccination (employer)	10	13	158	15
NHS Clinical Commissioning Group				
Pharmacy First	0	0	130	12
Medicine Administration Record (MAR)	7	9	173	17
Anticoagulant (INR testing)	1	1	10	1

Figure 14: Map of pharmaceutical service coverage in Bolsover



Accessibility

There are 22 pharmacies to every 100,000 population in Bolsover, compared to the national average of 22. Each pharmacy has on average, 2,269 EPS nominations, compared with the national average of 2,130. There are two 100 hour pharmacies (12% of the total). Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 88% of households are within an accessible distance. A further 8% are estimated to be dispensed to by a GP, and 3% are in close proximity to an out of area pharmacy.

Strategic priorities and key health needs

Priorities in Bolsover include tackling smoking during pregnancy, reducing inequalities in healthy life expectancy, and mental health and wellbeing. Key additional health needs include (but are not limited to):

- Child poverty
- Children with Special Education Need and/or Disability
- Road traffic incidents and casualties
- Violent crime and antisocial behaviour
- Unemployment
- Educational attainment
- Early deaths from cancer
- Home care provision

Future housing plans

The Bolsover local Plan Consultation Draft (BLPCD) was published for consultation in October 2016, which included a housing target for the district of 3,600 dwellings during the period of 2018 to 2033. Four strategic growth sites are identified in the BLPCD at Bolsover North (900 dwellings), Clowne Garden Village (1,100 dwellings), the former Whitwell Colliery (200 dwellings) and former Coalite Chemical Works (600 dwellings).

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Bolsover is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

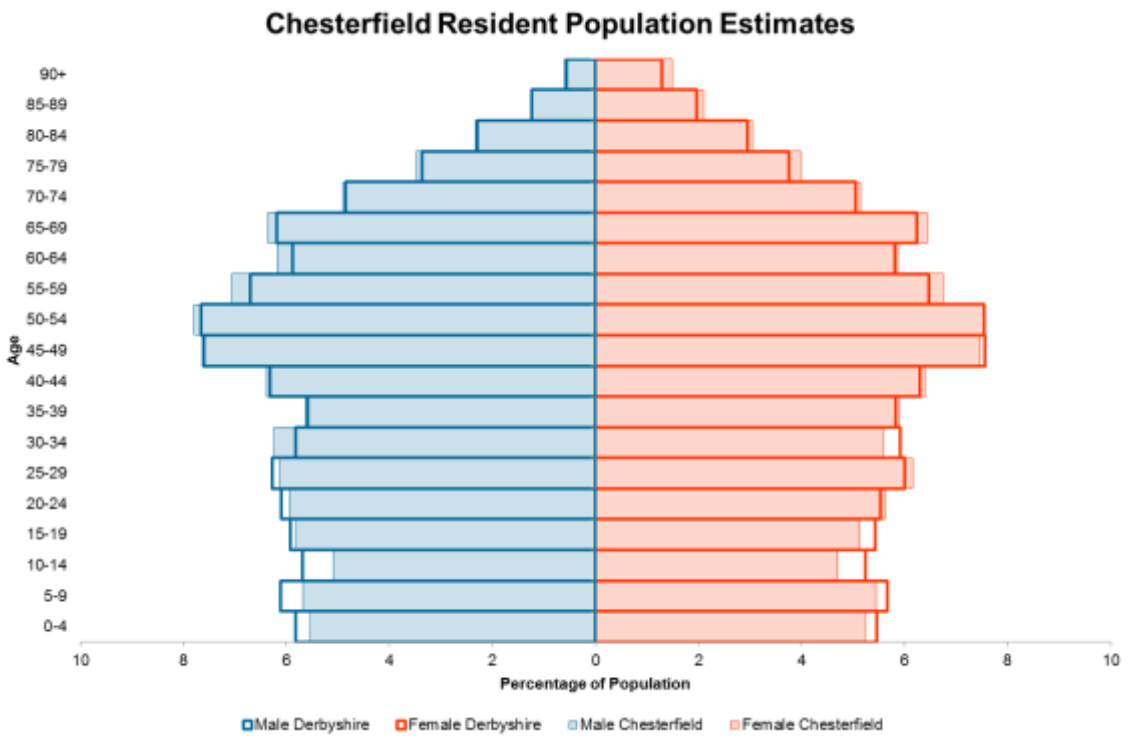
2.2.3 Chesterfield

Primarily urban, Chesterfield contains the two market towns of Staveley and Chesterfield and is known as the gateway to the Peak District. It is a major centre of employment that attracts almost 20,000 commuters every day. Despite this, the area is relatively deprived and ranks 81st out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation, where 1 is the most deprived. 29% of its lower super output areas rank within the most deprived 20% nationally. The latest census data indicates that 28.8% of households are deprived in two or more dimensions. This is higher than the Derbyshire (25.2%) and national average (24.8%). Chesterfield is surrounded by unspoilt countryside, which serves as an enabler of physical activity. It also has a number of key attractions such as Creswell Crags – a world famous archaeological site, and Hardwick Hall – one of Britain's finest Elizabethan houses.

Population

Chesterfield has a population of 104,440 that is expected to increase to 110,670 by 2039. The district has a similar age structure to Derbyshire as a whole, although the former has a marginally smaller proportion of children under 15. 21% of residents are aged 65 and over, which is expected to increase to 28% by 2039. The proportion of black and ethnic minorities is relatively low (5.1%), although this is marginally higher than the Derbyshire average (4.2%).

Figure 15: Chesterfield Population Pyramid (mid-2016)



Employment

Chesterfield's largest employer is the Post Office administration department, which is located on the edge of the town centre. Public administration, education and health form a significant proportion of employment openings in this town, although manufacturing jobs are also common. Some of the borough's largest manufacturing employers include Robinsons and Franke Sissons Ltd.

NHS Services

There are 13 General Practices across the district. Three of these are branch practices and one provides dispensing services. Chesterfield and North Derbyshire Royal Hospital and Walton Hospital provide acute services within the area. The former provides a broad range of clinical services, including pathology, cardiology, palliative care and maternity services. The latter provides a health psychology service and support for older people's mental health in addition to intermediate care services on behalf of Derbyshire Healthcare NHS Foundation Trust and Derbyshire Community Health Services NHS Foundation Trust. There are 24 pharmacies and one Dispensing Appliance Contactor in Chesterfield.

Poverty

Approximately 3,928 children (22%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 3.9% in West to 43.7% in Rother.

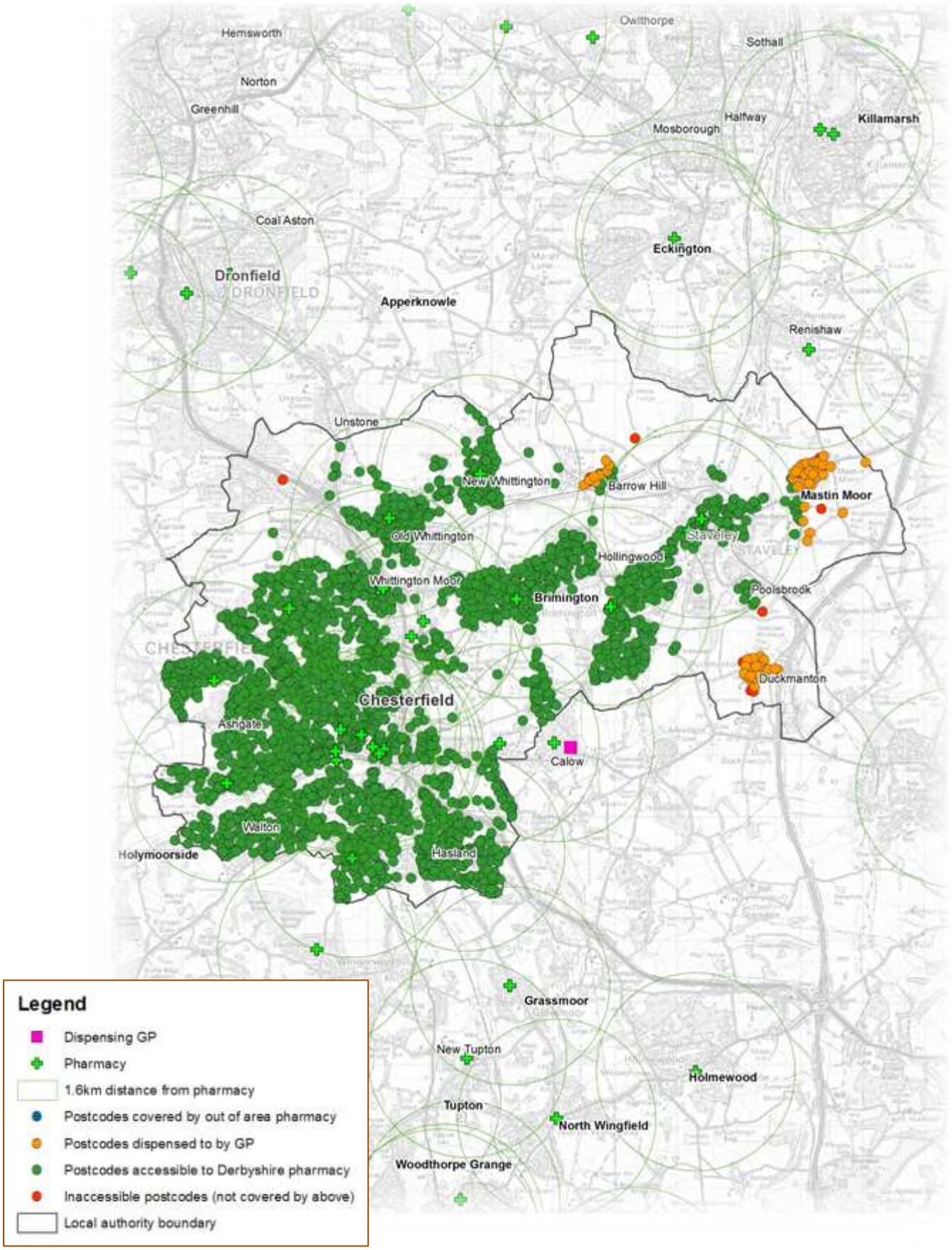
Quality of health

7.6% of people in the area rate their health as "bad" or "very bad". At a ward level this ranges from 4.7% in West to 11.4% in Loundsley Green. The area is affected by significantly higher rates of premature mortality from all cardiovascular diseases, cancer and respiratory disease.

Figure 16: Pharmaceutical services provided in Chesterfield

	Chesterfield		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	21	20	205	20
New Medicine Service (NMS)	19	18	193	19
100 hour pharmacy	2	2	23	2
Flu vaccination (population)	20	19	184	18
Palliative care drugs stockist scheme	9	9	103	10
Emergency Supply Service (ESS)	22	21	192	18
National Urgent Medicine Supply	1	1	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	12	11	115	11
Supervised Consumption	21	20	174	17
Needle Exchange	18	17	121	12
Flu vaccination (employer)	18	17	158	15
NHS Clinical Commissioning Group				
Pharmacy First	0	0	130	12
Medicine Administration Record (MAR)	18	17	173	17
Anticoagulant (INR testing)	0	0	10	1

Figure 17: Map of pharmaceutical service coverage in Chesterfield



Accessibility

There are 22 pharmacies to every 100,000 population in Chesterfield, compared to the national average of 22. Each pharmacy has on average, 1,989 EPS nominations, compared with the national average of 2,130. There are two 100 hour pharmacies (8% of the total). Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 94% of households are within an accessible distance. A further 5% are estimated to be dispensed to by a GP.

Strategic priorities and key health needs

Priorities in Chesterfield include encouraging healthier lifestyles, good mental health and wellbeing, and developing community resilience. Key additional health needs include (but are not limited to):

- Child poverty
- Violent crime and antisocial behaviour
- Unemployment
- Educational attainment
- Life expectancy in males and females
- Excess weight
- Hospital stays for alcohol-related harm

Future housing plans

Chesterfield Borough Council published the Chesterfield Borough Local Plan Consultation Draft in January 2017, with emphasis on concentrating new development within walking distance of the Borough's town, district and local centres and focusing on areas that are in need of regeneration. The Local Plan proposed a new housing requirement for the Borough of 4,269 dwellings (272 per annum) over the period 2016 to 2033. 69 potential housing allocation sites were identified with an overall capacity to accommodate 3,980 houses, together with 4 reserve sites at Dunston and Upper Newbold, which could accommodate 952 houses. Five Regeneration Priority Areas are identified which could accommodate 3,932 houses. In total, these three potential sources of housing land supply could accommodate 8,863 new homes.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Chesterfield is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

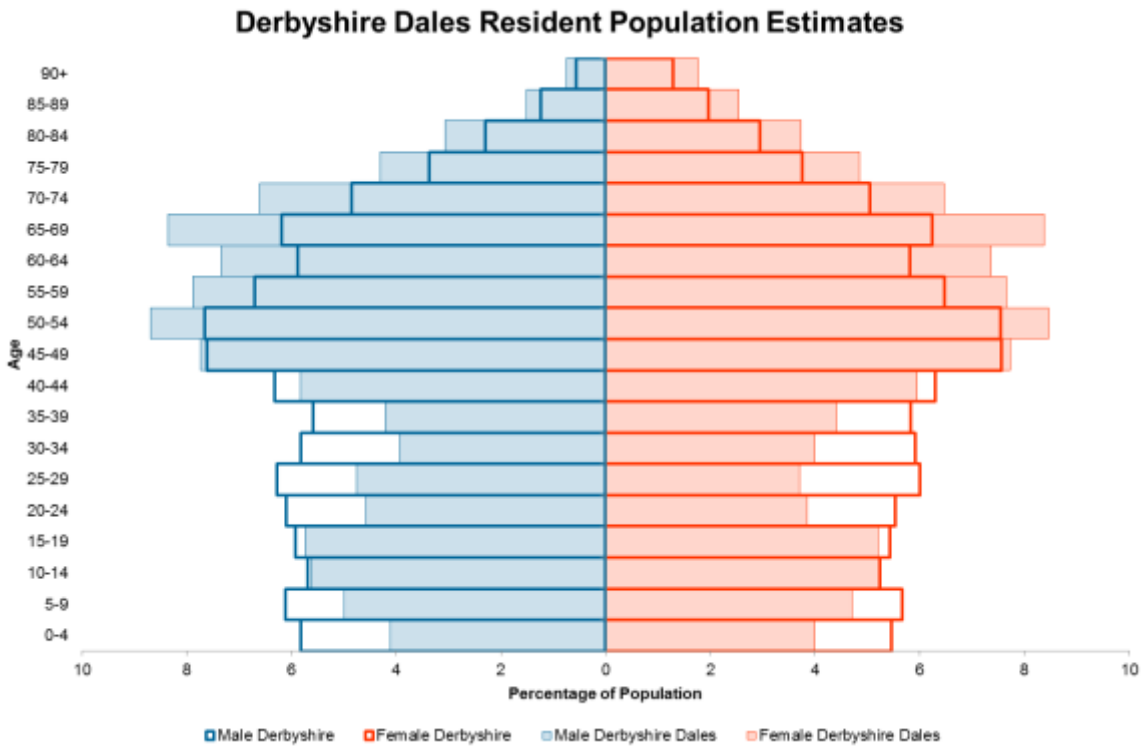
2.2.4 Derbyshire Dales

Derbyshire Dales is a large geographical area covering 307 square miles, which encompasses much of the Peak District National Park. The area is renowned for its outstanding beauty and is punctuated by over 100 small villages and three main market towns. The district is the least deprived in Derbyshire, ranking 257th out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation (where 1 is the most deprived). However, there are small pockets of deprivation in which 2% of its lower super output areas are amongst the most deprived 10% nationally. The latest census profile highlights that 48.6% of households are not deprived in any dimension, which is greater than the Derbyshire (43.5%) and national (42.5%) average.

Population

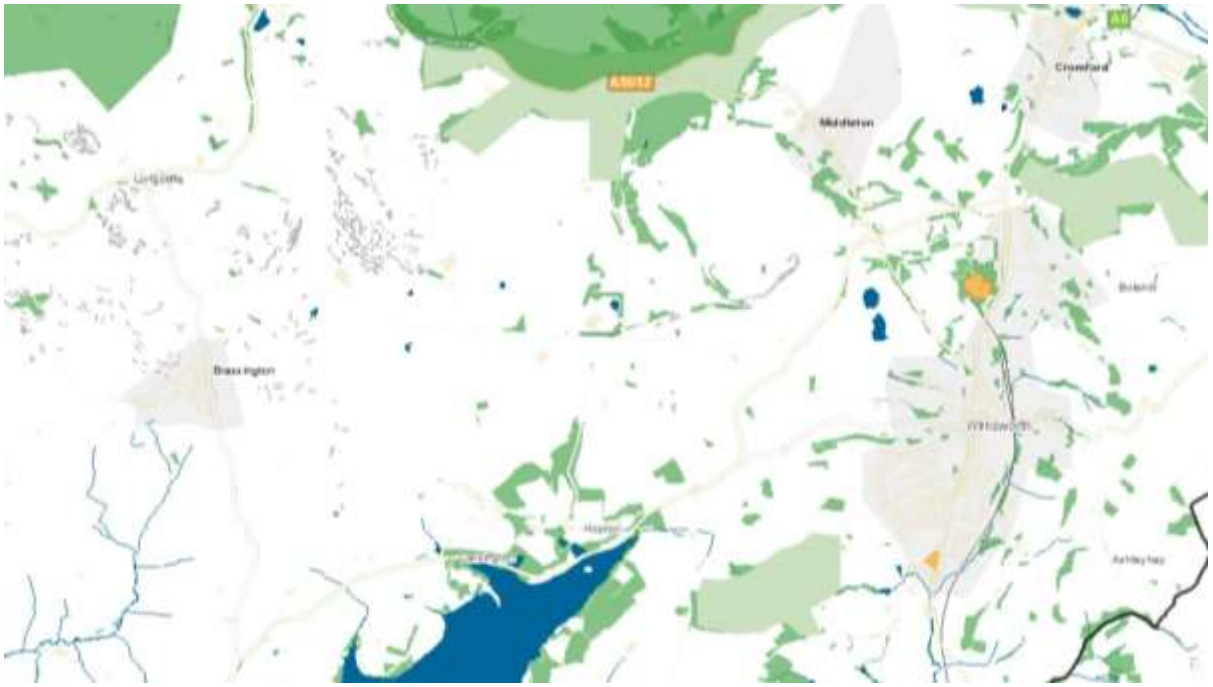
Derbyshire Dales has an estimated population of 71,288 that is projected to increase to 75,288 by 2039. With 26% of the population aged 65 and over, the borough is generally older than Derbyshire and England as a whole, which highlights a greater need for health and social care. The proportion of older people over 65 is expected to increase to 36% by 2039. The proportion of black and minority ethnic residents (3.2%) is lower than the Derbyshire (4.2%) and national average (20.2%).

Figure 18: Derbyshire Dales Population Pyramid (mid-2016)



Employment

Derbyshire Dales has a thriving local economy that includes the traditional sectors of farming and quarrying in addition to innovative businesses that include design firms and small and medium sized manufacturers. Major employers include the public sector and DSF Refractories & Minerals Ltd – the largest shaped refractory producer in the UK.



NHS Services

There are 22 General Practices across the district. 7 of these are branch practices and 10 provide dispensing services to local residents. Whitworth Hospital is the main acute hospital in the area, and provides a range of services, including musculoskeletal, community therapy and intermediate care services on behalf of Derbyshire Community Health Services NHS Foundation Trust. There are 11 pharmacies within the district all offering essential services in addition to those shown in Figure 19.

Poverty

Approximately 1,099 children (9.4%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies from 4.3% in Chatsworth to 22.2% in Matlock St Giles.

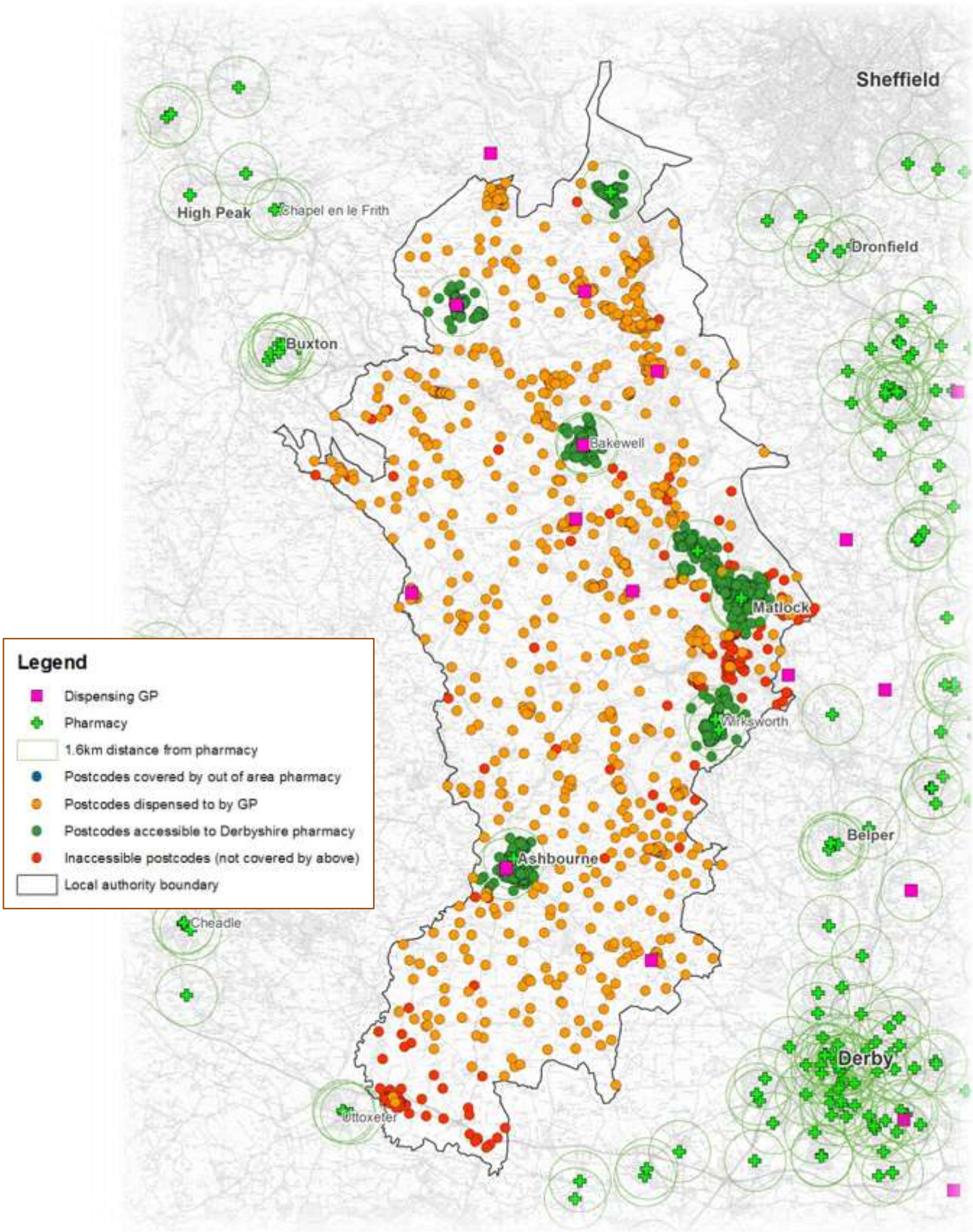
Quality of health

4.5% of people in the area rate their health as “bad” or “very bad”. At a ward level this ranges from 2.5% in Norbury to 6.4% in Matlock St Giles. The area performs comparably or significantly better than the national average in relation to disease-related indicators. However, the chlamydia detection rate amongst 15-24 year-olds and rate of adults diagnosed with HIV at a late stage are significantly worse than the national average.

Figure 19: Pharmaceutical services provided in Derbyshire Dales

	Derbyshire Dales		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	11	15	205	20
New Medicine Service (NMS)	11	15	193	19
100 hour pharmacy	0	0	23	2
Flu vaccination (population)	11	15	184	18
Palliative care drugs stockist scheme	6	8	103	10
Emergency Supply Service (ESS)	10	14	192	18
National Urgent Medicine Supply	1	1	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	7	10	115	11
Supervised Consumption	12	17	174	17
Needle Exchange	6	8	121	12
Flu vaccination (employer)	9	13	158	15
NHS Clinical Commissioning Group				
Pharmacy First	4	6	130	12
Medicine Administration Record (MAR)	9	13	173	17
Anticoagulant (INR testing)	0	0	10	1

Figure 20: Map of pharmaceutical service coverage in Derbyshire Dales



Accessibility

There are 17 pharmacies to every 100,000 population in Derbyshire Dales, compared to the national average of 22. Each pharmacy has on average, 2,030 EPS nominations, compared with the national average of 2,130. There are no 100 hour pharmacies in the area. Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 53% of households are within an accessible distance. A further 39% are estimated to be dispensed to by a GP.

Strategic priorities and key health needs

Priorities in Derbyshire Dales include reducing health inequalities, increasing healthy life expectancy, and improving mental health and wellbeing for residents. Key additional health needs include (but are not limited to):

- Fuel poverty
- Road traffic incidents and casualties
- Unpaid care provision
- Travel time to services (specifically GPs)
- Diagnosis of Dementia

Future housing plans

The Derbyshire Dales Local Housing Plan was submitted to the Secretary of State in December 2016 and was subject to an Examination in Public between 9 May and 23 May 2017. The plan sets out an overall housing requirement for 6,440 dwellings over the period 2013 to 2033, with the main focus for housing growth being on the three main market towns of Ashbourne, Matlock and Wirksworth. The Plan identifies 28 housing site allocations, the main ones of which are at Ashbourne Airfield: 1,100 dwellings; Middle Peak Quarry, Wirksworth: 645 dwellings; Gritstone Road, Matlock: 430 dwellings; and Halldale Quarry: 220 dwellings.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Derbyshire Dales is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

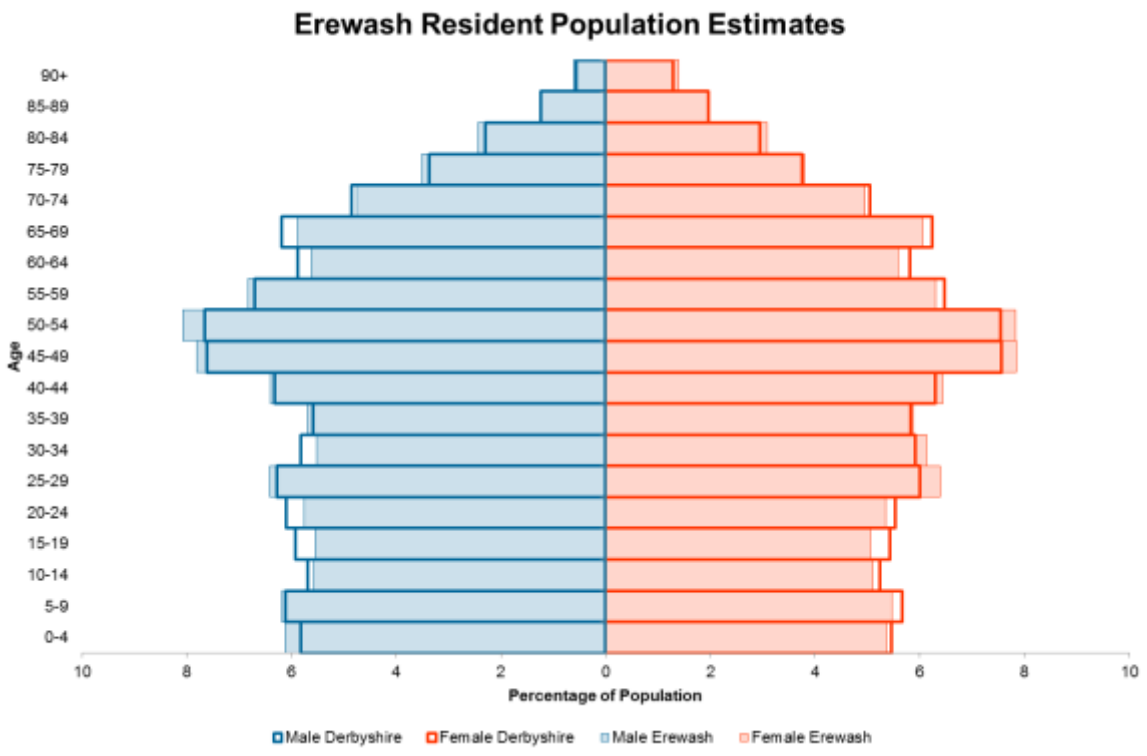
2.2.5 Erewash

The borough of Erewash lies to the east of Derby and the west of Nottingham. It is comprised of fourteen civil parishes and the towns of Ilkeston, Long Eaton and Sandiacre. Whilst the east is predominantly urban, the west is more rural with isolated villages. Erewash ranks 140th out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in which 12 out 73 lower super output areas are amongst the most deprived 20% nationally. Furthermore, the proportion of households that are deprived in two or more dimensions (25.6%) is greater than the Derbyshire and national average (25.2% and 24.8% respectively).

Population

Erewash has an estimated population of 114,891 that is projected to increase to 129,121 by 2039. The population of Erewash is generally young, with a relatively similar age composition to Derbyshire as a whole. In Erewash, there are a greater proportion of individuals aged 20-39 (24%) than that of those over 65 (20%). The proportion of black and minority ethnic residents is marginally higher than the Derbyshire average (4.8% compared with 4.2%).

Figure 21: Erewash Population Pyramid (mid-2016)



Employment

Manufacturing is a key employment sector in the area, and provides more than a quarter of jobs. Major companies within this sector include Stanton Bonna Concrete and Saint-Gobain PAM UK. However, there has been employment growth within engineering, electronics and distribution.

NHS Services

There are 26 General Practices within the borough. 8 of these are branch practices and 3 provide dispensing services to local residents. Ilkeston Community Hospital provides a range of services on behalf of Derbyshire Community Health Services NHS Foundation Trust. These include children's and adolescent services, general surgery and therapy services. There are 26 pharmacies across the district, and one Dispensing Appliance Contactor located here. Each pharmacy offers a range of essential services in addition to those shown in Figure 22.

Poverty

Approximately 3,935 children (19.5%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 6.0% in West Hallam and Dale Abbey to 47.2% in Cotmanhay.

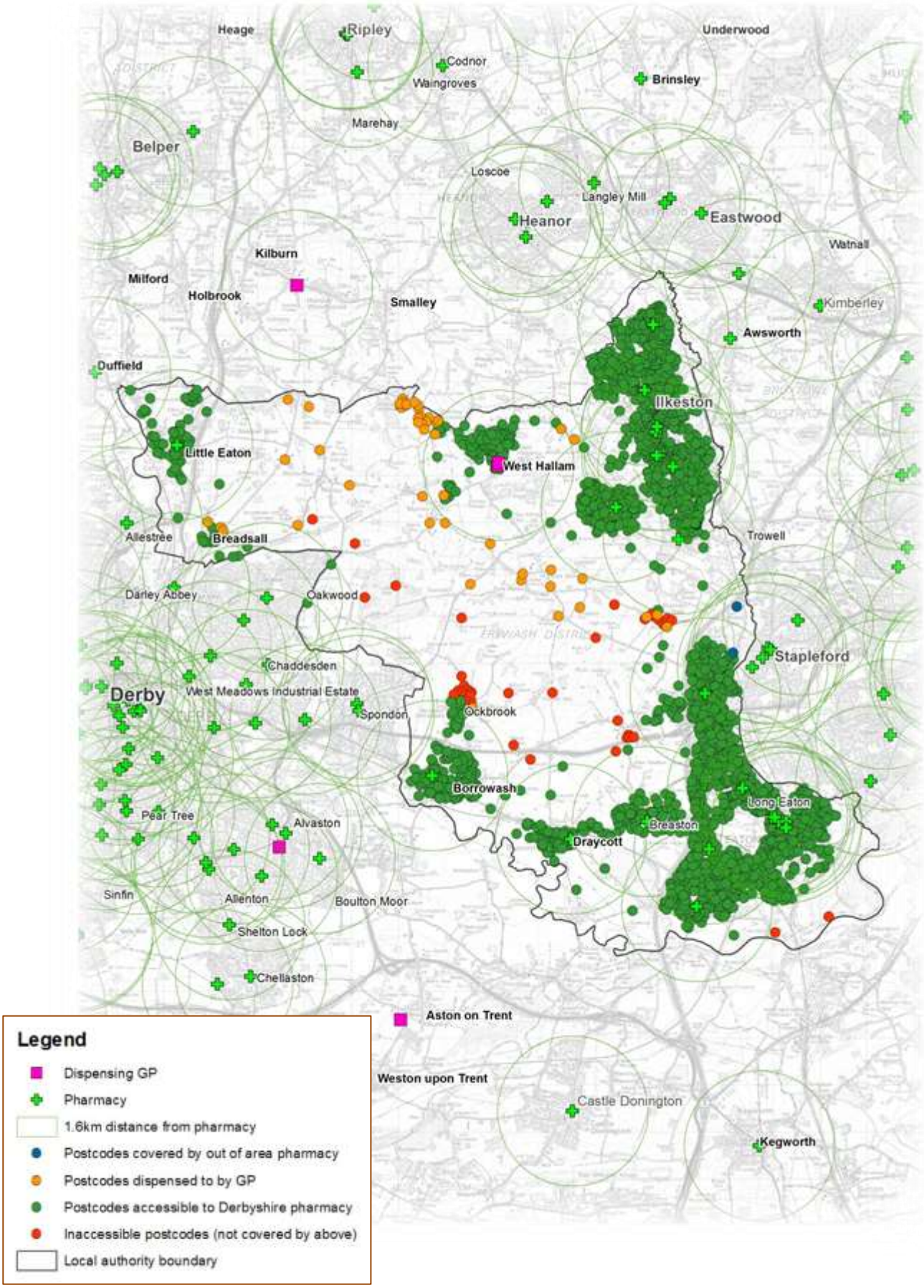
Quality of health

5.6% of people in the area rate their health as "bad" or "very bad". At a ward level this varies from 3.8% in Wilsthorpe to 8.8% in Cotmanhay. Of note in the area is the significantly higher rate of premature mortality from liver disease amongst females.

Figure 22: Pharmaceutical services provided in Erewash

	Erewash		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	25	22	205	20
New Medicine Service (NMS)	23	20	193	19
100 hour pharmacy	3	3	23	2
Flu vaccination (population)	24	21	184	18
Palliative care drugs stockist scheme	17	15	103	10
Emergency Supply Service (ESS)	23	20	192	18
National Urgent Medicine Supply	7	6	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	17	15	115	11
Supervised Consumption	23	20	174	17
Needle Exchange	10	9	121	12
Flu vaccination (employer)	19	17	158	15
NHS Clinical Commissioning Group				
Pharmacy First	24	21	130	12
Medicine Administration Record (MAR)	25	22	173	17
Anticoagulant (INR testing)	3	3	10	1

Figure 23: Map of pharmaceutical service coverage in Erewash



Accessibility

There are 23 pharmacies to every 100,000 population in Erewash, compared to the national average of 22. Each pharmacy has on average, 2,192 EPS nominations, compared with the national average of 2,130. There are three 100 hour pharmacies in the area (12% of the total). Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 97% of households are within an accessible distance. A further 2% are estimated to be dispensed to by a GP.

Strategic priorities and key health needs

Priorities in Erewash include encouraging healthy lifestyles, raising aspirations of young people, and reducing alcohol misuse. Key additional health needs include (but are not limited to):

- Child poverty
- Violent crime and antisocial behaviour
- Unemployment
- School absenteeism
- Home care provision
- Excess weight
- Recorded Diabetes

Future housing plans

The Erewash adopted Core Strategy has a target for 6,250 new residential dwellings to be built for the plan period 2011 to 2028, with large developments at Stanton and Ilkeston. Of these new dwellings, a target of 1,200 affordable homes over the plan period is considered appropriate.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Erewash is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

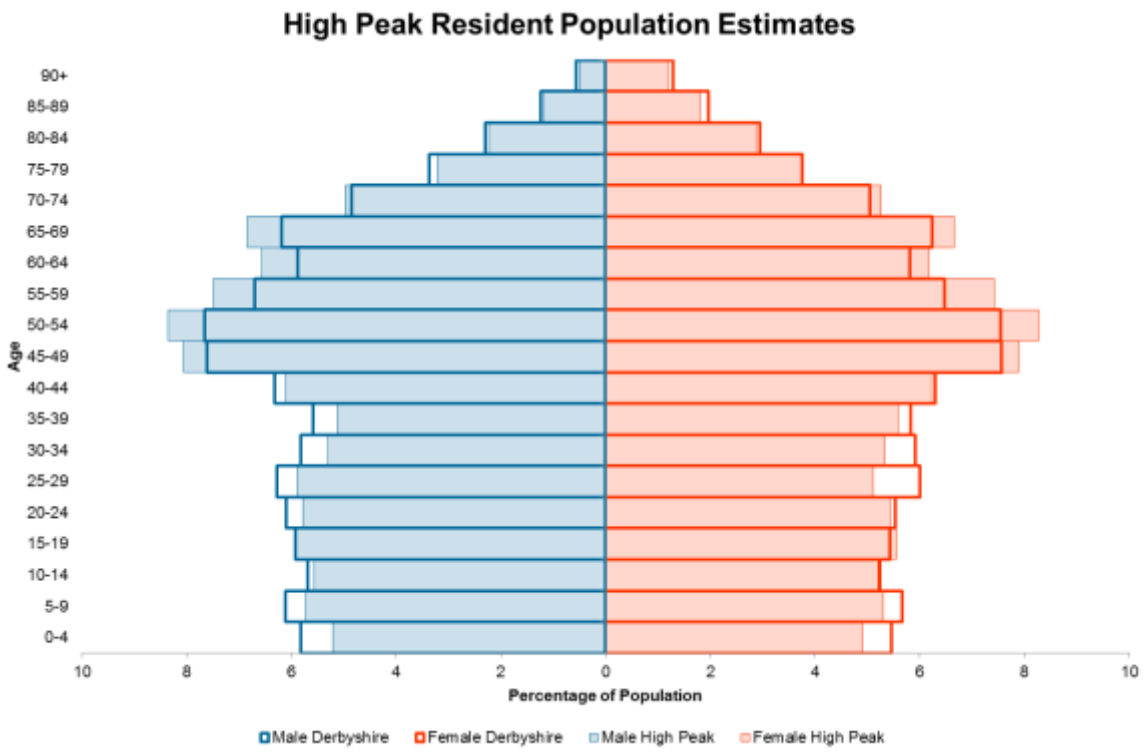
2.2.6 High Peak

The borough of High Peak is located within the north west of Derbyshire and contains the five market towns of Glossop, New Mills, Whaley Bridge, Chapel-en-le-Frith and Buxton. The area largely comprises the Peak District National Park; a popular tourist destination that also covers parts of Yorkshire, Staffordshire and Cheshire. High Peak ranks 192nd out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in the area. For instance, 21.7% of households are deprived in two or more dimensions, although this is lower than the Derbyshire (25.2%) and national average (24.8%).

Population

High Peak has an estimated population of 91,662 that is expected to increase to 96,610 by 2039. The population of the borough is generally similar to Derbyshire as a whole, although the former has a marginally higher proportion of middle-aged people aged 45-64. The proportion of black and minority ethnic residents is generally comparable with the Derbyshire average (4.1% and 4.2% respectively).

Figure 24: High Peak Population Pyramid (mid-2016)



Employment

Manufacturing, education and retail form the largest employment sectors in High Peak. Major employers include Peakdale Molecular – a leading UK provider of drug research services, and Hope Construction Materials.

NHS Services

There are 18 General Practices within High Peak. 4 of these are branch practices and one provides dispensing services to local residents. Cavendish Hospital provides a range of acute services within the district on behalf of Derbyshire Community Health Services NHS Foundation Trust and Stockport NHS Foundation Trust. Services from the latter include diabetic medicine, geriatric medicine, ophthalmology and pain management. There are 25 pharmacies across the district all offering essential services in addition to those shown in Figure 25.

Poverty

Approximately 2,303 children (14.1%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 3.7% in Dinting to 44.9% in Gamesley.

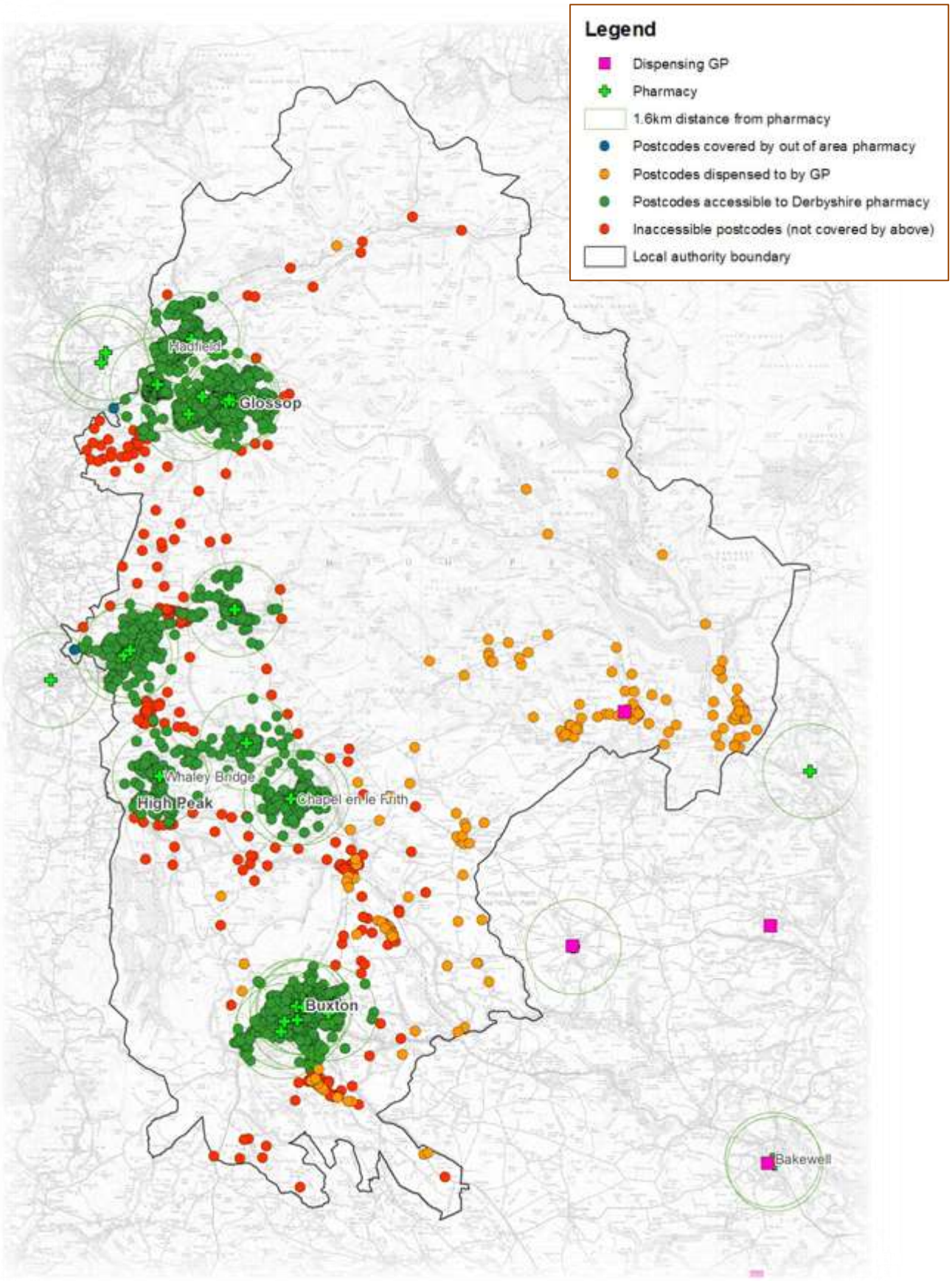
Quality of health

5.2% of people in the area rate their health as “bad” or “very bad”. At a ward level this varies from 3.1% in Simmondley to 9.5% in Gamesley. Of particular note in the area is the rate of hip fractures in people aged 65 and over, which is significantly higher than the national and regional average.

Figure 25: Pharmaceutical services provided in High Peak

	High Peak		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	16	17	205	20
New Medicine Service (NMS)	16	17	193	19
100 hour pharmacy	0	0	23	2
Flu vaccination (population)	15	16	184	18
Palliative care drugs stockist scheme	5	5	103	10
Emergency Supply Service (ESS)	12	13	192	18
National Urgent Medicine Supply	1	1	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	10	11	115	11
Supervised Consumption	15	16	174	17
Needle Exchange	13	14	121	12
Flu vaccination (employer)	12	13	158	15
NHS Clinical Commissioning Group				
Pharmacy First	7	8	130	12
Medicine Administration Record (MAR)	11	12	173	17
Anticoagulant (INR testing)	0	0	10	1

Figure 26: Map of pharmaceutical service coverage in High Peak



Accessibility

There are 23 pharmacies to every 100,000 population in High Peak, compared to the national average of 22. Each pharmacy has on average, 2,268 EPS nominations, compared with the national average of 2,130. There are no 100 hour pharmacies in the area. Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 86% of households are within an accessible distance. A further 6% are estimated to be dispensed to by a GP.

Strategic priorities and key health needs

Priorities in the High Peak area include reducing smoking during pregnancy, inequalities in healthy life expectancy, and increasing rates of breastfeeding. Key additional health needs include (but are not limited to):

- Fuel Poverty
- Long-term unemployment
- School absenteeism
- Educational attainment
- Hospital stays for alcohol-specific conditions in young people
- Travel time to services (specifically GPs)
- Hip fractures

NHS services, including community pharmacy, for the Glossopdale area of the High Peak, are commissioned locally by NHS Tameside and Glossop CCG, and nationally by NHS England – North Team.

Future housing plans

The High Peak Local Housing Plan was adopted on 14 April 2016. The plan sets out a housing requirement for 7,000 new dwellings (350 per annum) over the period 2011 – 2031, with growth distributed across three Sub-Areas as follows: Glossop dale 958 – 1,242 dwellings; Central Area: 1,065 – 1,171 dwellings; and Buxton 1,136 – 1,526 dwellings.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in High Peak is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

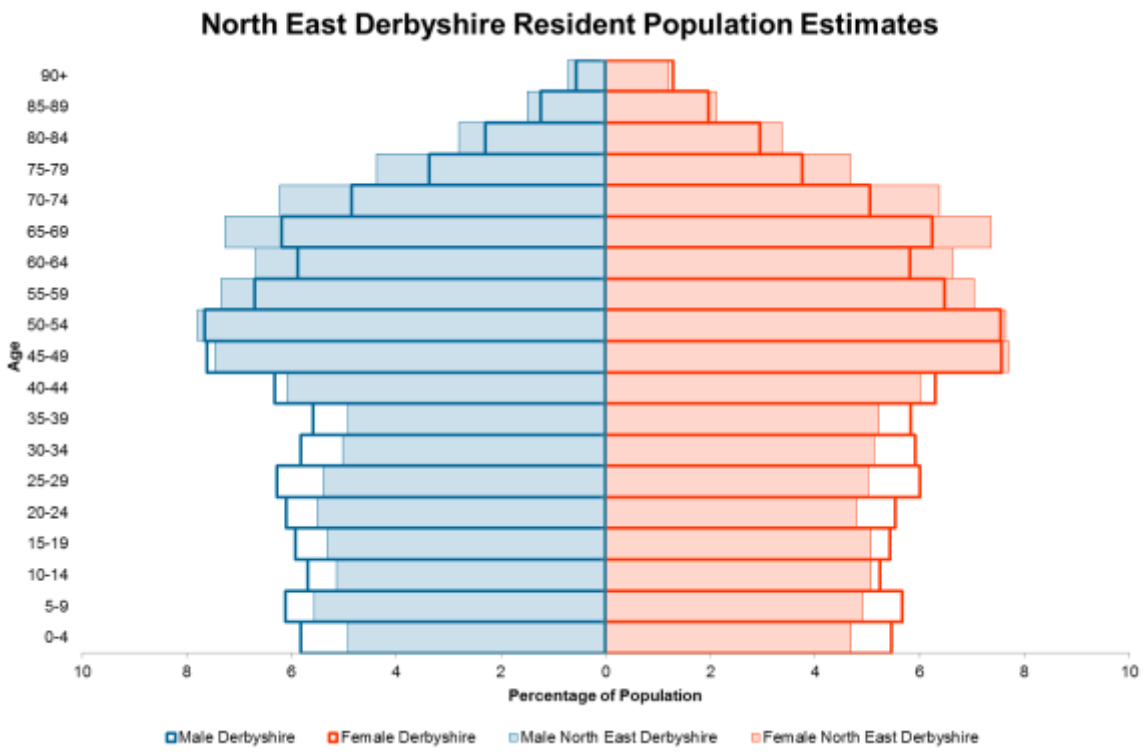
2.2.7 North East Derbyshire

The district of North East Derbyshire has a combination of rural and urban areas, and covers approximately 100 square miles. It contains the market towns of Dronfield, Clay Cross, Killamarsh and Eckington, and surrounds the neighbouring borough of Chesterfield to the north, west and south. The district ranks 184th out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are significant levels of inequality in which seven of its lower super output areas are amongst the 20% most deprived nationally. The latest census data indicates that 25.7% of households are deprived in two or more dimensions. This is greater than the Derbyshire (25.2%) and national average (24.8%).

Population

North East Derbyshire has a population of 100,423 that is expected to increase to 105,581 by 2039. The population of North East Derbyshire is generally older than that of Derbyshire as a whole, with a greater proportion of individuals aged 65 and over (24% compared with 20%). There are a smaller proportion of black and minority ethnic residents than the Derbyshire and national average (3.1% compared with 4.2% and 20.2%).

Figure 27: North East Derbyshire Population Pyramid (mid-2016)



Employment

Manufacturing is a major employment sector within the district. The decline of the coal, steel and heavy engineering industries have led to a rise in unemployment. However, major retail centres are distributed across the town centres of Clay Cross, Dronfield, Eckington and Killamarsh.

NHS Services

There are 25 General Practices within North East Derbyshire. 9 of these are branch practices, and 4 provide dispensing services to local residents. There are 3 acute hospitals within the area, namely Clay Cross Hospital, Scarsdale Hospital and Walton Hospital. These provide a range of services on behalf of Derbyshire Community Health Services NHS Foundation Trust. Walton Hospital also provides mental health and older people's services on behalf of Derbyshire Healthcare NHS Foundation Trust. There are 19 pharmacies within the district all offering essential services in addition to those shown in Figure 28.

Poverty

Approximately 2,515 of children (15.5%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 3.8% in Wingerworth to 35.3% in Clay Cross South.

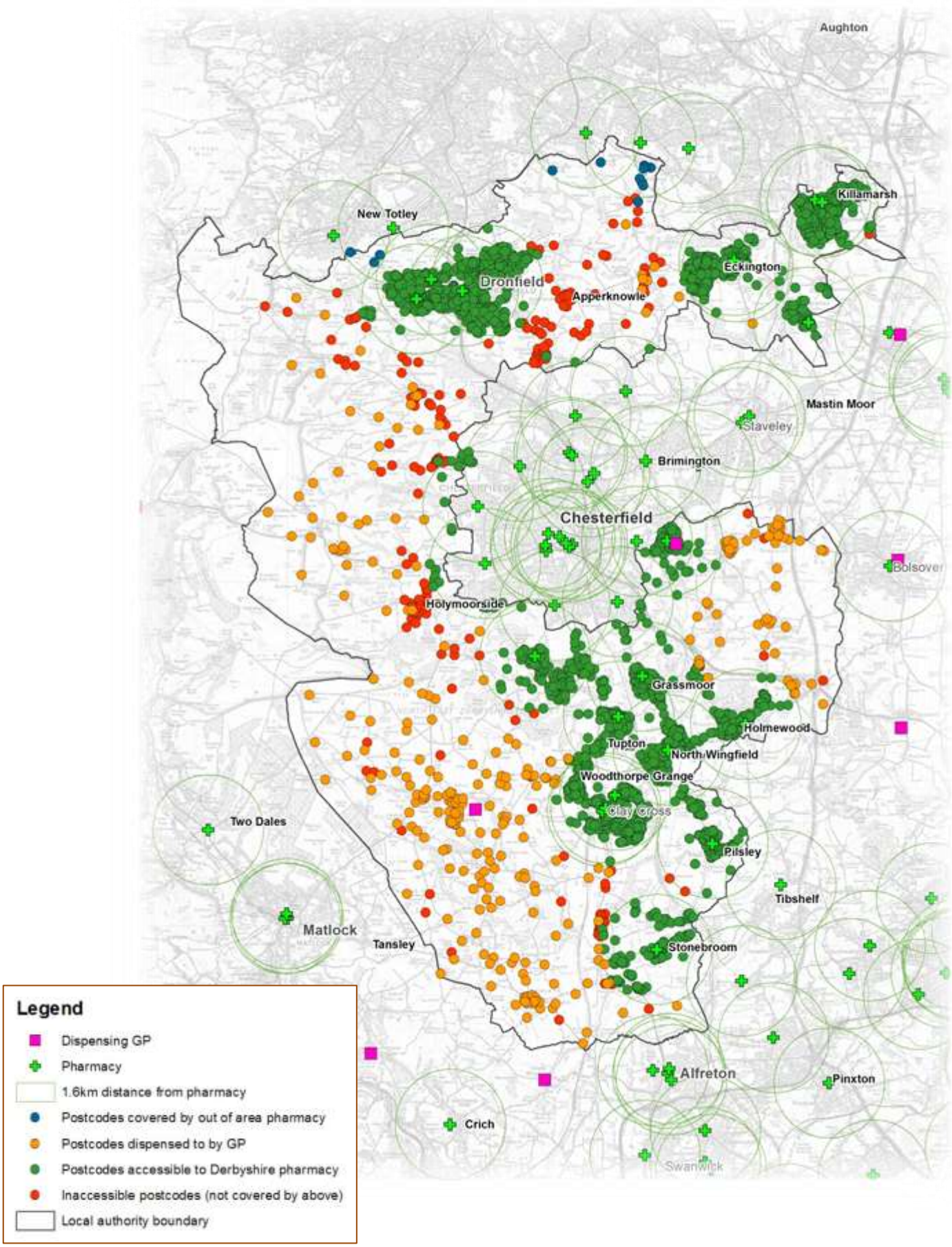
Quality of health

6.9% of people in the area rate their health as "bad" or "very bad". At a ward level this varies from 3.9% in Ashover to 10.4% in Holmewood and Health. Of particular note in the area is the significantly higher proportion of adults classed as overweight or obese and hospital admission episodes for alcohol-related conditions.

Figure 28: Pharmaceutical services provided in North East Derbyshire

	North East Derbyshire		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	20	20	205	20
New Medicine Service (NMS)	20	20	193	19
100 hour pharmacy	2	2	23	2
Flu vaccination (population)	18	18	184	18
Palliative care drugs stockist scheme	6	6	103	10
Emergency Supply Service (ESS)	18	18	192	18
National Urgent Medicine Supply	2	2	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	12	12	115	11
Supervised Consumption	18	18	174	17
Needle Exchange	14	14	121	12
Flu vaccination (employer)	18	18	158	15
NHS Clinical Commissioning Group				
Pharmacy First	0	0	130	12
Medicine Administration Record (MAR)	15	15	173	17
Anticoagulant (INR testing)	0	0	10	1

Figure 29: Map of pharmaceutical service coverage in North East Derbyshire



Accessibility

There are 20 pharmacies to every 100,000 population in North East Derbyshire, compared to the national average of 22. Each pharmacy has on average, 2,180 EPS nominations, compared with the national average of 2,130. There are two 100 hour pharmacies in the area (10% of the total). Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 85% of households are within an accessible distance. A further 8% are estimated to be dispensed to by a GP, and 1% are within accessible distance to an out of area pharmacy.

Strategic priorities and key health needs

Priorities in North East Derbyshire include smoking during pregnancy, reducing inequalities in healthy life expectancy, and increasing rates of breastfeeding. Key additional health needs include (but are not limited to):

- Unemployment and economic activity
- Home care provision
- Excess weight
- Hospital stays for self-harm
- Hospital stays for alcohol-related harm
- Recorded Diabetes

Future housing plans

The North East Derbyshire Local Plan Consultation Draft (LPCD) was published in February 2017. In this district the target is to build 6,600 homes by 2031. The largest sites are expected to be The Avenue, Wingerworth (up to 1,100 homes) Biwater, Clay Cross (up to 1,000 homes), Dronfield, Eckington, Killamarsh and Coalite near Bolsover.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in North East Derbyshire is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

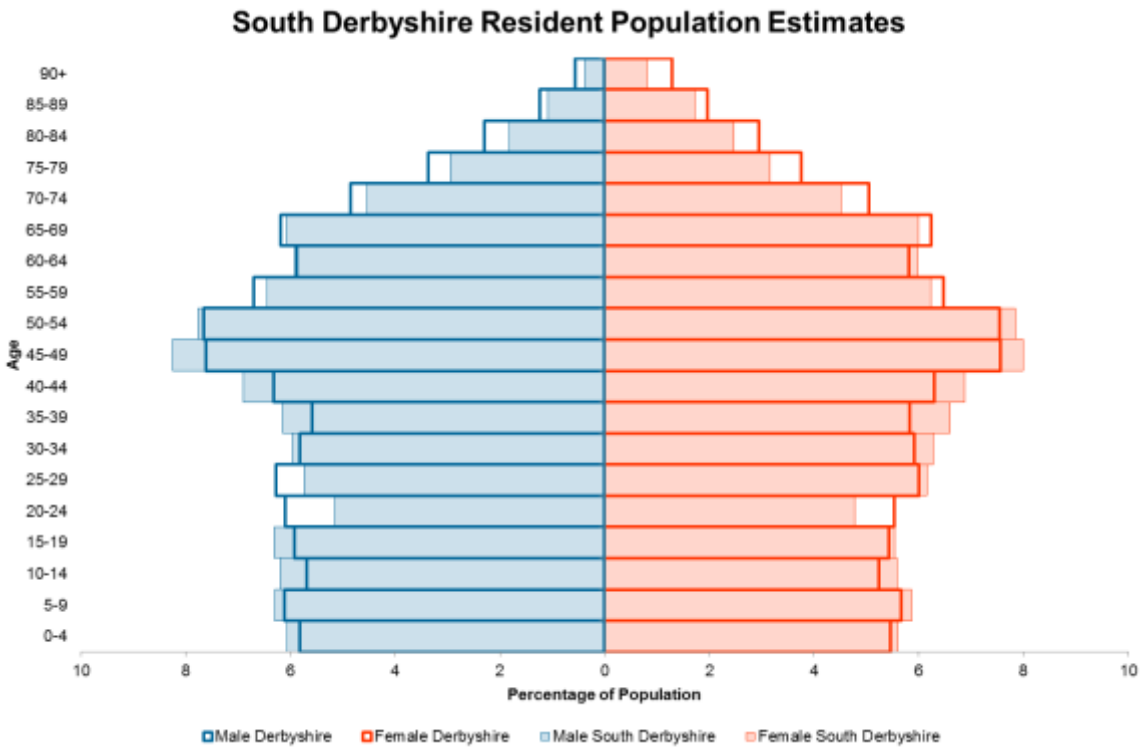
2.2.8 South Derbyshire

The South Derbyshire district is largely rural and covers a third of the National Forest; a varied landscape area that incorporates ancient woodlands and wildlife habitats. It also contains the market towns of Melbourne and Swadlincote and the town of Hilton. The area has a relatively low level of deprivation and ranks 230th out of 326 English local authority areas in the 2015 English Index of Multiple Deprivation, where 1 is the most deprived. A significant proportion of households are not deprived in any dimension (48.9%), which is higher than the Derbyshire (43.5%) and national (42.5%) average.

Population

The district has a population of 100,334 that is expected to increase to 118,485 by 2039. The age structure of South Derbyshire is generally similar to that of Derbyshire as a whole, although the former has a marginally higher proportion of middle-aged people aged 40-55. The proportion of black and minority ethnic residents (6.0%) is greater than the Derbyshire average but considerably lower than the national average (4.2% and 20.2% respectively).

Figure 30: South Derbyshire Population Pyramid (mid-2016)



Employment

Manufacturing accounts for a large proportion of employment within the area. Key businesses include JCB, which is involved in the production of construction and agricultural equipment, and Toyota Motor Manufacturing.

NHS Services

There are 14 General Practices within the district. 3 of these are branch practices and one provides dispensing services to local residents. There are also 26 pharmacies within the district all offering essential services in addition to those shown in Figure 31.

Poverty

Approximately 2,423 children (12.9%) live in poverty in South Derbyshire. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 4.8% in Repton to 23.1% in Midway.

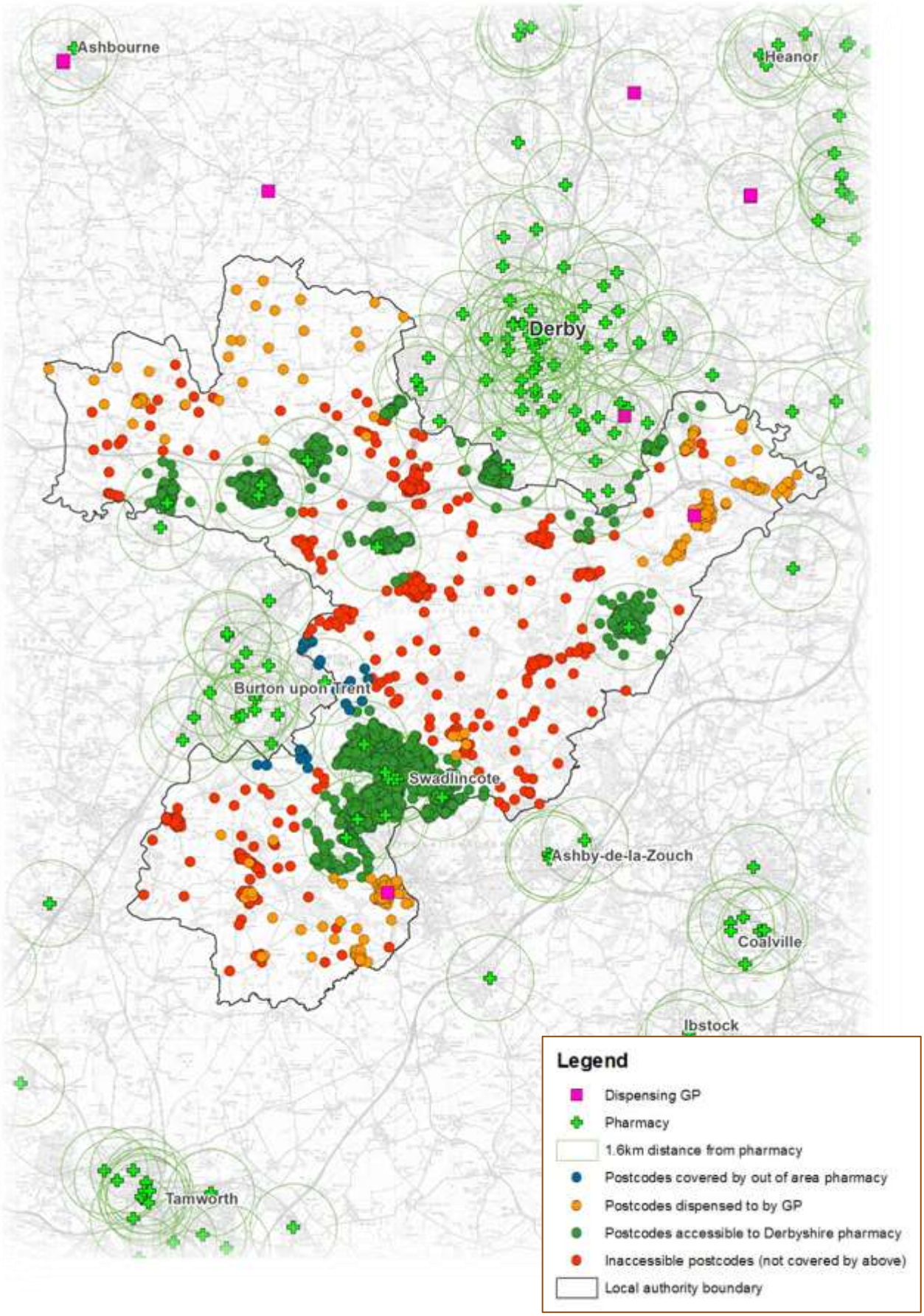
Quality of health

4.9% of people in the area rate their health as “bad” or “very bad”. At a ward level this varies from 2.3% in Hilton to 7.4% in Newhall and Stanton. Of particular note in the area is the high level of excess winter deaths within females of all ages.

Figure 31: Pharmaceutical services provided in South Derbyshire

	South Derbyshire		Derbyshire STP	
NHS England – North Midlands	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
Medicine Use Reviews (MURs)	15	15	205	20
New Medicine Service (NMS)	14	14	193	19
100 hour pharmacy	2	2	23	2
Flu vaccination (population)	15	15	184	18
Palliative care drugs stockist scheme	14	14	103	10
Emergency Supply Service (ESS)	14	14	192	18
National Urgent Medicine Supply	1	1	21	2
Local Authority (Public Health)				
Emergency Hormonal Contraception (EHC)	11	11	115	11
Supervised Consumption	11	11	174	17
Needle Exchange	8	8	121	12
Flu vaccination (employer)	12	12	158	15
NHS Clinical Commissioning Group				
Pharmacy First	15	15	130	12
Medicine Administration Record (MAR)	14	14	173	17
Anticoagulant (INR testing)	4	4	10	1

Figure 32: Map of pharmaceutical service coverage in South Derbyshire



Accessibility

There are 15 pharmacies to every 100,000 population in South Derbyshire, compared to the national average of 22. Each pharmacy has on average, 2,638 EPS nominations, compared with the national average of 2,130. There are two 100 hour pharmacies in the area (13% of the total). Considering the 1.6km radius (representing an approximate 20 minute walking duration) from registered community pharmacy premises, 76% of households are within an accessible distance. A further 10% are estimated to be dispensed to by a GP, and 1% are within accessible distance to an out of area pharmacy.

Strategic priorities and key health needs

Priorities in South Derbyshire include reducing smoking during pregnancy, reducing inequalities in healthy life expectancy, and increasing breastfeeding. Key additional health needs include (but are not limited to):

- Educational attainment
- Excess weight
- Travel time to services (specifically GPs)
- Excess winter deaths
- Early stage cancer diagnosis

Future housing plans

South Derbyshire have an adopted local plan which sets a housing target of around 12,000 new homes between 2011 and 2028. Many of these will be on the edge of Derby so are included in the 7,000 urban extensions on the edge of Derby City, but they will also have several thousand new homes in South Derbyshire away from the city.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in South Derbyshire is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need.

2.3 Place

The Derby and Derbyshire STP ambition, aligned to the 5-Year Forward View (NHS England, NHS Five Year Forward View, 2014), will be best achieved by way of a holistic approach led by primary care, and working in partnership with a range of key stakeholders including social care, community pharmacy, the care home market, voluntary sector, district and borough councils and local communities themselves. In 2015 The King's Fund proposed a new place-based 'system of care' in which NHS organisations can collaborate to address challenges of rising demand and growing financial and service pressures, to improve the health of the populations they serve (Ham & Alderwick, 2015). Across the Derbyshire STP a pro-active, place-based programme of work is being facilitated. The focus of this initiative is on the 20% of the population which use the most health and social care resource. These are generally people with ongoing complex needs who need to be supported to remain in control of their lives and remain as independent as possible. A particular focus will be on those individuals with two or more long-term conditions, people with complex mental, physical and social care needs, and people with moderate to high risk of deterioration, including frailty and end of life care.

Table 1: Derbyshire STP 'Place' characteristics

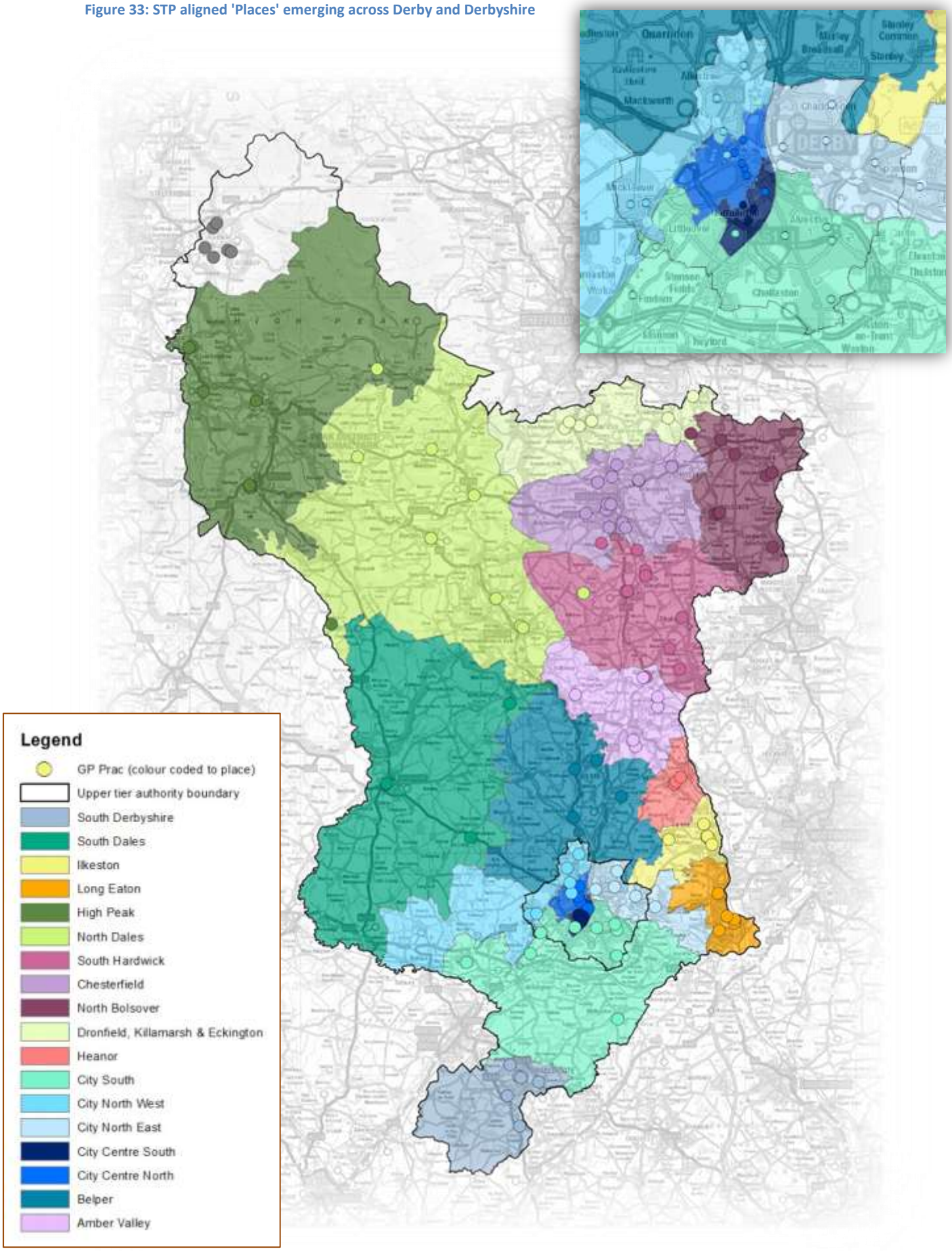
Place characteristic	Variation across 18 Derbyshire Places
Population size (1,000s)	30 ←→ 100
Geography	City Centre ←→very Rural
Demographics	Young, ethnically diverse ←→Elderly white
Proximity to acute hospitals	Within 'place' ←→ considerable distance

The Derbyshire STP places are built upon GP practice footprints, with primary care working in partnership with specialist services on a range of issues pertinent to the varying health and care needs of their local populations. As of December 2017, 18 places exist across Derbyshire; five spanning the city and 13 across the county area (subject to change in the future as 'Place' evolves). Given that this PNA baselines the current and predicted levels of need and provision for community pharmacy to 2021, it is important to recognise these new localities that are developing and will become increasingly important across the commissioning landscape. It is also important that community pharmacies are aware and involved, where appropriate, in these developments to ensure integration of community pharmacy in health and care decision making. Emerging priorities for the places can be found in Appendix 4.

"To provide person-centred care through efficient pathways by working together with communities and those services that impact on health and wellbeing…"

(The Derbyshire STP – 'Our vision for place', 2017)

Figure 33: STP aligned 'Places' emerging across Derby and Derbyshire



3. Population health needs

3.1 Population characteristics

The population of Derby and Derbyshire were estimated as 256,200 and 785,800 people respectively, in 2016 (Table 2). Since 2006 the population has increased:

- Derby City population has grown by 18,000 people (7.6% increase over the decade)
- Derbyshire County population has grown by 33,000 people (4.4% increase over the decade).

Table 2: Total population in 2016 (Office for National Statistics, Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2016, 2017)

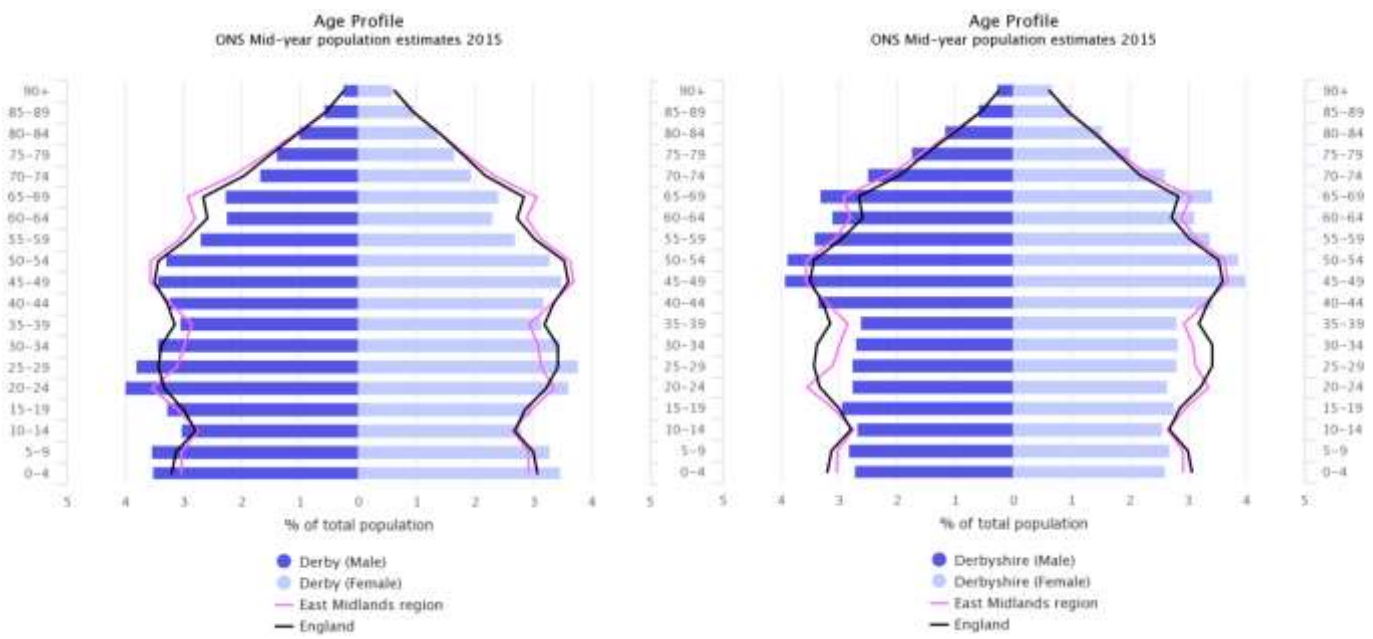
	Derby	Derbyshire	East Midlands	UK
Males	127,300	386,200	2,335,000	31,462,500
Females	129,000	399,600	2,389,400	32,323,500
All People	256,200	785,800	4,724,400	63,785,900

3.1.1 Age

In Derby City, 161,500 (63.1%) of the population are aged 16-64 years, compared to Derbyshire where 485,000 (61.7%) of the population are in this age group.

- Derby City has a higher proportion of younger people (aged <40 years) than England
- One in every four residents of Derby is a child or young person (aged <18 years)
- Derbyshire County has a higher proportion of middle aged and older adults than national average.

Figure 34: Mid 2015 population pyramid for Derby with East Midlands and England comparison – reproduced from Public Health England's Fingertips tool (Public Health England, Fingertips, 2017)



Specifically, the population estimates by age groups (Table 3) indicate a large proportion of young people residing in Derby, Bolsover, Erewash and South Derbyshire and a large proportion of older people living in Derbyshire Dales and North East Derbyshire.

Table 3: Mid-year 2016 population estimates for Derby city and Derbyshire districts (Office for National Statistics, Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2016, 2017)

	Age Groups									
Local authority districts	<18		18-39		40-64		65+		Total	
	N	%	N	%	N	%	N	%	N	%
Amber Valley	23,779	19	29,515	24	44,358	36	26,993	22	124,645	100
Bolsover	15,647	20	19,980	26	26,990	35	15,465	20	78,082	100
Chesterfield	19,984	19	26,923	26	36,022	34	21,511	21	104,440	100
Derby	59,405	23	79,230	31	76,322	30	41,276	16	256,233	100
Derbyshire Dales	12,630	18	13,384	19	26,600	37	18,674	26	71,288	100
Erewash	23,110	20	29,457	26	39,478	34	22,846	20	114,891	100
High Peak	17,833	19	22,007	24	33,247	36	18,575	20	91,662	100
North East Derbyshire	18,378	18	22,577	22	35,335	35	24,133	24	100,423	100
South Derbyshire	21,613	21	25,679	26	35,213	35	17,829	18	100,334	100

3.1.2 Census resident population

The census is taken every ten years and is an opportunity to capture a detailed snapshot of the population and various characteristics. The last census in 2011 provided a usual resident population by age groups for the Derby City wards (Table 4) and the Derbyshire Districts (Table 6), further demonstrating that a large number of younger age groups reside in Derby and a large number of middle aged adults reside in Derbyshire.

Table 4: The 2011 Census usual resident population by broad age band, Derby wards and England

	Age bands					
Area Name	**0-4**	**5-15**	**16-24**	**25-64**	**65-84**	**85+**
Abbey	1,063	1,479	3,480	7,636	1,383	293
Allestree	624	1,664	1,120	6,520	3,201	493
Alvaston	1,332	1,936	2,160	8,651	1,852	324
Arboretum	1,761	2,535	3,150	9,536	1,394	214
Blagreaves	780	1,757	1,365	6,551	2,263	339
Boulton	917	2,009	1,672	6,902	2,083	291
Chaddesden	862	1,818	1,490	6,835	2,075	333
Chellaston	1,089	2,292	1,429	7,994	2,049	345
Darley	745	1,197	3,398	7,535	1,642	380
Derwent	1,271	2,110	1,768	7,020	1,717	216
Littleover	901	2,388	1,401	7,749	1,678	258
Mackworth	897	1,510	3,052	6,722	1,650	349
Mickleover	683	1,543	1,235	7,408	2,700	453
Normanton	1,798	2,888	2,332	8,224	1,520	309
Oakwood	907	1,774	1,448	7,517	1,459	154
Sinfin	1,443	2,618	1,971	7,592	1,326	178
Spondon	670	1,415	1,233	6,311	2,432	316
Derby	17,743	32,933	33,704	126,703	32,424	5,245
England	3,318,449	6,704,387	6,284,760	28,044,331	7,480,401	1,180,128

Table 5: Percentage of 2011 Census resident population in broad age band, Derby wards and England

	Age bands					
Area Name	**0-4**	**5-15**	**16-24**	**25-64**	**65-84**	**85+**
Abbey	6.9	9.6	22.7	49.8	9.0	1.9
Allestree	4.6	12.2	8.2	47.9	23.5	3.6
Alvaston	8.2	11.9	13.3	53.2	11.4	2.0
Arboretum	9.5	13.6	16.9	51.3	7.5	1.2
Blagreaves	6.0	13.5	10.5	50.2	17.3	2.6
Boulton	6.6	14.5	12.1	49.7	15.0	2.1
Chaddesden	6.4	13.6	11.1	51.0	15.5	2.5
Chellaston	7.2	15.1	9.4	52.6	13.5	2.3
Darley	5.0	8.0	22.8	50.6	11.0	2.6
Derwent	9.0	15.0	12.5	49.8	12.2	1.5
Littleover	6.3	16.6	9.7	53.9	11.7	1.8
Mackworth	6.3	10.6	21.5	47.4	11.6	2.5
Mickleover	4.9	11.0	8.8	52.8	19.3	3.2
Normanton	10.5	16.9	13.7	48.2	8.9	1.8
Oakwood	6.8	13.4	10.9	56.7	11.0	1.2
Sinfin	9.5	17.3	13.0	50.2	8.8	1.2
Spondon	5.4	11.4	10.0	51.0	19.6	2.6
Derby	7.1	13.2	13.5	50.9	13.0	2.1
England	6.3	12.6	11.9	52.9	14.1	2.2

- A comparatively large proportion of the population in the Derby wards of Normanton, Derwent, Arboretum and Sinfin are young children aged 0-4 years.
- The wards of Sinfin, Normanton and Littleover have a greater than national average proportion of children aged 5-15 years.
- One-in-five people in the wards Darley, Abbey and Mackworth are aged 16-24 years. These wards are located together and share the location of the University of Derby.
- The ward with the highest proportion of the population of working age (25-64 years) is Oakwood.
- Allestree, Spondon and Mickleover have the greatest proportion of resident older adults (65+ years).

Table 6: The 2011 Census usual resident population by broad age band, Derbyshire districts and England

	Age bands					
Area Name	**0-4**	**5-15**	**16-24**	**25-64**	**65-84**	**85+**
Amber Valley	6404	15,064	12,063	65,999	19,728	3,051
Bolsover	4275	9,399	7,988	40,420	12,042	1,742
Chesterfield	5778	12,415	10,958	55,346	16,513	2,778
Derbyshire Dales	3077	8,740	6,152	37,320	13,640	2,187
Erewash	6527	13,606	12,259	59,693	17,361	2,635
High Peak	4961	11,515	9,677	49,070	13,701	1,968
North East Derbyshire	4799	11,525	9,730	52,051	18,386	2,532
South Derbyshire	5724	12,977	9,461	51,822	12,893	1,734
Derbyshire	41545	95,241	78,288	411,721	124,264	18,627
England	3,318,449	6,704,387	6,284,760	28,044,331	7,480,401	1,180,128

Table 7: Percentage of 2011 Census resident population in broad age band, Derbyshire districts and England

	Age bands					
Area Name	**0-4**	**5-15**	**16-24**	**25-64**	**65-84**	**85+**
Amber Valley	5.2	12.3	9.9	54.0	16.1	2.5
Bolsover	5.6	12.4	10.5	53.3	15.9	2.3
Chesterfield	5.6	12.0	10.6	53.3	15.9	2.7
Derbyshire Dales	4.3	12.3	8.7	52.5	19.2	3.1
Erewash	5.8	12.1	10.9	53.3	15.5	2.4
High Peak	5.5	12.7	10.6	54.0	15.1	2.2
North East Derbyshire	4.8	11.6	9.8	52.6	18.6	2.6
South Derbyshire	6.1	13.7	10.0	54.8	13.6	1.8
Derbyshire	5.4	12.4	10.2	53.5	16.1	2.4
England	6.3	12.6	11.9	52.9	14.1	2.2

- There are fewer young children proportionally in all the Derbyshire districts (range: 4.3% to 6.1%) than the England average (6.3%).
- The percentage of school aged children in all the districts is similar to England.
- All districts have fewer young adults aged 16-24 years, than England (11.9%).

- The highest proportion of working aged adult population is found in the South Derbyshire district (54.8%).
- The majority of the districts have higher than national average proportions of older adult populations. In particular, the Derbyshire Dales and North East Derbyshire districts have 22.3% and 21.2% of adults aged 65+ comprising the resident population.

3.1.3 Predicted population growth

Continued growth in overall population across England is expected but increases will be unequal, with London, East of England and the South East regions experiencing rapid growth (13.7%, 8.9% and 8.1% respectively) and the North East the slowest (3.1%) over the ten year period of mid-2014 and mid-2024. The population projections are predicted to vary more widely across the local authorities, with Barrow-in-Furness in North West England preparing for a fall in population by 4.3% and Tower Hamlets within London region preparing for vast growth of 25.1%.

The population of Derby is projected to rise by:

- 17,150 between 2014 and 2024 (approximately 6.8% rise)
- 38,800 between 2014 and 2039 (approximately 15.4% rise)

The population of Derbyshire is projected to rise by:

- 34,700 between 2014 and 2024 (approximately 4.5% rise)
- 80,200 between 2014 and 2039 (approximately 10.3% rise)

The following population pyramids below show the population growth in Derby City and Derbyshire districts for the next 10 and 20 years.

Figure 35: Derby City population pyramid for mid-year population estimates 2016, 2027 and 2037

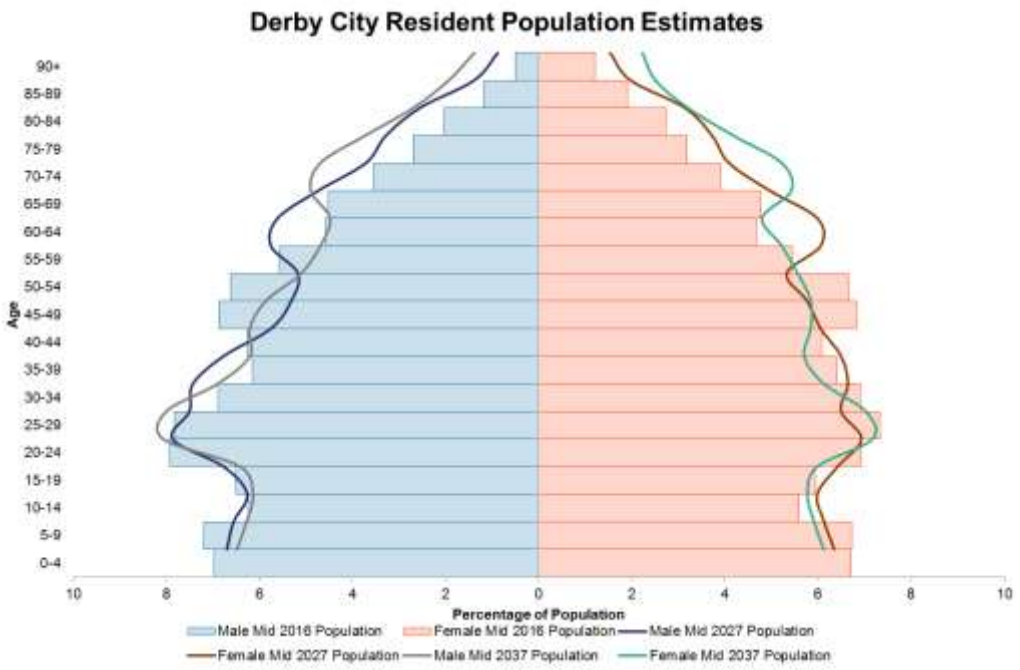
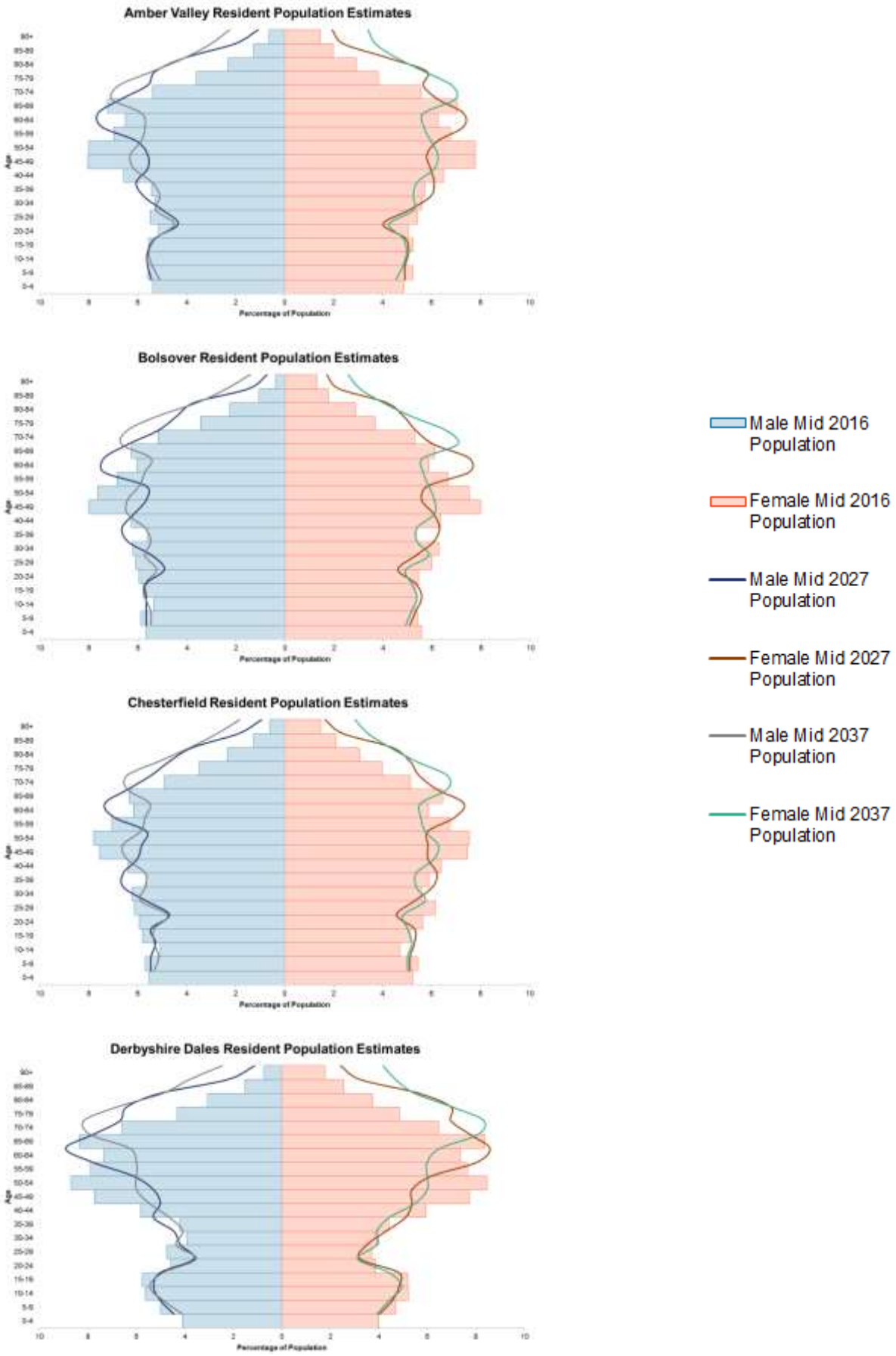
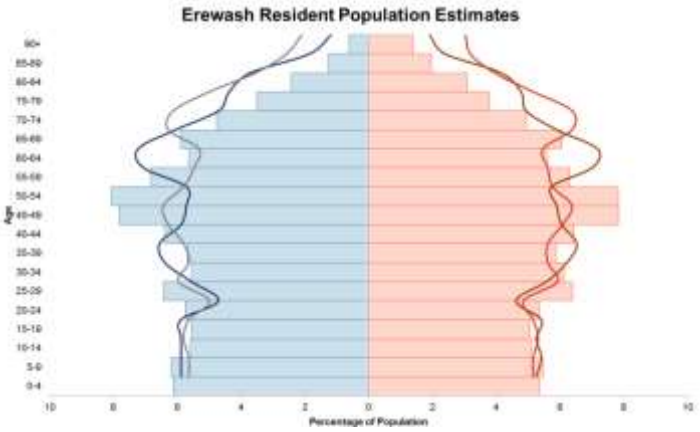
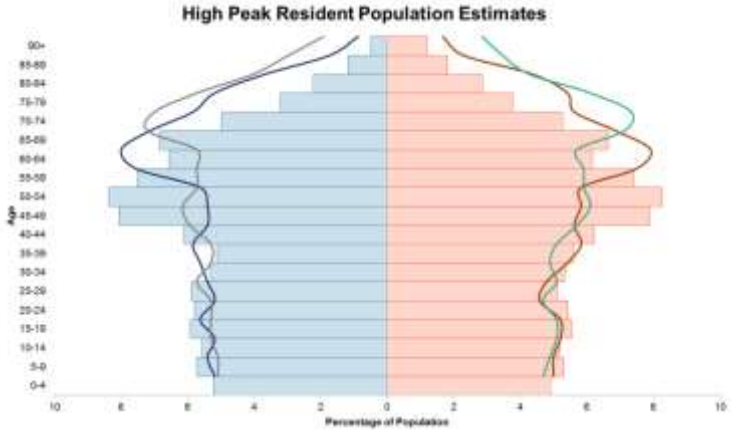
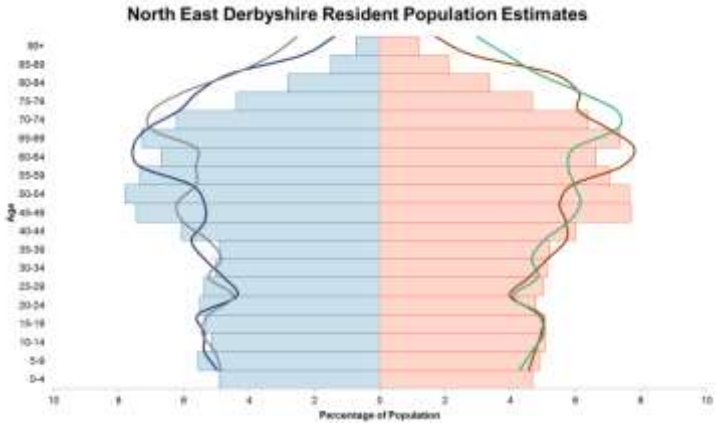


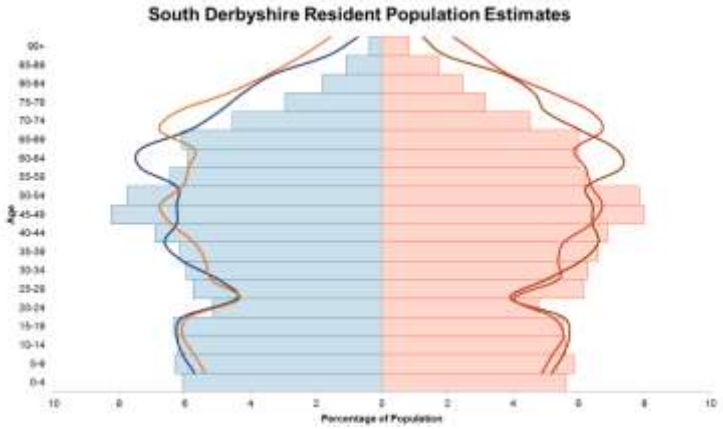
Figure 36: Derbyshire district population pyramids for mid-year population estimates 2016, 2027 and 2037











Male Mid 2016 Population

Female Mid 2016 Population

Male Mid 2027 Population

Female Mid 2027 Population

Male Mid 2037 Population

Female Mid 2037 Population

3.1.4 Housing developments

Derby

The East Midlands Regional Plan referred to in the previous PNA was revoked some years ago and now local authorities establish their housing needs and targets through their local plans. The City Council has set a target for a minimum of 11,000 new homes to be provided in the city between 2011 and 2028. The city's housing needs were identified as over 16,000 new homes between 2011 and 2028. About 5,000 however, of these will be built in Amber Valley and South Derbyshire mainly as urban extensions to the city to ensure that the city's needs are met in sustainable locations. There are expected to be in excess of 7,000 new homes built on the edge of Derby but outside its administrative area by 2028. Provision for health facilities will be determined through discussions with the relevant commissioning organisations. In Derby about 3,000 new homes have already been built between 2011 and 2017. This leaves about 8,000 more dwellings to be provided by 2028 to ensure that the minimum target of 11,000 is met. The housing trajectory indicates that over 3,500 new homes will have been built between 2014 and 2019 in the city. The annual delivery of new homes is expected to rise to over 1,000 a year in coming years. The Derby City 2017-2020 major housing trajectory detail is included in Appendix 1.

Derbyshire districts

The 2018-2020 housing development proposals in Derbyshire are outlined by each district in Appendix 2.

Amber Valley

The emerging Local Plan for Amber Valley estimates that around 9,000 dwellings will be built by 2028, some of which will contribute to the 7,000 homes being built as urban extensions to the edge of Derby. The other six largest sites (of over 300 units) will be in Alfreton, Heanor, Ripley, and North of Derby.

Bolsover

The Bolsover Local Plan Consultation Draft (BLPCD) was published for consultation in October 2016, which included a housing target for the district of 3,600 dwellings during the period of 2018 to 2033. Four strategic growth sites are identified in the BLPCD at Bolsover North (900 dwellings), Clowne Garden Village (1,100 dwellings), the former Whitwell Colliery (200 dwellings) and former Coalite Chemical Works (600 dwellings).

Chesterfield

Chesterfield Borough Council published the Chesterfield Borough Local Plan Consultation Draft in January 2017, with emphasis on concentrating new development within walking distance of the Borough's town, district and local centres and focusing on areas that are in need of regeneration. The Local Plan proposed a new housing requirement for the Borough of 4,269 dwellings (272 per annum) over the period 2016 to 2033. 69 potential housing allocation sites were identified with an overall capacity to accommodate 3,980 houses, together with four reserve sites at Dunston and Upper Newbold, which could accommodate 952 houses. Five Regeneration Priority Areas are

identified which could accommodate 3,932 houses. In total, these three potential sources of housing land supply could accommodate 8,863 new homes.

Derbyshire Dales

The Derbyshire Dales Local Housing Plan was submitted to the Secretary of State in December 2016 and was subject to an Examination in Public between 9 May and 23 May 2017. The plan sets out an overall housing requirement for 6,440 dwellings over the period 2013 to 2033, with the main focus for housing growth being on the three main market towns of Ashbourne, Matlock and Wirksworth. The Plan identifies 28 housing site allocations, the main ones of which are at Ashbourne Airfield: 1,100 dwellings; Middle Peak Quarry, Wirksworth: 645 dwellings; Gritstone Road, Matlock: 430 dwellings; and Halldale Quarry: 220 dwellings.

Erewash

The Erewash adopted Core Strategy has a target for 6,250 new residential dwellings to be built for the plan period 2011 to 2028, with large developments at Stanton and Ilkeston. Of these new dwellings, a target of 1,200 affordable homes over the plan period is considered appropriate.

High Peak

The High Peak Local Housing Plan was adopted on 14 April 2016. The plan sets out a housing requirement for 7,000 new dwellings (350 per annum) over the period 2011 – 2031, with growth distributed across three Sub-Areas as follows: Glossop dale 958 – 1,242 dwellings; Central Area: 1,065 – 1,171 dwellings; and Buxton 1,136 – 1,526 dwellings.

North East Derbyshire

The North East Derbyshire Local Plan Consultation Draft (LPCD) was published in February 2017. In this district the target is to build 6,600 homes by 2031. The largest sites are expected to be The Avenue, Wingerworth (up to 1,100 homes) Biwater, Clay Cross (up to 1,000 homes), Dronfield, Eckington, Killamarsh and Coalite near Bolsover.

South Derbyshire

South Derbyshire have an adopted Local Plan which sets a housing target of around 12,000 new homes between 2011 and 2028. Many of these will be on the edge of Derby so are included in the 7,000 urban extensions on the edge of Derby city, but they will also have several thousand new homes in South Derbyshire away from the city.

Residential care housing

A number of proposed residential care schemes in Derbyshire, that are either subject to planning applications or have gained planning approval in the last three years, are detailed in Appendix 3.

Student accommodation

Student accommodation has recently been built in Derby and additional student housing has either been granted planning permission for developments (Babington Lane; Cathedral Road) or is under construction for anticipated completion next year (Agard Street).

3.1.5 Locality Summary Spine Charts

Spine charts provide the means to view several indicators at a glance on one page, and at a snapshot in time. Normally, spine charts demonstrate how one area compares with others across a range of measures. The England average is provided as a benchmark, along with the England range (best and worst) and the interquartile range (grey shading) for all Local Authorities. In this instance, both Derby and Derbyshire, and the eight District areas are presented to highlight inequalities within the Derbyshire STP area more clearly. The 'LA Value' is colour coded to indicate if the value for the area is significantly different from the England average. Some indicators are coloured to denote statistical significance (Red, Amber, Green) while others, where it was not appropriate to apply a scale of 'better' or 'worse', are colour coded by lower/higher values (Dark Blue, Amber, Light Blue).

Figure 37: Derby and Derbyshire Health Profile 1

Key:
- Derby City
- Derbyshire County
- Regional Average

'Value' comparison with national average: Lower, Similar, Higher, Not compared

Better, Similar, Worse

England Average: Worse than 25th percentile – Better than 75th percentile

Domain		Indicator	LA Number: Derby	LA Number: Derbyshire	LA Value: Derby	LA Value: Derbyshire	Eng Ave.	Eng Worst	LA Variation: England Range	Eng Best
Our communities	1	Index of Multiple Deprivation (IMD) 2015 Score	No data		27.8	18.5	21.8	5.4		43.4
	2	Statutory homelessness (per household) rate per 1,000 (2015/16)	377	477	3.6	1.4	2.5	12.5		0.1
	3	Children <16 years in poverty (2014) %	12,890	22,200	25.0	16.8	20.1	39.2		3.1
	4	GCSEs achievement (5A*-C) % (2015/16)	1,207	4,343	44.8	54.8	57.8	44.8		74.6
	5	Violent crime- violence against persons per 1,000 (2015/16)	4,742	7,717	18.8	9.9	17.2	100.4		6.7
	6	Long term unemployment rate per 1,000 (2016)	415	1,300	2.6	2.7	3.7	13.8		0.0
	7	Low birth weight of term babies (2015) %	92	165	3.0	2.3	2.8	4.8		1.3
	8	Limited english language skills (2011) %	6,893	2,192	2.9	0.3	1.7	8.7		0.1
	9	White ethnic group (2011) %	199,751	750,094	80.3	97.5	85.4	98.8		29.0
Children and Young People's Health	10	Smoking status at time of delivery (2015/16) %	445	1,065	14.2	14.2	10.6	26.0		1.8
	11	Breastfeeding Initiation (2014/15) %	445	5,519	70.2	73.4	74.3	47.2		92.9
	12	Excess weight in reception year (2015/16) %	723	1,771	21.7	22.2	22.1	30.1		14.3
	13	Excess weight in year 6 (2015/16) %	662	1,333	23.0	17.9	19.8	28.5		11.0
	14	Admission episodes for alcohol-specific conditions - under 18s (2013/14-2015/16) rate per 100,000	59	224	33.7	48.5	37.4	115.1		10.8
	15	Pregnancy ending in abortion teenagers aged <18 (2015) %	47	83	40.9	40.3	51.2	82.4		28.9
	16	Teenage conceptions (age<18) rate per 1,000 (2015)	115	206	26.9	15.4	20.8	43.8		5.7
	17	Chlamydia proportion screened aged 15-24 years (2016) %	5,391	13,819	15.3	15.9	20.7	9.4		50.0
	18	Estimated prevalence of mental health disorders in CYP (aged 5-16) % of population aged 5-16 (2014)	3,740	9,499	9.8	9.3	9.2	11.0		7.0
	19	Population vaccination coverage MMR for two doses in 5 years old (2015/16) %	3,156	7,521	87.8	91.0	88.2	56.5		98.6
	20	Population vaccination -HPV coverage for two doses (2013/14) %	1,266	1,593	90.9	43.7	85.1	43.7		99.1
	21	Proportion of five year old children free from dental decay (2014/15) %	198	1,143	72.4	77.8	75.2	43.9		85.9
Adults health and lifestyle	22	Smoking prevalence in adults (2016) %	-	-	17.8	13.9	15.5	24.2		7.4
	23	Physical activity (150+ minutes a week) % (2015)	-	-	58.3	55.6	57.0	44.8		69.8
	24	Healthy eating (meeting 5 a day recommendation) % (2015)	-	-	52.4	53.3	52.3	36.5		68.8
	25	Excess weight in adults (2013-15) %	-	-	66.0	68.3	64.8	76.2		46.5

Figure 38: Derby and Derbyshire Health Profile 2

Key:
- Derby City
- Derbyshire County
- Regional Average

'Value' comparison with national average:

	Lower	Better
	Similar	Similar
	Higher	Worse
	Not compared	

England Average

Worse than — Better than

25th percentile — 75th percentile

			LA Number		LA Value				LA Variation	
Domain		Indicator	Derby	Derbyshire	Derby	Derbyshire	Eng Ave.	Eng Worst	England Range	Eng Best
Adults health and lifestyle	1	Emergency hospital admissions for intentional self-harm (2015/16) DSR per 100,000	678	1,828	260.1	242.6	196.5	635.3		55.7
	2	Admission episodes for alcohol-specific conditions (2015/16) DSR per 100,000	1776	4,507	762.0	572.0	583.0	1681.0		246.0
	3	People who inject drugs rate per 1,000 (2011/12)	800	1,355	4.9	2.7	2.5	8.7		0.3
	4	Recorded diabetes (2014/15) %	15882	44,617	7.1	6.9	6.4	8.9		3.7
	5	Incidence of TB rate per 100,000 (2013-15)	105	66	13.8	2.8	12.0	85.6		1.2
	6	All new STI diagnosis (2016) rate per 100,000	1817	3,839	715.0	491.0	750.0	3057.0		301.0
	7	Hip fractures persons aged 65+ (2015/16) DSR per 100,000	233	950	538.0	611.0	589.0	820.0		391.0
	8	Hypertension: QOF prevalence (2015/16) %	36561	128,061	13.4	16.1	13.8	17.9		7.7
	9	Adults with learning disabilities supported throughout the year rate per 100,000 (2013/14)	645	1,890	418.9	405.4	414.0	800.6		0.0
Life expectancy and causes of death	10	Estimated dementia diagnosis rate in persons aged 65+ (2017) %	2248	7,481	77.2	73.1	67.9	53.8		90.8
	11	Excess winter deaths index (age 85+) ratio (2012-15)	388	1,702	18.6	23.2	19.6	33.0		10.2
	12	Life expectancy at birth (male; years)	-	-	78.0	79.2	79.5	74.3		83.4
	13	Life expectancy at birth (female; years)	-	-	82.7	82.8	83.1	79.4		86.4
	14	Infant mortality (2013-15) per 1,000 live births	59	83	5.8	3.5	3.9	7.9		2.0
	15	Premature births <37 weeks gestation (2013-15) per 1,000	1018	1,843	98.7	78.0	78.4	106.5		33.2
	16	Smoking attributable mortality (2013-15) rate per 100,000	1162	4,174	305.3	291.0	283.5	509.0		183.3
	17	Suicide rate (2013-15) rate per 100,000	65	216	10.2	10.3	10.1	17.4		5.6
	18	Under 75 mortality rate: cardiovascular (2013-15) rate per 100,000	486	1,656	88.0	73.7	74.6	137.6		45.4
	19	Under 75 mortality rate: cancer (2013-15) rate per 100,000	788	3,155	143.6	139.7	138.8	194.8		105.8
	20	Under 75 mortality rate: respiratory disease (2013-15) rate per 100,000	232	741	43.2	33.1	33.1	68.3		16.5
	21	Killed and seriously injured casualties on England's roads (2013-15) rate per 100,000	257	1,042	33.9	44.5	38.5	74.0		11.8
	22	Percentage of deaths in usual place of residence (aged 65+) % (2015)	891	3,450	47.6	48.2	47.5	68.8		24.1
	23	Fuel Poverty (2014) %	11175	33,527	10.7	9.8	10.6	20.4		5.7

Key points:

- Both Derby and Derbyshire have significantly higher than England average rates of smoking during pregnancy
- Derbyshire has a significantly higher rate of alcohol-specific hospital admissions for the population as a whole, whereas in Derby the rate is significantly greater in young people
- Both Derby and Derbyshire have significantly lower rates of Chlamydia screening
- Derbyshire has a significantly greater prevalence of excess weight in adults, while in Derby there is significantly greater prevalence of excess weight in Year 6 children
- Incidence of TB is significantly higher in Derby
- Excess winter deaths are significantly greater in Derbyshire
- Life expectancy at birth for both males and females is significantly lower across Derbyshire.

Figure 39: Derbyshire District Health Profile 1

'Value' comparison with national average:

Lower	Better
Similar	Similar
Higher	Worse
Not compared	

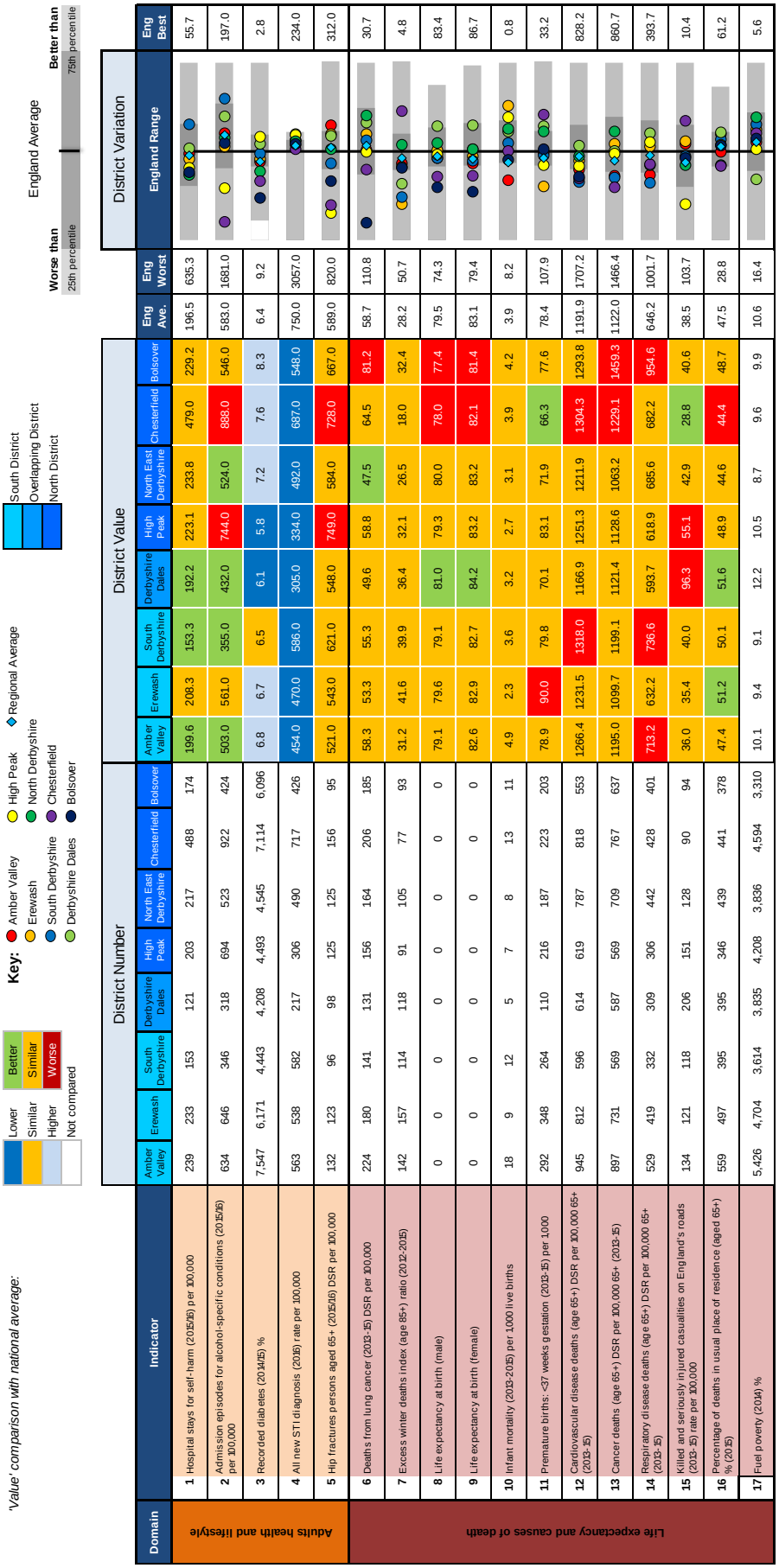
Key: Amber Valley, Erewash, South Derbyshire, Derbyshire Dales, High Peak, North Derbyshire, Chesterfield, Bolsover, Regional Average

South District, Overlapping District, North District

England Average: Worse than 25th percentile — Better than 75th percentile

Domain		Indicator	District Number: Amber Valley	Erewash	South Derbyshire	Derbyshire Dales	High Peak	North East Derbyshire	Chesterfield	Bolsover	District Value: Amber Valley	Erewash	South Derbyshire	Derbyshire Dales	High Peak	North East Derbyshire	Chesterfield	Bolsover	Eng Ave.	Eng Worst	District Variation: England Range	Eng Best
Our communities	1	Index of Multiple Deprivation (IMD) 2015 score	0	0	0	0	0	0	0	0	18.1	19.9	13.7	12.3	16.1	16.8	25.3	24.8	21.8	42.0		5.0
	2	Statutory homelessness (per households) rate per 1,000 (2015/16)	101	22	100	48	46	10	104	46	1.9	0.4	2.4	1.5	1.1	0.2	2.2	1.4	2.5	12.5		0.1
	3	Children <16 years in poverty (2014) %	3,460	3,655	2,365	1,100	2,160	2,485	3,890	3,080	16.6	18.6	13.1	10.3	13.9	16.1	21.9	22.2	20.1	39.2		6.6
	4	GCSE achievement (5A*-C) % (2015/16)	727	575	507	446	510	583	616	379	57.5	51.8	50.6	59.5	52.3	61.6	57.6	46.7	57.8	44.8		78.7
	5	Violent crime - violence against persons per 1,000 (2015/16)	1,260	1,406	833	468	902	627	1,357	864	10.2	12.3	8.5	6.6	9.9	6.3	13.0	11.2	17.2	100.4		4.5
	6	Limited English language skills (2011) %	290	340	292	129	184	138	357	462	0.2	0.3	0.3	0.2	0.2	0.1	0.4	0.6	1.7	8.7		0.1
Children and Young People's Health	7	Smoking status at time of delivery (2015/16) %	154	189	146	72	114	120	145	124	14.2	16.0	14.2	13.1	13.6	14.3	12.4	15.8	10.6	1.8		26.0
	8	Low birth weight of term babies (2015) %	9	26	23	11	20	20	33	23	0.8	2.2	2.3	2.2	2.6	2.5	3.3	2.8	2.8	4.8		0.8
	9	Excess weight in reception year (2015/16) %	272	294	221	145	195	214	248	182	21.8	26.3	19.2	23.7	22.5	20.8	21.9	22.0	22.1	30.1		12.9
	10	Excess weight in year 6 (2015/16) %	342	349	337	159	278	305	349	280	30.9	32.6	32.3	26.5	30.0	33.7	34.8	36.1	34.2	43.4		20.1
	11	Admission episodes for alcohol-specific conditions - under 18s (2013/14 - 2015/16) rate per 100,000	31	21	23	11	43	33	39	23	43.0	30.4	35.7	28.2	78.6	60.0	64.1	48.9	37.4	121.3		10.5
	12	Pregnancies ending in abortion teenagers aged <18 (2015) %	12	15	12	3	18	8	8	7	34.3	38.5	44.4	42.9	60.0	44.4	36.4	25.0	51.2	82.4		12.5
	13	Teenage conceptions (age <18) rate per 1,000 (2015)	35	39	27	7	30	18	22	28	16.3	20.8	14.5	5.7	18.2	11.5	12.8	20.9	20.8	43.8		5.4
	14	Chlamydia proportion screened aged 15-24 years (2016) %	2,003	2,019	1,614	961	1,534	1,811	2,438	1,439	14.9	15.7	14.6	13.6	14.3	17.2	19.9	16.0	20.7	7.4		58.5
	15	Estimated prevalence of mental health disorders in CYP (age 5-16) % of population age 5-16 (2014)	1,491	1,420	1,296	771	1,086	1,140	1,288	1,050	9.3	9.5	9.0	8.4	8.8	9.2	9.8	10.2	9.3	11.0		7.1
	16	Proportion of five year old children free from dental decay (2014/15) %	126	154	176	148	139	149	142	109	74.2	81.1	84.8	90.5	66.2	87.6	76.2	66.4	75.4	43.9		91.8
Adults health and lifestyle	17	Hospital admissions caused by unintentional and deliberate injuries in children (<15 years) (2015/16) rate per 10,000	136	126	150	94	184	146	174	136	69.6	65.2	85.0	91.8	125.5	97.0	105.4	105.1	104.2	207.4		46.3
	18	Smoking prevalence in adults (2016) %	No data								10.7	10.7	13.4	14.3	16.2	14.7	16.3	18.0	15.5	25.7		4.9
	19	Physical activity (150+ minutes a week) % (2015)	No data								54.6	58.3	56.7	58.4	56.7	52.8	54.8	52.9	57.0	44.8		69.8
	20	Healthy eating (meeting 5 a day recommendation) % (2015)	No data								58.2	48.6	50.3	57.0	58.4	50.6	57.2	44.5	52.3	36.5		69.2
	21	Excess weight in adults (2013-15) %	No data								68.4	68.3	69.3	63.4	62.6	67.7	73.4	72.2	64.8	76.2		46.5

Figure 40: Derbyshire District Health Profile 2



3.1.6 Life expectancy

The life expectancy in both Derby City and Derbyshire is lower than the national average. Life expectancy is disproportionately lower for people living in deprived areas. For males, there is a difference of 10.6 years between the most and least deprived wards in Derby, and a difference of 8 years in Derbyshire. For females the difference is 8.3 years between the most and least deprived wards in Derby, and a difference of 7 years in Derbyshire.

Table 8: Life expectancy at birth, in years, 2013-15 (Public Health England, Fingertips, 2017)

	Derby	Derbyshire	England
Male	78.0	79.2	79.5
Female	82.7	82.8	83.1

3.1.7 Population segmentation

Mosaic Public Sector (Experian Ltd, 2016) offers the opportunity to segment the population into groups and types based on particular characteristics – spanning demographic, geographic, lifestyle, social and behavioural traits. In Derby the most frequent groups (of a total of 16) are 'M Family Basics', 'L Transient Renters' and 'H Aspiring Homemakers', signifying 38% of the city's total population. Whereas in Derbyshire the most frequent groups are 'H Aspiring Homemakers', 'E Suburban Stability' and 'G Rural Reality', representing 33% of the county's population (Table 9).

Table 9: Mid-2014 population estimates for Derby city and Derbyshire county across Mosaic Groups

Mosaic Public Sector Group Labels	Derbyshire Total	Derby Total
A Country Living	62,608	0
B Prestige Positions	42,900	13,426
C City Prosperity	0	170
D Domestic Success	65,740	18,820
E Suburban Stability	83,728	19,506
F Senior Security	59,059	23,119
G Rural Reality	71,786	0
H Aspiring Homemakers	103,883	30,701
I Urban Cohesion	714	22,605
J Rental Hubs	9,311	16,772
K Modest Traditions	69,630	17,326
L Transient Renters	68,756	29,856
M Family Basics	60,634	34,708
N Vintage Value	51,598	16,568
O Municipal Challenge	32,253	8,060
U Unclassified	2,194	2,253
Grand Total	784,794	253,890

The top three Mosaic Groups in Derby represent three very different groups of people: Families with limited resources who have to budget to make ends meet; Younger householders settling down in housing priced within their means; Single people privately renting low cost homes for the short term. In Derbyshire, the top three Mosaic Groups characterise: young families starting out in careers and homes; older settled suburban families with adult children at home; older working aged single adults in rural locations living in modest homes and with modest incomes. Figure 41: Most common Mosaic Groups in Derby and Figure 42 provide key features of the common Mosaic Groups in Derby and Derbyshire.

Figure 41: Most common Mosaic Groups in Derby

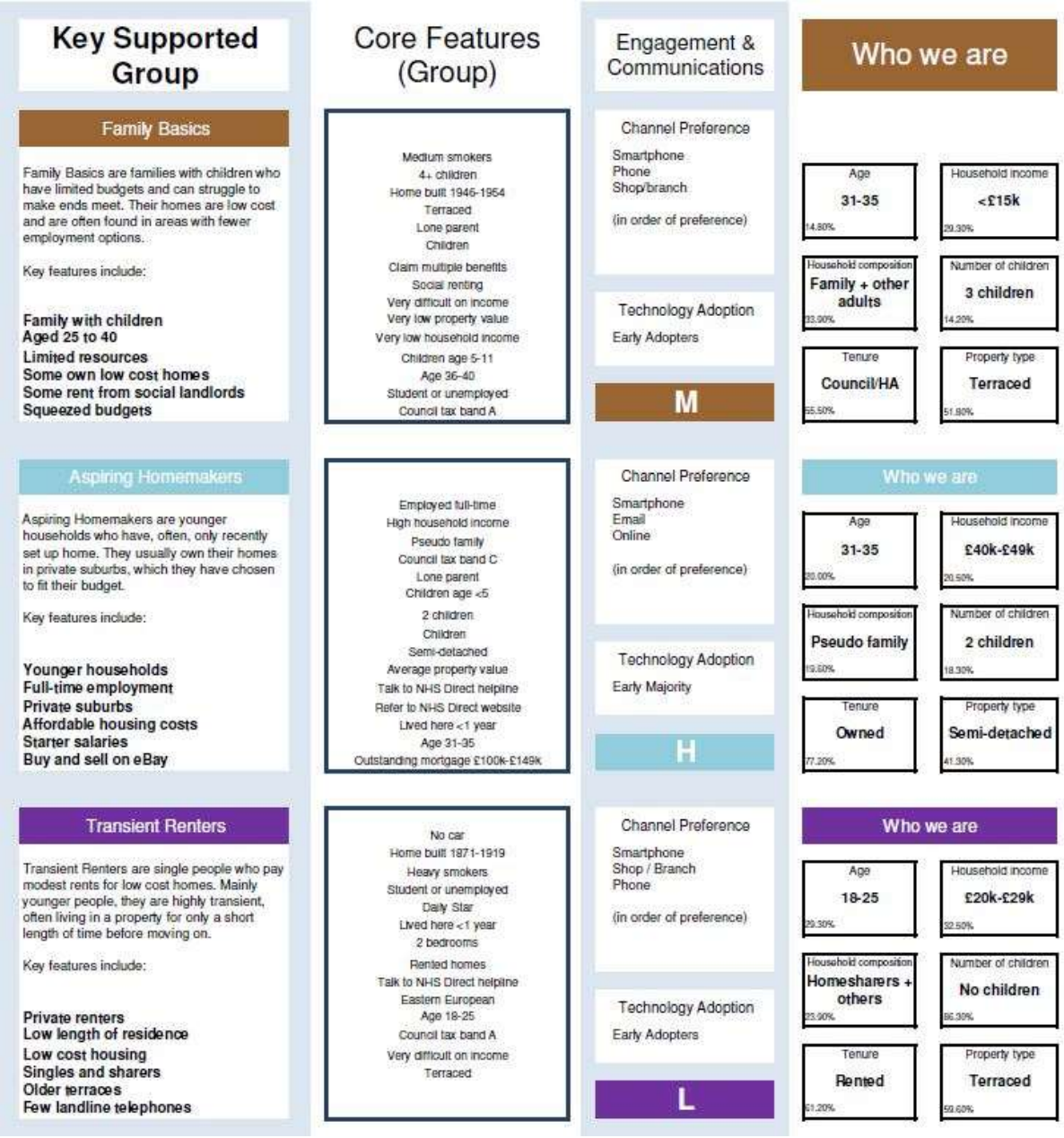
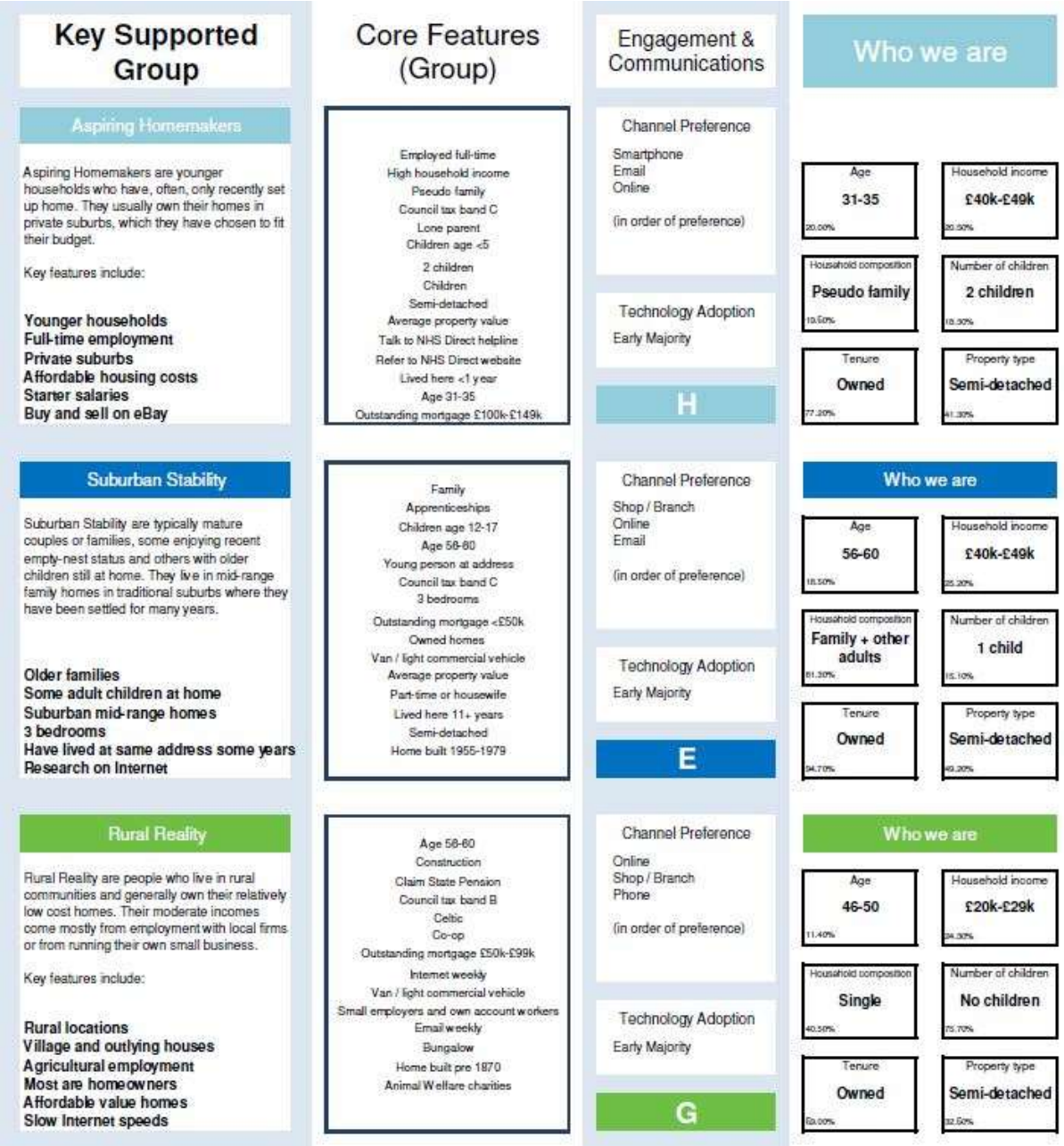


Figure 42: Most common Mosaic Groups in Derbyshire



3.2 Specific communities

3.2.1 Ethnicity

In England, 20.2% of the population are from Black or Minority Ethnic (BME) communities, and in the East Midlands, 14.6% (Office for National Statistics, 2011 Census data). Comparably, Derby had a higher proportion and Derbyshire a much lower percentage of BME communities than the national average with 24.7% and 2.5% respectively. In Derby this figure had risen from 15.7% in 2001. The Asian/Asian British community is the largest ethnic group in Derby comprising 12.6% of the total population. Within this group, the Pakistani community represented the largest BME group in Derby (5.9%), and the Indian community were the second largest BME group (4.4%).

Table 10: Ethnicity breakdown by ward in Derby (NOMIS from Census 2011)

2011 ward	White		Mixed/multiple ethnic groups		Asian/Asian British		Black/African/ Caribbean/Black British		Other ethnic group	
	number	%	number	%	number	%	number	%	number	%
Abbey	11,260	73.4	591	3.9	2,620	17.1	662	4.3	201	1.3
Allestree	13,028	95.6	127	0.9	308	2.3	87	0.6	72	0.5
Alvaston	14,315	88.1	541	3.3	786	4.8	500	3.1	113	0.7
Arboretum	8,289	44.6	764	4.1	7,689	41.4	1,131	6.1	717	3.9
Blagreaves	8,787	67.3	439	3.4	2,951	22.6	577	4.4	301	2.3
Boulton	12,611	90.9	387	2.8	495	3.6	312	2.2	69	0.5
Chaddesden	12,867	95.9	234	1.7	181	1.3	91	0.7	40	0.3
Chellaston	13,467	88.6	385	2.5	1,054	6.9	240	1.6	52	0.3
Darley	13,555	91.0	368	2.5	501	3.4	291	2.0	182	1.2
Derwent	13,243	93.9	323	2.3	237	1.7	239	1.7	60	0.4
Littleover	9,972	69.4	404	2.8	3,294	22.9	356	2.5	349	2.4
Mackworth	13,099	92.4	328	2.3	374	2.6	298	2.1	81	0.6
Mickleover	12,945	92.3	214	1.5	616	4.4	165	1.2	82	0.6
Normanton	7,153	41.9	803	4.7	7,261	42.5	1,151	6.7	703	4.1
Oakwood	12,488	94.2	240	1.8	361	2.7	143	1.1	27	0.2
Sinfin	10,747	71.0	901	6.0	2,234	14.8	971	6.4	275	1.8
Spondon	11,925	96.3	183	1.5	133	1.1	106	0.9	30	0.2

Specifically in Derby, the highest proportions of BME communities reside in Normanton and Arboretum (Table 10). In Derbyshire, South Derbyshire and Chesterfield have the highest rates of BME communities compared to the rest of Derbyshire (Table 11).

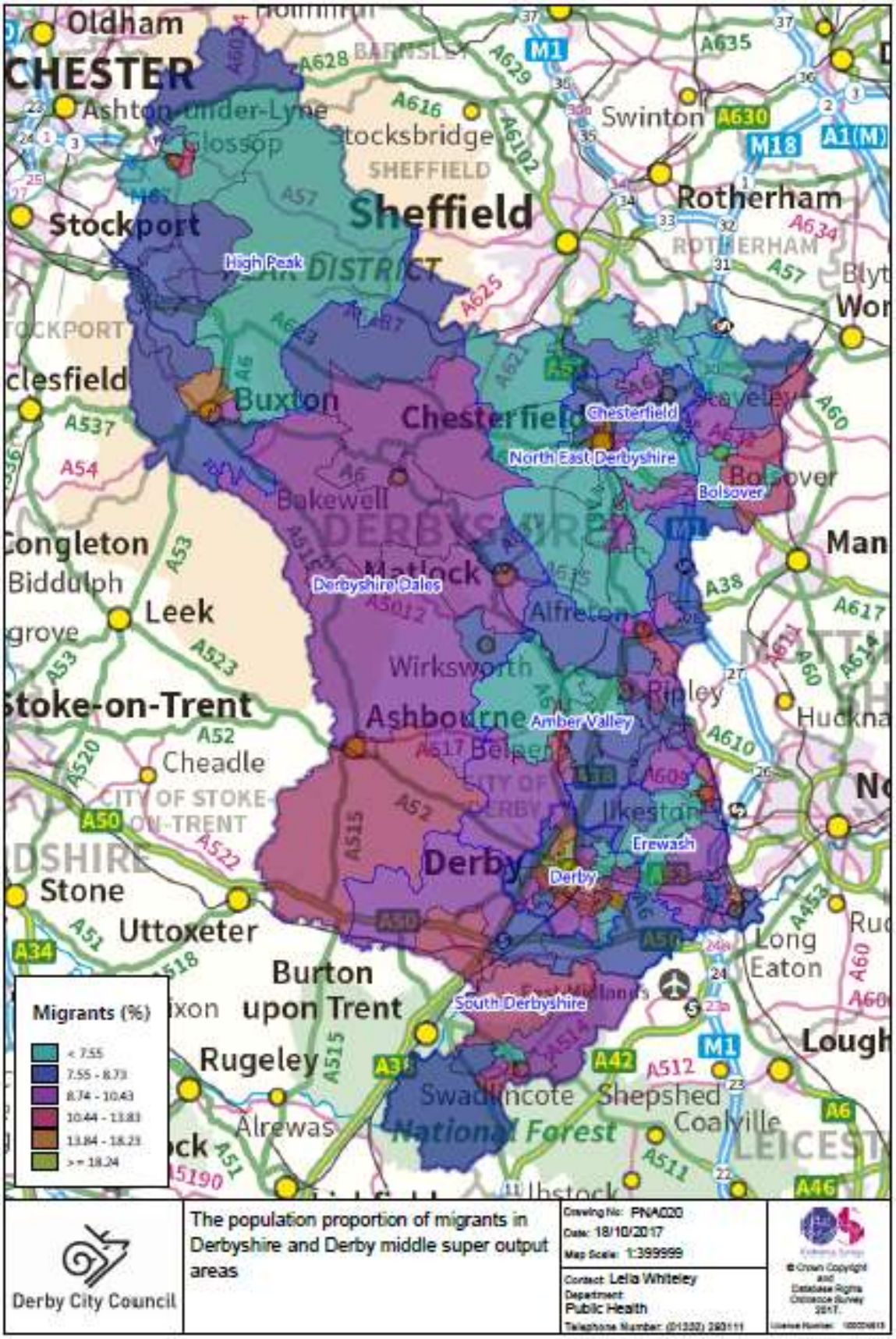
Table 11: Ethnic groups in Derbyshire County and the eight local authority districts (NOMIS from Census 2011)

Local Authority	White		Mixed/multiple ethnic groups		Asian/Asian British		Black/African/ Caribbean/Black British		Other ethnic group	
	Number	%	Number	%	Number	%	Number	%	Number	%
Amber Valley	120,023	98.1	980	0.8	929	0.8	253	0.2	124	0.1
Bolsover	74,452	98.1	518	0.7	612	0.8	267	0.4	17	0.0
Chesterfield	100,172	96.5	1,094	1.1	1,592	1.5	782	0.8	148	0.1
Derbyshire Dales	70,117	98.6	466	0.7	398	0.6	87	0.1	48	0.1
Erewash	108,765	97.0	1,269	1.1	1,383	1.2	536	0.5	128	0.1
High Peak	88,954	97.9	944	1.0	711	0.8	184	0.2	99	0.1
North East Derbyshire	97,084	98.0	786	0.8	795	0.8	236	0.2	122	0.1
South Derbyshire	90,527	95.7	1,062	1.1	2,375	2.5	425	0.4	222	0.2
Derbyshire County	**750,094**	**97.5**	**7,119**	**0.9**	**8,795**	**1.1**	**2,770**	**0.4**	**908**	**0.1**

3.2.2 Migrant population

The growing size and diversity of the proportion of the UK population who were born overseas has implications for meeting health needs. In England, 1.65% of the population stated that they cannot speak English well or at all. Derbyshire had a much lower rate of 0.29%, while in Derby 2.9% of the population had limited English language skills. In the county area, Bolsover followed by Chesterfield have the highest proportion of residents with limited English language skills. In Derby, 13.9% of its population were born outside of the UK, with residents from at least 180 different countries. The majority of those born outside of the UK are from the Middle East and Asia, and Europe. Similar to other cities across the Midlands, the majority of the non-UK born population in Derby have lived in the UK for 10 years or more (Census, 2011). In Derbyshire, 9% of the population were migrants (Census, 2011). Across Derbyshire the distribution of migrant registrations varies (Figure 43). Across the county the rate for migrant GP registrations is 2.2 per 1,000 population, while in Derby the rate is 11.7 per 1,000 population. Both of these figures fall lower than the national rate of 12.6 per 1,000 population.

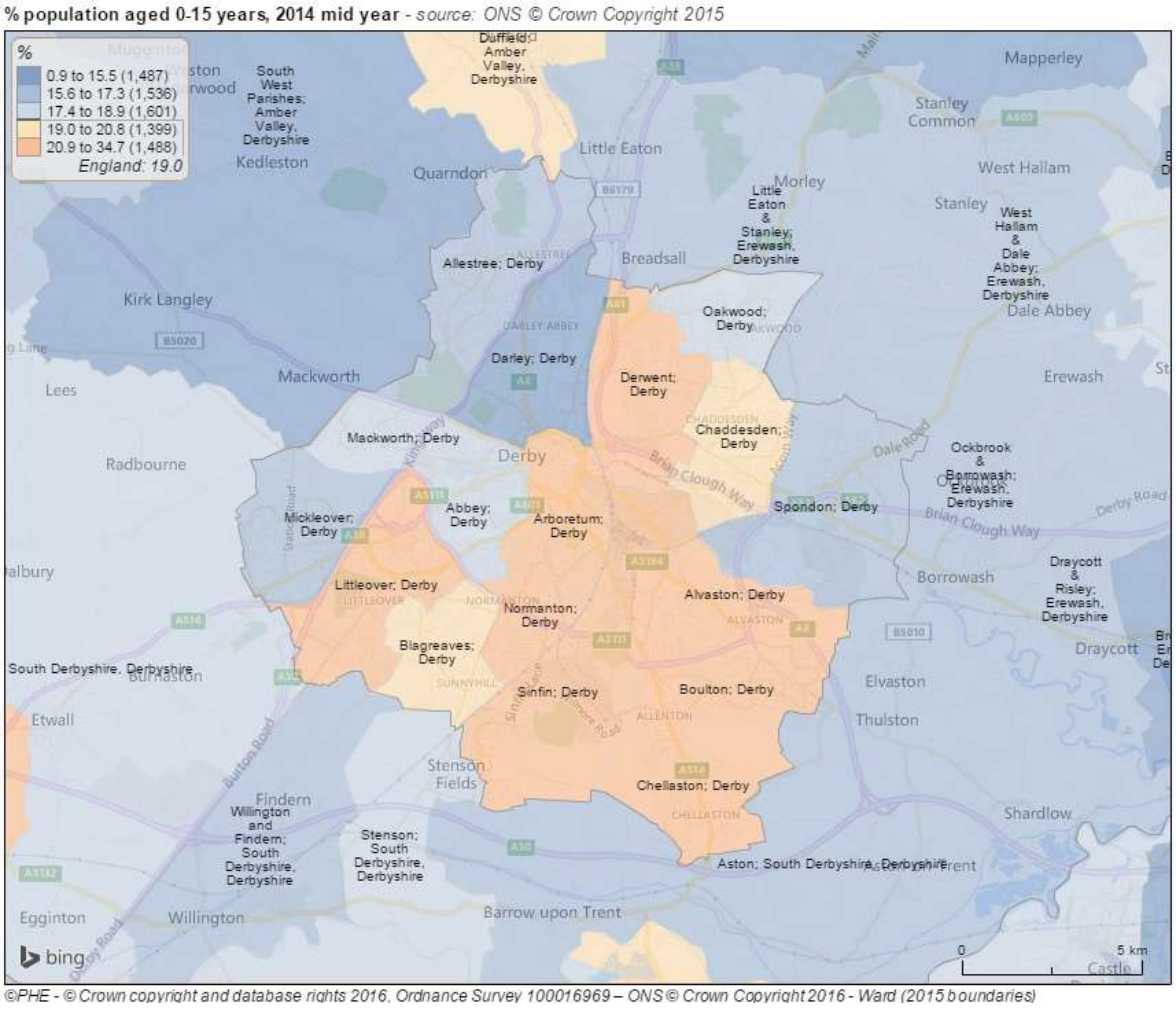
Figure 43: Migrant populations across MSOA areas of Derby city and Derbyshire



3.2.3 Children

Derby City has a young population: in 2014, 20.7% of the population were aged <16 years compared to 19.0% in England as a whole. Using Local Health (Public Health England, 2017), it is apparent that a high proportion of children reside in the centre and the south of Derby city (Figure 44).

Figure 44: Population of children aged 0-15 years (%) in Derby city (Local Health Public Health England, 2017)



The population estimates indicate that 15.2% and 13.0% of the population, in Derby and Derbyshire respectively, are of primary and secondary school age (Table 12). In comparison to England as a whole (14%), there is a slightly higher proportion of school age children in Derby city, and slightly lower proportion in Derbyshire. Around one-quarter (24.4%) of Derby's population is aged 0-18 years, in comparison to one-fifth (20.6%) in Derbyshire. Both of these proportions fall above and below the proportion of England as a whole (22.5%). Public Health England's Child Health Profile enables a detailed examination of the health of children and young people in Derby and Derbyshire with England comparison. Generally, the health and wellbeing of children in Derbyshire is similar or better than the England average, but across a number of issues the health and wellbeing of children in Derby is significantly lower than national average.

The child mortality rates in Derby and Derbyshire (12.3 per 100,000, and 11.2 per 100,000) are similar to England (11.9 per 100,000). However, the infant mortality is significantly higher in Derby (5.8 per 1,000) than England (3.9 per 100,000), although Derbyshire (3.5 per 1,000) is similar to England.

Table 12: Mid-year 2016 population estimates for persons aged 0-18 years (Office for National Statistics, 2016)

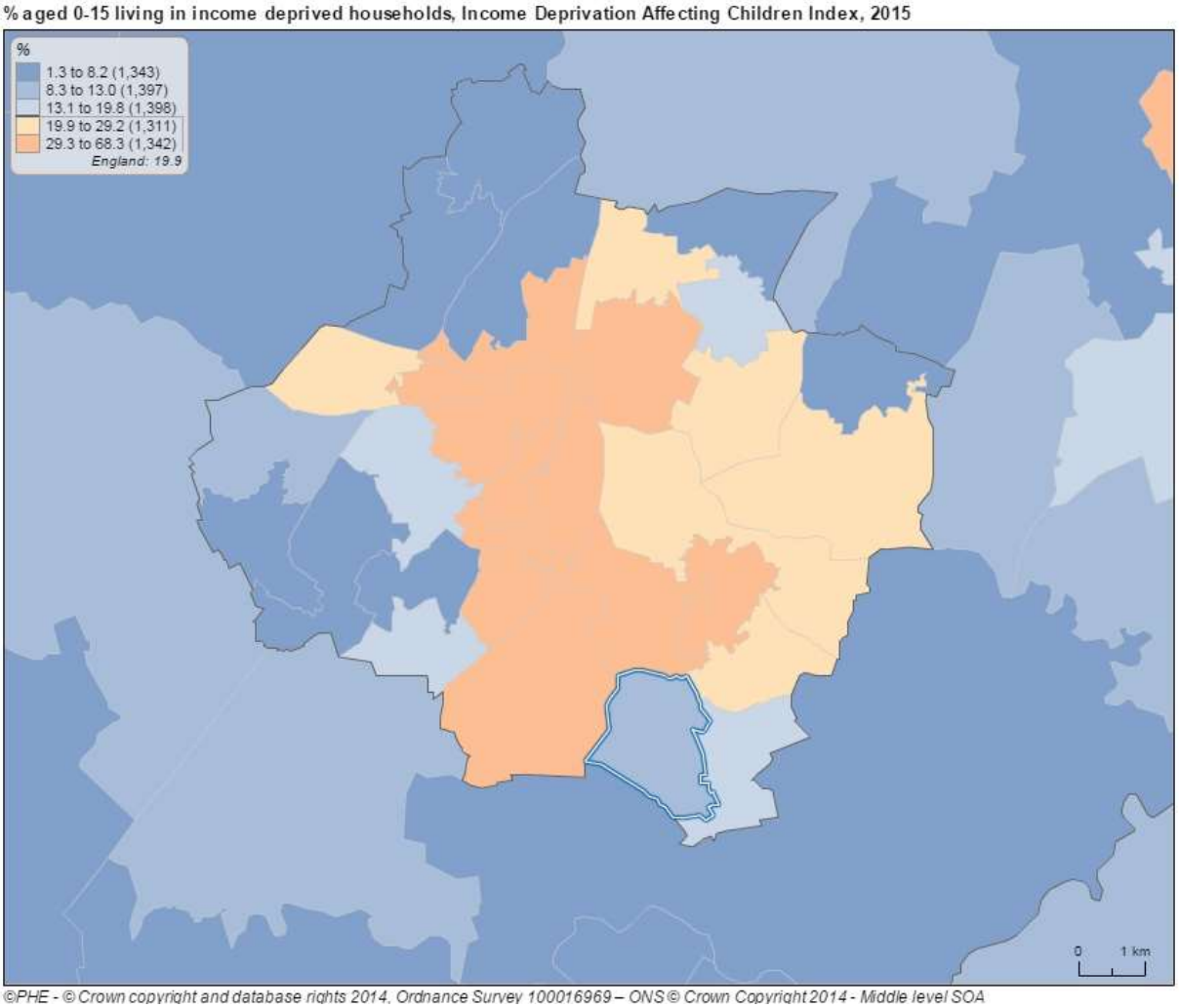
	Derby		Derbyshire		England	
Age	**Number**	**Proportion of total population (%)**	**Number**	**Proportion of total population (%)**	**Number**	**Proportion of total population (%)**
0-4	17,537	6.8	41,166	5.2	3,429,046	6.2
5-16	38,862	15.2	102,443	13.0	7,717,757	14.0
17-18	6,152	2.4	18,371	2.3	1,287,392	2.3
Total 0-18	62,551	24.4	161,980	20.6	12,434,195	22.5
Total Population	256,233	100.0	785,765	100.0	55,268,067	100.0

In 2015/16, there were 11,667 A&E attendances in 0-4 year olds in Derby (656.6 per 1,000) which was significantly higher than the rate in England (587.9 per 1,000). Derbyshire had 16,694 A&E attendances for children under five years, and this was a significantly lower rate (401.0 per 1,000) than national average. Both Derby and Derbyshire perform better than England for hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (63.3 per 10,000 in Derby; 91.0 per 10,000 in Derbyshire; 104.2 per 10,000 in England in 2015/16).

Derby and Derbyshire diverge in terms of child poverty, with 25.0% of Derby children (under 16s) in low income families in comparison to 16.8% of Derbyshire children. The England average falls in the middle of these proportions with 20.1% of children in poverty. The map overleaf (Figure 45) illustrates that child poverty is unequally distributed across the city, with more children residing in poverty in the centre and south areas, and less child poverty on the fringes of the city.

Both Derby and Derbyshire had lower than average GCSE achievement for 16 year olds in 2015/16. Only 44.8% of children in Derby and 54.8% of children in Derbyshire achieved 5A*-C GCSEs (including England and Maths) compared to 57.8% achieved in England as a whole. In fact Derby reported the lowest percentage in England in 2015/16.

Figure 45: Child poverty across Derby city (Local Health Public Heath England, 2017)



3.2.4 Children and adults in care

Looked after Children (LAC) is a term which refers to those under the age of 18 looked after by the State as a result of care orders or through voluntary agreement. Derby City (76.5 per 10,000 <18 population) has significantly higher rates of looked after children compared to the national average (60.3 per 10,000 <18 population). Comparably, Derbyshire has significantly lower rates of looked after children, with a rate of 38.1 per 10,000 <18 population. Figures have fallen for both Derby and Derbyshire from year 2014/15 to 2015/16.

Data for adults indicated that in Derby and Derbyshire 4.0 and 4.1 per 1,000 adults, respectively, with learning disabilities were known to local authorities. This is higher than the England rate (3.7 per 1,000 population). 79.7% of Derby's and 88.9% of Derbyshire's adult population with learning disabilities were living in settled accommodation; higher than the national average (72.9%). Contrastingly, the national average for adults with learning disabilities living in non-settled accommodation (21.7%) was higher than for Derby (21.1%) but not for Derbyshire (23.9%). Of particular note, Derby had no supported adults with learning disabilities living in severely unsatisfactory accommodation.

3.2.5 Sensory and physical disabilities

Long term disabilities

Table 13 shows the number of people in the 2011 Census who reported long term health problems or disabilities which mean that day-to-day activities are limited a little or a lot. In Derbyshire, 20.4% of the resident population have reported that day-to-day activities are limited a little or lot. This is higher than the national average of 17.6% across the population. This difference may be a reflection of the older population of residents in Derbyshire. In Derby, 18.7% of the population have a long-term health problem where activities are limited.

Table 13. Number and proportion of population living with a limiting long term health problem or disability, 2011 (NOMIS, 2017)

Local authority / country	Day-to-day activities limited a lot	Day-to-day activities limited a little	Total population in 2011 Census
Derby	21,984	24,472	248,752
(%)	8.8	9.8	100.0
Derbyshire	74,564	82,469	769,686
(%)	9.7	10.7	100.0
England	4,405,394	4,947,192	53,012,456
(%)	8.3	9.3	100.0

Hearing disabilities

The data below in Table 14 indicates that 399 people per every 100,000 population aged 18-64 are registered deaf or hard of hearing in Derby. This is significantly higher than rates in Derbyshire (126 per 100,000) and the national average (173 per 100,000).

Table 14. Rate of people (per 100,000) registered deaf or hard of hearing, 2009/10 (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
People aged 18-64 registered deaf or hard of hearing	399	126	173
People aged 65-74 registered deaf or hard of hearing	658	620	620
People aged 75+ registered deaf or hard of hearing	4238	2774	3089

Visual disabilities

The rate of people registered blind or partially sighted was highest in Derby across all ages, and higher in both Derby and Derbyshire than the national average in all age groups (Table 15).

Table 15. Rate of people (per 100,000) registered blind or partially sighted, 2013/14 (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
People aged 18-64 registered blind or partially sighted	325	239	214
People aged 65-74 registered blind or partially sighted	913	670	569
People aged 75+ registered blind or partially sighted	5475	5334	4255

3.2.6 Other distinct population groups

Prison populations are at high risk of poor health, social and emotional outcomes whilst within prison environments and upon release. HMP Foston Hall is a closed female prison, located to the west of Derby city in the South Derbyshire district. It has an operational capacity of 344 across eight wings. Nearby there is also the HMP Sudbury prison which is an open prison for adult males who fit the category D criteria. The operational capacity is 581 spread mostly across single or double rooms.

According to the 2011 Census, 1,259 people were recorded as serving in the Armed Forces in the city of Derby and districts of Derbyshire. The highest number, 250 people, live in Derby city

Statutory homeless households are some of the most vulnerable in society and at risk of adverse outcomes. In 2015/16, the rate of statutory homelessness, where households are in temporary accommodation, was lower in Derby than the England average. In Derby the rate was 0.3 per 1,000 in comparison to 3.1 per 1,000 in England. No data was recorded for Derbyshire, but previously the rate was 0.2 per 1,000 in 2013/14, indicating a similar rate to Derby.

Derbyshire is home to the Peak District National Park and as such attracts many visitors from day trippers to people staying for several weeks throughout the calendar year. It is estimated that there are 8.75 million visitors a year to the Peak District (National Parks UK, 2017).

On average, Gypsy and Traveller population have poorer health, educational and social outcomes than the general population. In Derby, 1.98% of school children have a Gypsy/Roma ethnicity, which is the highest proportion in any local authority in the country. The national average of the proportion of school children who are Gypsy/Roma is 0.30% in England. In contrast, Derbyshire is 0.04% which is below England as a whole. There are Gypsy and Traveller pitch sites in both Derby and Derbyshire:

- In Derby there are 17 ‘permanent’ pitches at the site Imari Park on Russell Street in Sinfin ward;

- In Derbyshire there are:
  - 26 long stay pitches (22 trailers, four transit) at Woodyard Lane in Foston, South Derbyshire district
  - Eight short-stay pitches (eight trailers) at Lullington Crossroads, near Swadlincote, South Derbyshire district
  - 20 long-stay pitches (16 trailers, four transit) at Corbriggs, Winsick, near Chesterfield, North East Derbyshire district
  - 20 short-stay pitches (20 trailers) at Blackridge, Pleasley, Bolsover district.

3.2.7 Breastfeeding populations

The World Health Organization recommends exclusive breastfeeding in the first six months after birth for babies in all countries. Current breastfeeding rates fall short. Three in four mothers in England begin breastfeeding their babies after birth, and by the time the babies are 6-8 weeks old the women still breastfeeding has reduced by nearly 50%. In Derby the rates for breastfeeding initiation is slightly lower than the average in England (Table 16) (Public Health England, 2016). The 2010 Infant Feeding Survey reported that just 1 in 100 mothers exclusively breastfed for the first six months of their baby's life.

Table 16: Mothers who breastfeed after birth and at 6-8 weeks later, %, 2014/15 (Public Health England, 2016)

	Derby	Derbyshire	England
Breastfeeding initiation	70.2	73.4	74.3
Breastfeeding prevalence at 6-8 weeks after birth	41.5	40.7	43.2

3.2.8 Transport

29% of the 102,271 households in Derby and 20% of the 332,637 households in Derbyshire, had no cars or vans availability compared to 80% which did in the 2011 census (NOMIS, 2013).

3.2.9 Deprivation

One of the most common used measures of inequality is the Index of Multiple Deprivation (IMD) which provides a weighted calculation of local measures of deprivation in England. The latest statistics of English Indices of Deprivation was released in 2015. The IMD provides an indication of the locations of the most deprived, as well as the least deprived, local populations. However, it is possible that there are deprived people living in less deprived areas and people who are not deprived living in highly deprived locations.

There are 326 local authorities that are IMD ranked by an average rank. Derby is ranked at 84th, with 19% of Derby LSOAs in the most deprived 10% nationally (28 LSOAs out of 151). With a large proportion of the population on the deprived end of the scale, Derby city residents face many challenges. Unfortunately, rank 84th is a fall from the 108th position Derby was placed in 2010. The

low rank position illustrates that many people in Derby are experiencing deprivation. Likewise, Bolsover and Chesterfield districts are as deprived on average as Derby city. At the other end of the scale, Derbyshire Dales and Southern Derbyshire are the least deprived districts on average.

Table 17: Local authority deprivation rank by average rank

Local Authority	LA rank 2010	LA rank 2015	Change
Amber Valley	159	162	3
Bolsover	43	61	18
Chesterfield	91	85	-6
Derby	108	84	-24
Derbyshire Dales	232	258	26
Erewash	150	149	-1
High Peak	191	198	7
North East Derbyshire	176	190	14
Southern Derbyshire	221	230	9

The seventeen wards within Derby City can be shared between the IMD 2015 Deciles. Derby is one of the 20% most deprived districts/unitary authorities in England and about 23% (11,700) of children live in low income families. Pockets of deprivation are mainly concentrated within Arboretum, Normanton, Sinfin and Alvaston, all within the top 10% most deprived areas in England. These wards are characterised by high rates of unemployment and households with a lower than average annual income. Conversely, Allestree and Mickleover are amongst the least deprived 10% of wards in the country. This translates into vast health inequalities between Derby's wards. For example, a child born in Allestree could expect to live up to 12 years longer than a child born in Arboretum.

The map (Figure 46) shows the areas of Derby that are most deprived include Arboretum, Normanton, Sinfin and Derwent, in comparison to the least deprived areas of Allestree, Mickleover, Littleover and Oakwood. The map illustrates that the most deprived deciles are generally found in the city centre and along two lines laying north-to-south and east-to-west. The least deprived areas tend to be located on the city fringes in the suburbs. The map of Derbyshire (Figure 47) covers a much larger area than Derby, but roughly, the more deprived areas are found on the east side. Bolsover and Chesterfield are particularly visible as having the most deprived areas. However, the county of Derbyshire is overall less deprived than England.

Figure 46: Deprivation in Derby City (Reproduced directly from Public Health England, 2017)

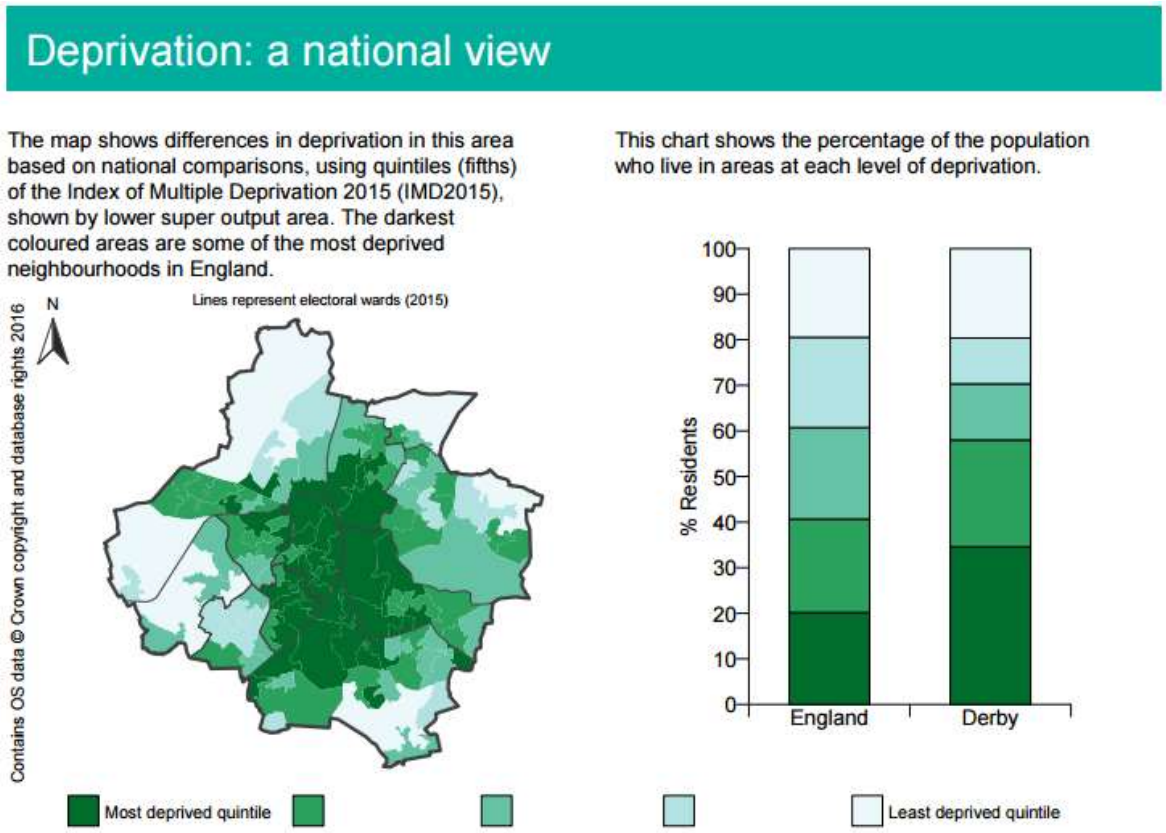
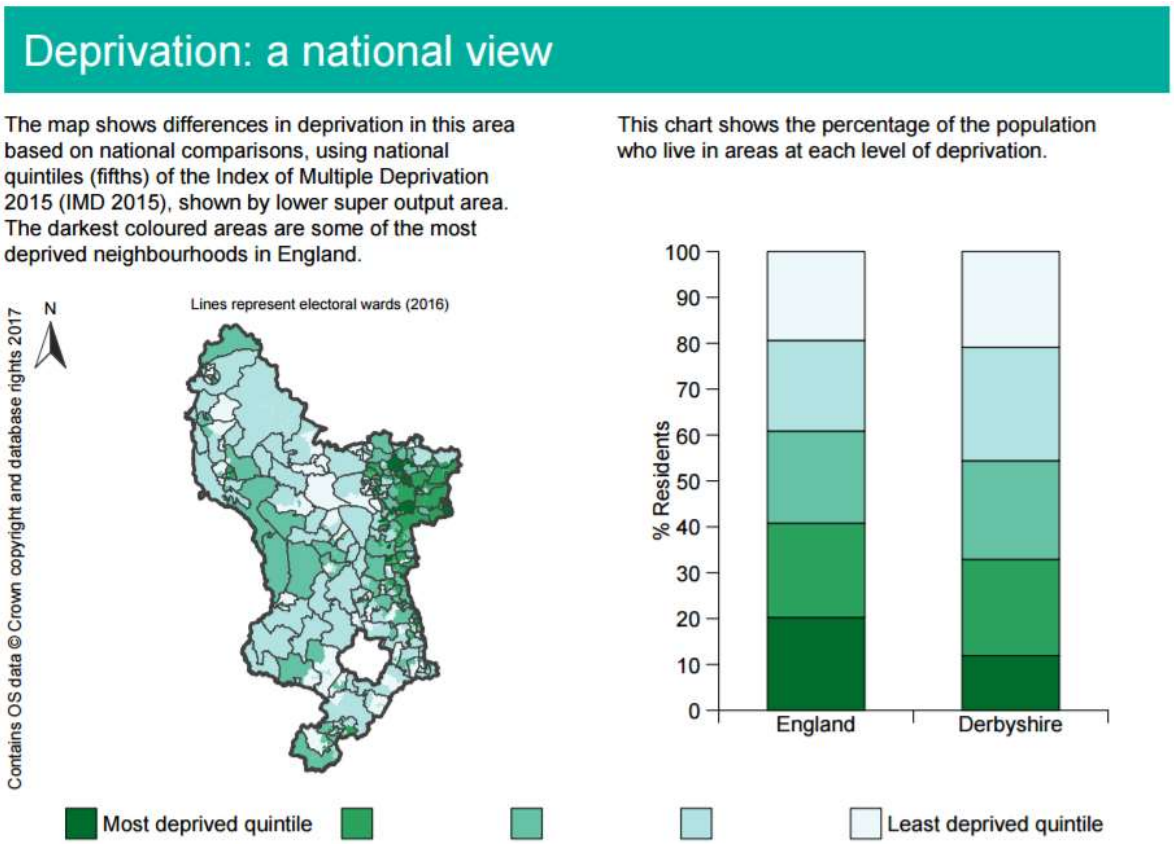


Figure 47: Deprivation in Derbyshire County (Reproduced directly from Public Health England, 2017)



3.3 Causes of ill health

This section describes the leading causes of ill health and mortality across Derby and Derbyshire. The highest mortality rates across Derbyshire, for all causes, for all individuals under 75 years, are in the Bolsover and Chesterfield districts. Lowest mortality rates were in the Derbyshire Dales. The contents in the summary table below will be explored in the following ill health subsections.

Figure 48: All causes mortality in Derbyshire, under 75 years (Local Health Public Health England, 2017)

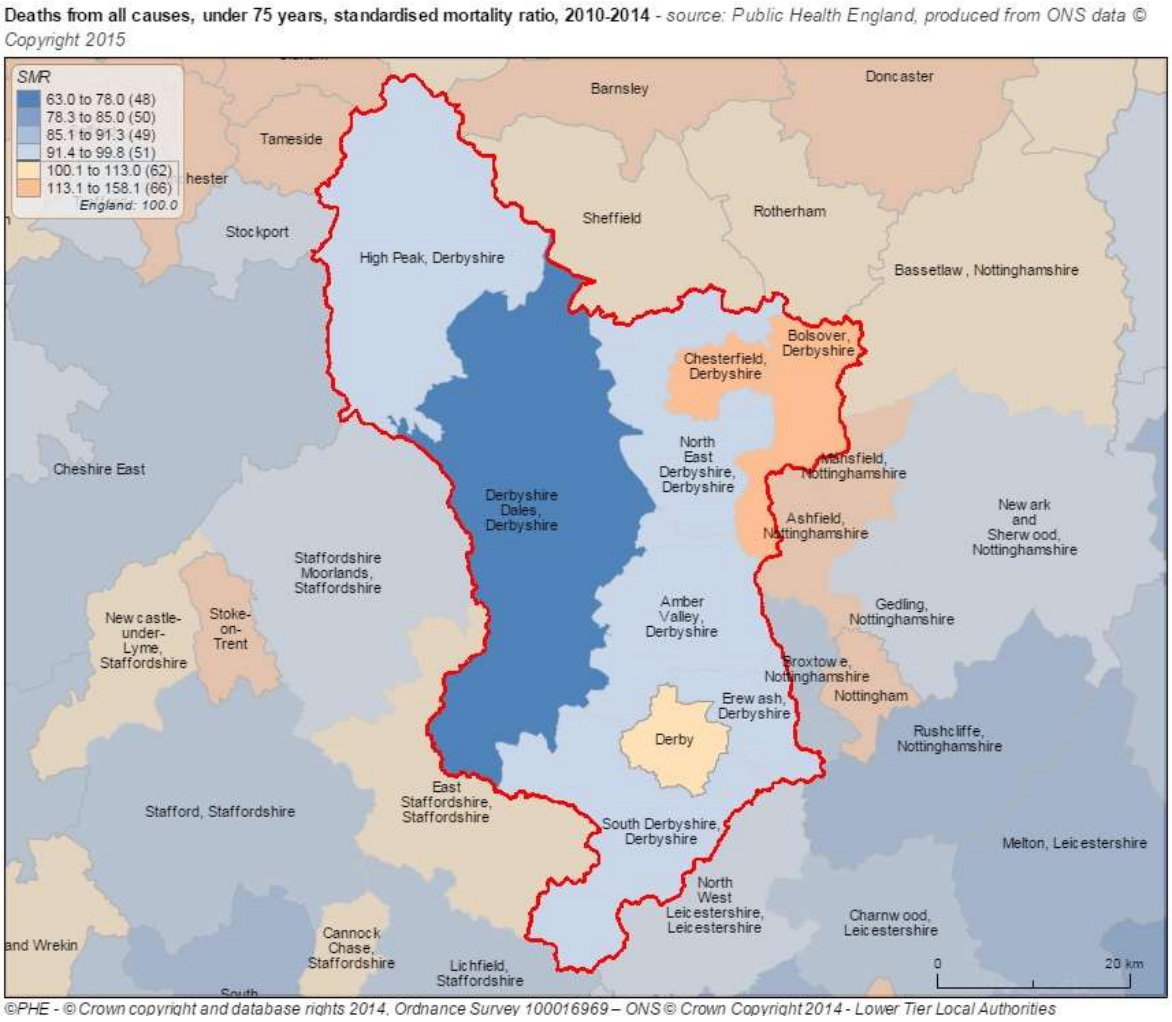


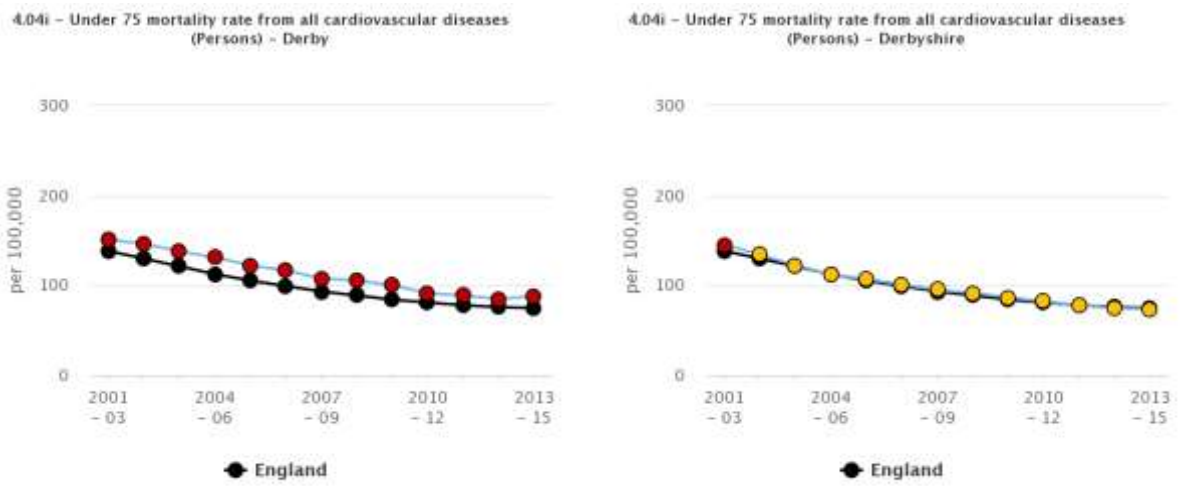
Table 18: Directly standardised rates (per 100,000) mortality from selected conditions, under 75 years, 2013-2015 (Public Health England, 2017)

	Derby	Derbyshire	England
Mortality from CVD	88.0	73.7	74.6
Mortality from cancer	143.6	139.7	138.8
Mortality from respiratory disease	43.2	33.1	33.1
Mortality from injuries	13.7	12.7	12.2
Mortality from alcoholic liver disease	15.6	9.4	8.7

3.3.1 Cardiovascular disease

Cardiovascular disease has a multifactorial aetiology with a number of potentially modifiable risk factors. Age, sex, cigarette smoking, blood pressure, total cholesterol and high-density lipoprotein (HDL) cholesterol, physical activity levels and sedentary behaviour are all factors. The rate of mortality from cardiovascular disease (CVD) in Derby and Derbyshire was 88.0 and 73.7, respectively, in persons less than 75 years of age per 100,000 population. This was higher in Derby, than the national and regional averages of 74.6 and 76.2 per 100,000, respectively. Overall, the trend data shows that under 75 mortality from cardiovascular diseases has fallen since 2001-03 (Figure 49). Among people aged 65 and over, the rate of mortality from cardiovascular disease in Derbyshire (1,251.5 per 100,000 population) was higher than the national average of 1,191.9 per 100,000 population.

Figure 49: Under 75 mortality rate (per 100,000) from all cardiovascular diseases 2001-03 to 2013-15, in Derby and Derbyshire (Public Health England Fingertips, 2017)



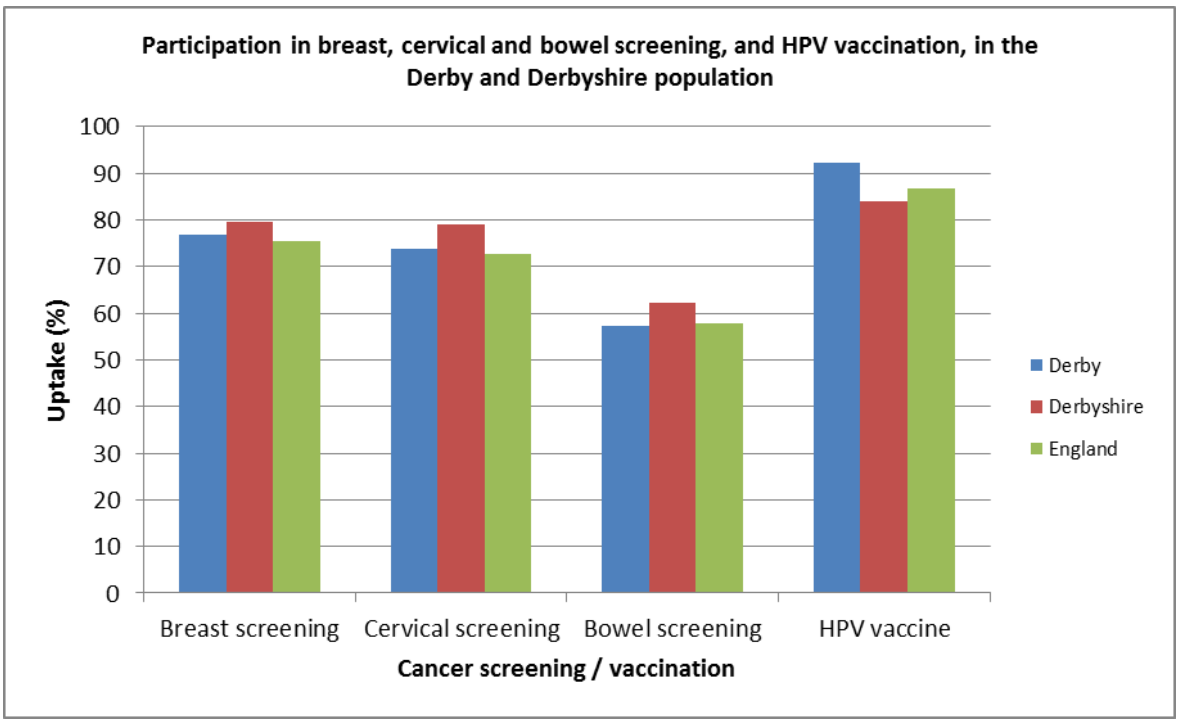
3.3.2 Cancers

42.7% of cancers are preventable. One third of cancers alone are caused by smoking, poor diet, harmful levels of alcohol consumption and obesity (Department of Health, 2015).

Screening / Vaccination Uptake

- 79.6% and 76.9% of females aged 53-70 years were screened for breast cancer within the last 3 years in Derbyshire and Derby City, respectively. The national average was 75.5%.
- 79.1% and 73.9% of females aged 25-64 years attended cervical screening within the target period in Derbyshire and Derby city, respectively. Local uptake is better than the national coverage of 72.7%.
- 62.1% of people aged 60-74 years have been screened for bowel cancer in the last 30 months, in Derbyshire. In Derby, only 57.2% of people aged 60-74 were screened for bowel cancer, which is just short of the national average (57.9%).
- 83.9% of 12 and 13 year old girls in Derbyshire have had the HPV vaccine (full course – 3 doses) to protect against cervical cancer, which was significantly lower than the national average (86.7%). Derby had a better uptake of HPV vaccines with 92.3% of 12-13 year old girls in receipt of it.

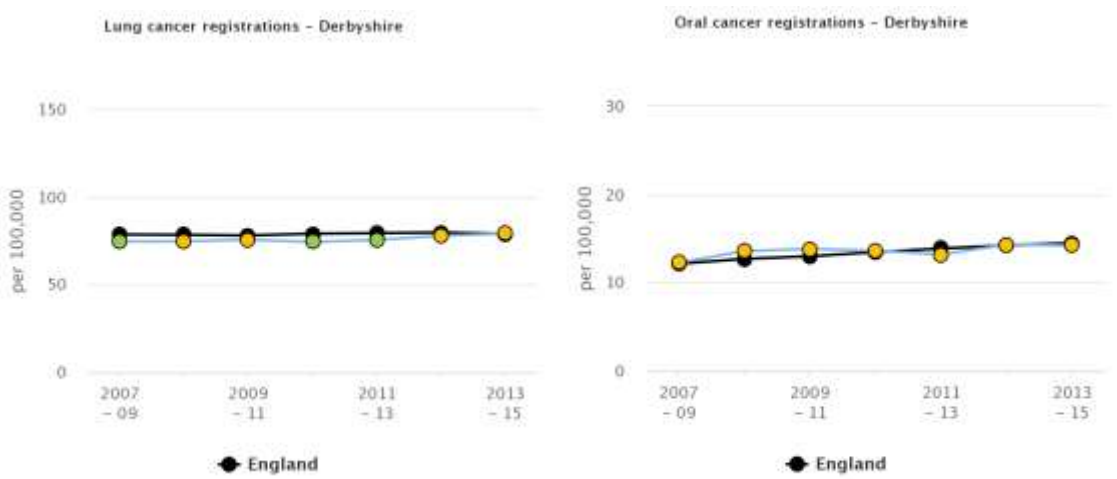
Table 19: Screening and vaccination uptake (%) in eligible Derby and Derbyshire populations



Cancer incidence

- In Derbyshire, 79.1 new lung cancer cases were diagnosed per 100,000 population during 2013-15. While in Derby 84.8 per 100,000 new lung cancer cases were registered, both similar to the national average (78.9 per 100,000).
- In both Derbyshire and Derby City 14.2 new oral cancer cases were diagnosed per 100,000 population during 2013-15. This is similar to the national rate of 14.5 per 100,000.
- During 2010-12 in Derbyshire and Derby, respectively 21.7 and 21.3 new malignant melanoma cases were diagnosed per 100,000 population. The national rate is similar at 23.3 per 100,000.

Figure 50: Specific cancer incidence in the Derby and Derbyshire population, per 100,000 (Public Health England Fingertips, 2017)



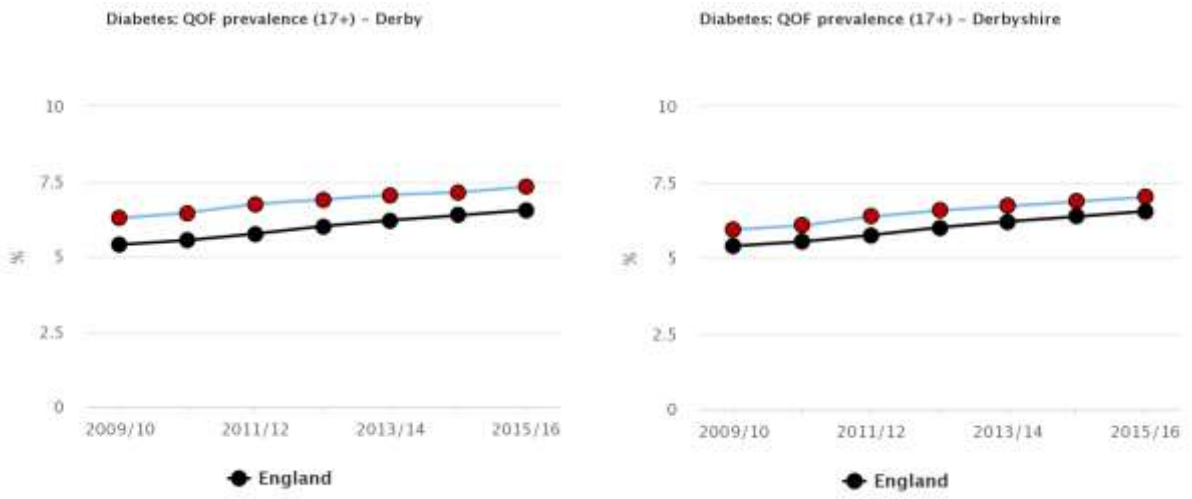
Cancer mortality

- 28.3% and 26.4% of deaths in Derbyshire and Derby City, respectively, in 2015 were caused by cancer
- The under-75 years of age mortality rate from cancer in 2013-15 was 139.7 per 100,000 population in Derbyshire and 143.6 per 100,000 population in Derby.
- The under 75 years of age mortality rate from cancers considered preventable in Derbyshire, was 83.0 per 100,000 population and 86.7 per 100,000 population in Derby in 2013-15.

3.3.3 Diabetes

There are an estimated 4.5 million people living with diabetes in the UK (Diabetes UK, 2016). For all adults and children, it is estimated that 10% of people with diabetes have Type 1, and 90% have Type 2. The risk of developing Type 2 diabetes can be reduced by changes in lifestyle (Diabetes UK, 2016). QOF prevalence data (2015/16) indicates that both Derby (7.3%) and Derbyshire (7%) have a higher prevalence of diabetes compared to England (6.5%) as a whole. The trend has increasingly risen over the past 5 years in both Derby City and Derbyshire.

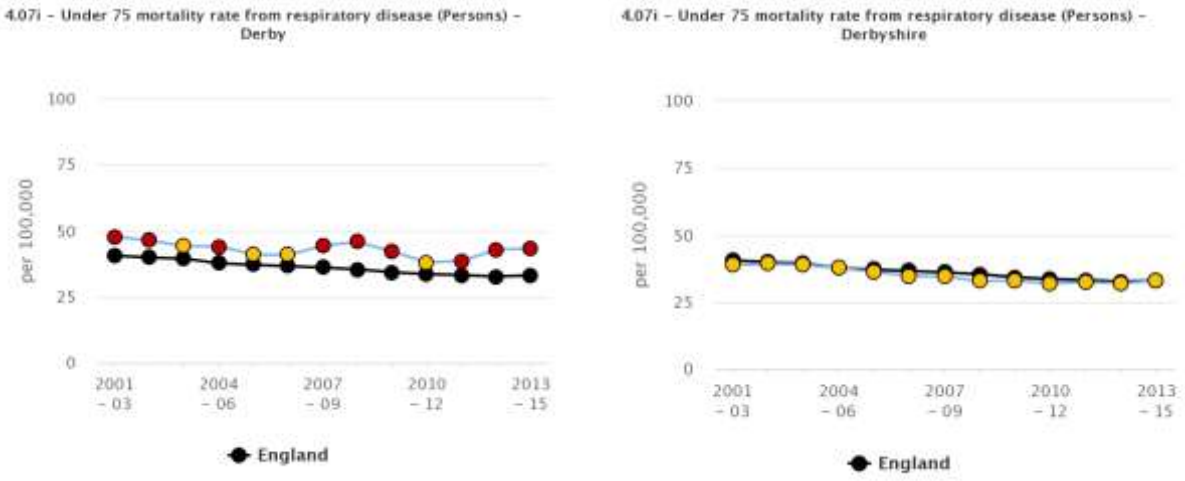
Figure 51: Diabetes prevalence (%) in Derby and Derbyshire, 2009/10 to 2015/16 (Public Health England Fingertips, 2017)



3.3.4 Respiratory disease

Respiratory disease affects 1 in 5 people and is the third biggest cause of death in the UK (Public Health England, 2015). Between 2013 and 2015 the rate for under 75 mortality from respiratory disease was higher than the England average (33.1 per 100,000 population) in Derby City (43.2 per 100,000 population), while in Derbyshire it was the same as the national average. Mortality from respiratory disease in under 75s considered preventable was significantly higher than national average (18.1 per 100,000 population) in Derby (24.6 per 100,000 population). Rates were slightly lower than the England average in Derbyshire (17.5 per 100,000 population).

Figure 52: Respiratory disease mortality in Derby and Derbyshire populations aged under 75 years, 2001-03 to 2013-15 (Public Health England Fingertips, 2017)



3.3.5 Chronic obstructive pulmonary disease

The mortality rate from chronic obstructive pulmonary disease (COPD) in Derby (58.1 per 100,000) was higher than the national average (52.1 per 100,000), while the rate in Derbyshire (51.9 per 100,000) was similar in 2013-15.

3.3.6 Asthma

The rate of asthma hospital admissions in children and teenagers in Derby and Derbyshire is below the national average (Table 20).

Table 20: Rate of asthma hospital admissions (per 100,000) in under 19 year olds, 2015/16 (Public Health England Fingertips, 2017)

Area	Value	Lower CI	Upper CI
England	202.4	199.9	204.9
East Midlands region	130.8	123.9	137.9
Derby	122.4	96.4	153.2
Derbyshire	145.7	127.8	165.5
Leicester	136.2	112.8	163.1
Leicestershire	93.0	77.9	110.1
Lincolnshire	127.3	109.9	146.6
Northamptonshire	154.7	136.7	174.5
Nottingham	164.2	135.7	196.9
Nottinghamshire	111.1	96.0	128.0
Rutland	193.7	110.7	314.6

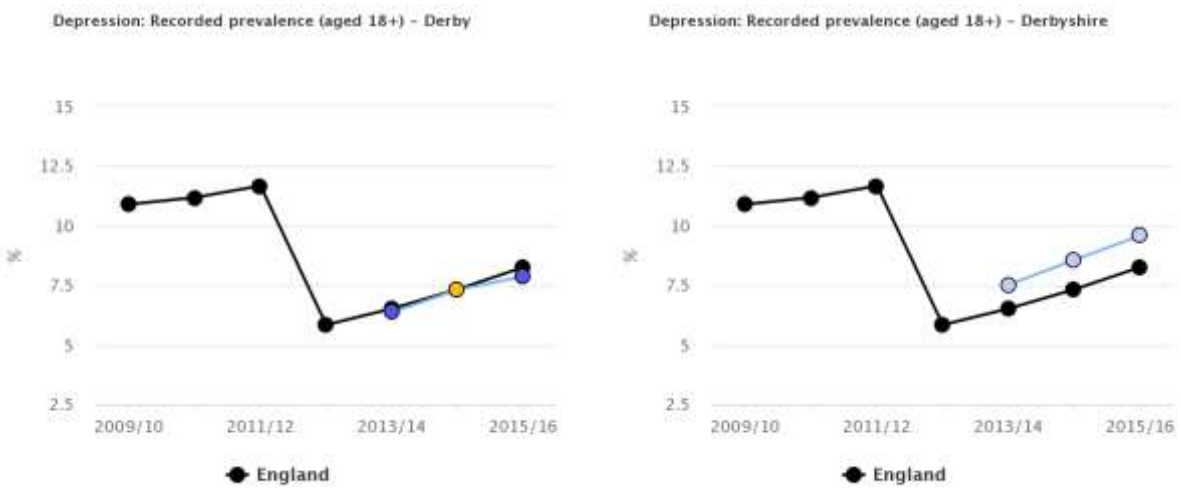
Source: Hospital Episode Statistics (HES). Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved.

3.3.7 Depression and mental health

Mental health conditions are common across society, and are a large contributor to premature death and frequently coexist with various physical ill health conditions. Approximately 1 in 6 people in the past week experienced a common mental health problem. Furthermore, it is demonstrated that people with severe mental disorders (SMD), on average, die prematurely: there is a 10-25 year life expectancy reduction in SMD patients (Mental Health Foundation, 2016).

In 2015/16, 11.5% of a Derby sample self-reported a low happiness score. This was significantly higher than Derbyshire (8%) and the national average (8.8%). However in contrast, the prevalence of adult depression was higher (9.6%) in Derbyshire than the national average (8.3%), while in Derby the prevalence was lower (7.9%) than in England. Notably, all indicators portray an upward trend of increasing prevalence of depression in adults. However, it is not clear whether this indicates an increasing prevalence of depression experienced in the population or an increase in the practice of recording depression on disease registers.

Figure 53: Prevalence (%) of depression recorded in the Derby and Derbyshire adult population, 2009/10 to 2015/16 (Public Health England Fingertips, 2017)

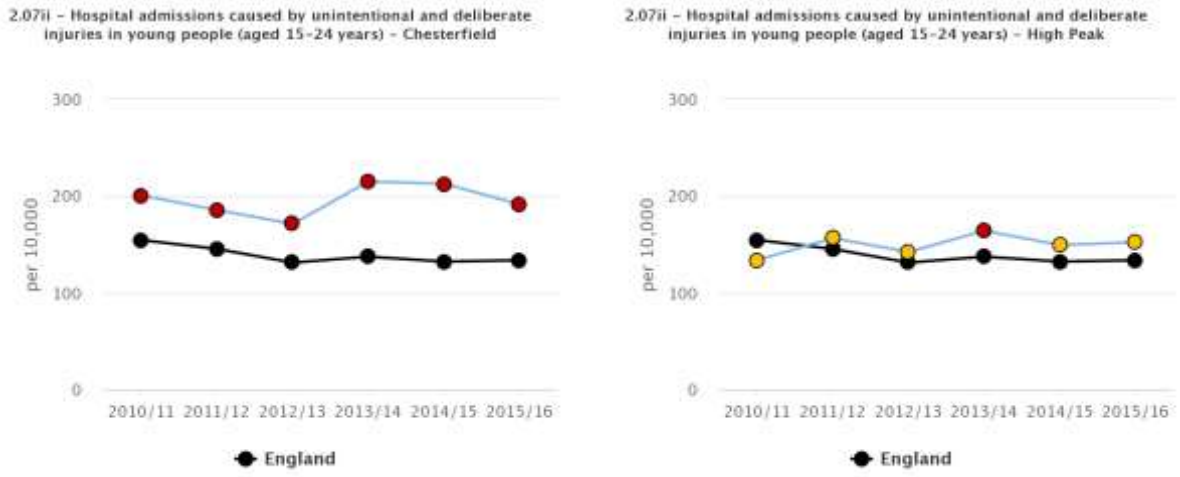


Throughout the year of 2013/14, the rate of adults with mental health problems supported by adult social care was 682 (per 100,000) in Derby, which was a 36% increase since 2010/11. This Derby rate was higher than the national average (391 per 100,000), while the rate of Derbyshire adults with mental health problems supported by adult social care was lower (157 per 100,000). Suicide rates are comparable to the national average (10.1 per 100,000) in both Derby (10.2 per 100,000) and Derbyshire (10.3 per 100,000).

3.3.8 Injuries

Injuries are a major cause of hospital admission and premature mortality in children and young people. The hospital admissions rate due to injuries in children under 5 years old was 65.3 per 10,000 in Derby in 2015/16. This was significantly lower than the national rate of 129.6 per 10,000. Similarly, Derbyshire was lower than the national average at 109.3 per 10,000 (Public Health England Fingertips, 2017). Further examination of the hospital admission injury data at district level illustrates diverging rates. The rate of hospital admissions for injuries in young people (15-24 years) is consistently higher in the districts of Chesterfield and High Peak compared to neighbouring districts and the England average (Figure 54).

Figure 54: Rate per 10,000 of hospital admissions for injuries in young people (15-24 years) in districts Chesterfield and High Peak between 2010/11 and 2015/16 (Public Health England Fingertips, 2017)



The rate of people (all ages) killed and seriously injured on England's roads[6] is particularly elevated in the Derbyshire Dales district (96.3 per 100,000) compared to surrounding districts and the national average (38.5 per 100,000). The rate in Derby is 33.9 per 100,000 which is lower than all rates reported in the Derbyshire districts.

Table 21: Rate per 100,000 of killed and seriously injured casualties on England's roads, 2013-15 (Public Health England Fingertips, 2017)

Area	Value	Lower CI	Upper CI
England	38.5	38.2	38.8
Derbyshire	44.5	41.9	47.3
Amber Valley	36.0	30.2	42.7
Bolsover	40.6	32.8	49.7
Chesterfield	28.8	23.1	35.4
Derbyshire Dales	96.3	83.6	110.4
Erewash	35.4	29.3	42.3
High Peak	55.1	46.7	64.6
North East Derbyshire	42.9	35.8	51.1
South Derbyshire	40.0	33.1	47.9

Source: Department for Transport

3.3.9 Palliative care

Palliative care is the active holistic care of patients with advanced progressive illness, helping managing pain and other distressing symptoms. A palliative care package also involves psychological, social and spiritual support for the patient and their families (NCPC, 2015). Care can take place in the patient's home, in care homes or hospices, or in hospitals, dependent on needs and preference.

[6] Areas with low resident populations but which have high inflows of people or traffic may have artificially high rates because the at-risk resident population is not an accurate measure of exposure to transport. This is likely to affect the results for employment centres e.g. City of London and sparsely populated rural areas which have high numbers of visitors or through traffic (Public Health England, Fingertips, 2017).

For both Derby and Derbyshire, rates are comparable with the national average across the majority of indicators that come under end of life care. However, the percentage of hospital deaths amongst all age groups was significantly higher in Derby compared to the national and Derbyshire averages: half of deaths in Derby occurred in hospital during 2015. Comparably, hospice deaths were significantly lower in Derby (3.9%), while they were higher in Derbyshire (5.5%) and nationally (5.6%). National evidence indicates that people living in the most deprived quintile are significantly more likely to die in hospital than individuals living in other quintiles.

Table 22: Place of death (%) for all ages, 2015 (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
Hospital deaths	50.1	46.8	46.7
Care home deaths	22.9	23.5	22.6
Hospice deaths	3.9	5.5	5.6
Home deaths	21.9	22.4	22.8
Deaths in other places	1.14	1.85	2.16

3.3.10 Lifestyle

Risk factors for disease

Table 23 represents some of the key risk factors for disease across Derby and Derbyshire. Of particular note, smoking prevalence is significantly high in Derby (17.8%). In Derby, 30% of adults abstain from drinking alcohol, while in Derbyshire only 9.6% abstain, which falls significantly lower than the national average (15.5%). Alcohol consumption along with the percentage of adults carrying excess weight in Derbyshire (68.3%) could be contributing factors to the evidently higher prevalence of Hypertension (16.1%), compared to Derby (13.4%) and England (13.8%).

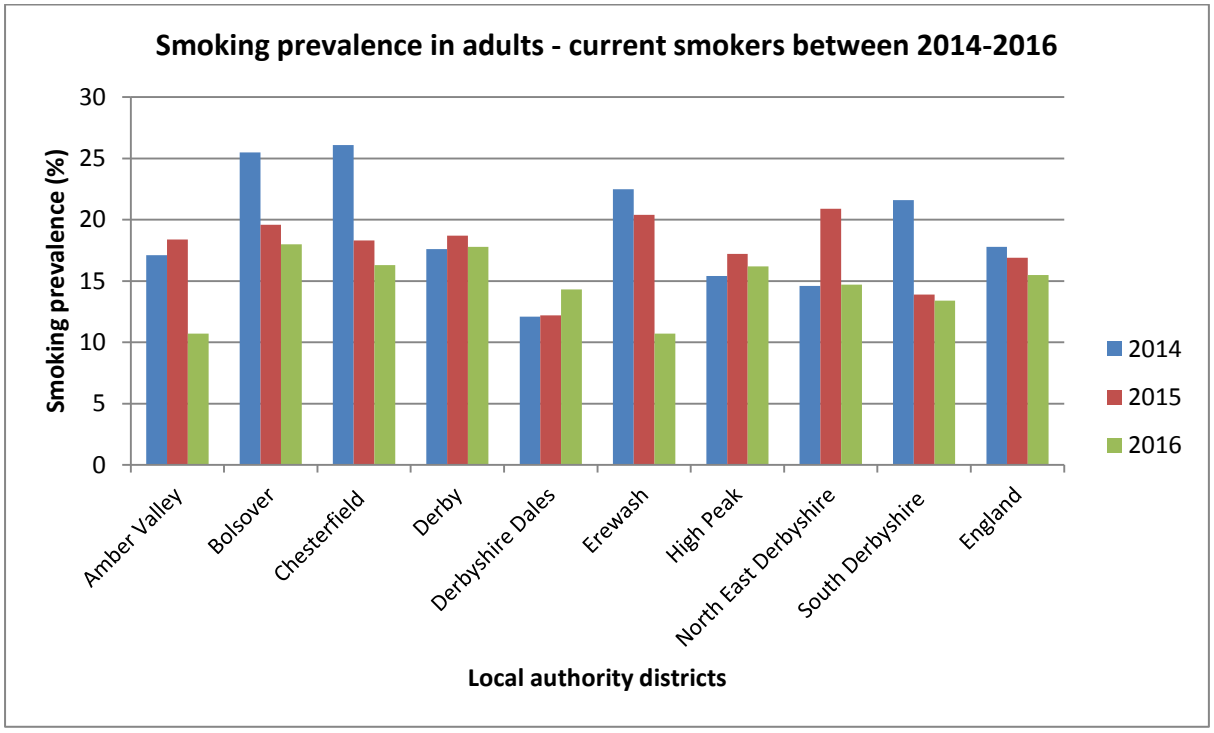
Table 23: Prevalence (%) of key risk factors for ill health (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
Smoking prevalence in adults –current smokers (2016)	17.8	13.9	15.5
Hypertension: QOF prevalence (2015/16)	13.4	16.1	13.8
Adults achieving less than 30 minutes of physical activity per week (2015)	27.8	29.5	28.7
Adults who abstain from drinking alcohol (2011-14)	30.0	9.6	15.5
Proportion of the population meeting the recommended '5-a-day' on a usual day, adults (2015)	52.4	53.3	52.4
Excess weight in adults (2013-15)	66.0	68.3	64.8

3.3.11 Smoking

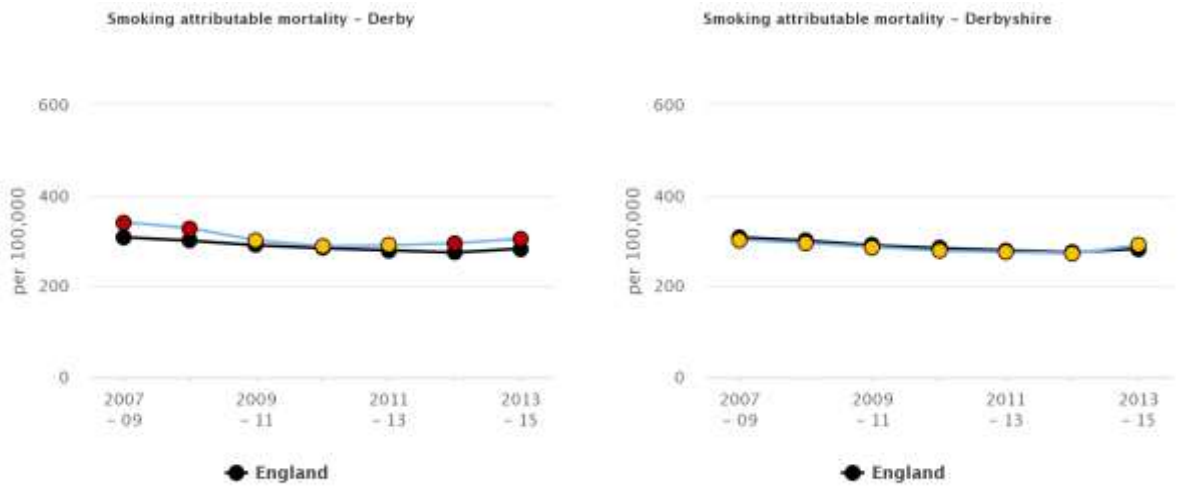
In Derby the smoking prevalence is 17.8% which is higher than the national average of 15.5% across England and this is higher than the smoking prevalence in Derbyshire of 13.9% (Annual Population Survey, 2015, cited within Public Health England, 2017).

Figure 55: Smoking prevalence (%) in adults between 2014 and 2016 (Public Health England, 2017)



The local authority districts of Bolsover, Chesterfield, Derby and High Peak have above average smoking prevalence. Smoking prevalence has dramatically reduced in Bolsover and Chesterfield in recent years but remains relatively static however, in Derby City and High Peak. In 2013-15, the smoking attributable mortality in Derby was 305.3 per 100,000 and was 291.0 per 100,000 in Derbyshire (Figure 56). Both of these rates were higher than the England rate of 283.5 per 100,000.

Figure 56: Smoking attributable mortality rate per 100,000, 2013-15 (Public Health England Fingertips, 2017)



3.3.12 Drugs and alcohol misuse

Drug misuse

- The rate of opiate and/or crack users (OCU) in Derby is 14.52 per 1,000 which is almost double the national estimate of 8.40 per 1,000 and over double the rate in Derbyshire (7.4 per 1,000). In Derby, 49.7% of the estimated opiate and crack users were in the treatment system.
- In Derby, 4.89 per 1,000 people aged 15-64 years are estimated to inject drugs, which was double the national estimate of 2.49 per 1,000, and also higher than the Derbyshire rate (2.71 per 1,000).
- In 2015/16 in Derby, 692 registrations were made for Needle Exchange Services. Of this population, 85% were males; they were predominantly White British and had a mean age of 32.2 years.
- Derbyshire had a significantly higher number of hospital admissions due to substance misuse in 15-24 year olds (110.2 per 100,000) compared to the national average (88.8 per 100,000). The rate was similar to the national average in Derby (103.5 per 100,000).
- In Derby, 1,475 people were in drug treatment (opiate and non- opiate) in 2015-16. There was an average of 33 young people in specialist drug treatment per year which has remained static since 2010, with nearly all young people in treatment having used cannabis in the last 12 months. 56% of referrals to drug treatment in Derby came from self-referral and 29% from the criminal justice route.
- The opiate treatment population was higher in Derby (7.5%) compared to the national rate (7.0%). 44.3% of non-opiate drug users successfully left treatment, which was similar to the national rate.
- Nationally, the death rate from drugs misuse was 3.9 per 100,000 population in 2013-15. The rate was similar for Derbyshire (3.7 per 100,000), however, significantly higher in Derby (5.9 per 100,000 population). Of the deaths in Derby, 71% deaths were deemed accidental; 44% involved heroin and other opioids; 71% were males; the highest proportion were in the 31-49 age bracket; deaths in the home location were most common; and the highest number of cases happened in Darley and Arboretum wards.

Alcohol misuse

- During 2011-14, in Derbyshire 26.6% of adults were drinking over 14 units of alcohol a week, slightly higher than in Derby (23.1%) and the national average (25.7%).
- In Derby and Derbyshire, 17.2% and 15% respectively of the adult population binge drink, in comparison to the national average (16.5%).
- In 2014/15, Derby had a higher rate (2.9 per 1,000 population) of adults in treatment at specialist alcohol misuse services, compared to Derbyshire (1.3 per 1,000 population) and nationally (2.1 per 1,000).
- More recently, in 2015/16, 724 alcohol clients were in the treatment system in Derby. Of these, 66% cited the use of no other substances, which is comparable to the national proportion (59%). 60% of these adults were Male, while 40% were females in Derby, and the majority fell into the 40-49 years age bracket.
- In 2016, Derby had a significantly higher rate of claimants of benefits due to alcoholism (203.7 per 100,000 population), compared to Derbyshire (108.4 per 100,000) and nationally (132.8 per 100,000).

3.3.13 Alcohol and related disease

Alcohol misuse and alcohol related problems, especially binge drinking and alcohol-related liver disease, are major public health concerns which have the potential to result in death. The national average for alcohol specific mortality between years 2013-15 was 11.5 per 100,000. The rate was similar in Derbyshire (12.1 per 100,000 population) but was significantly higher in Derby (19.8 per 100,000 population). Specific diseases can be related to the over use of alcohol. Table 24 shows the rates of admissions for intentional self-poisoning were higher in both Derby and Derbyshire than the national average. The rates for admissions for alcoholic liver disease, and admission for mental and behavioural disorders due to alcohol misuse, were higher than the national average in Derby, rates however, were lower in Derbyshire.

Table 24: Directly standardised rate per 100,000 of alcohol conditions and co-occurring disease (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
Admission episodes for mental and behavioural disorders due to use of alcohol condition (Broad) (2015/16)	485.0	369.0	385.0
Admission episodes for alcohol-related cardiovascular disease conditions (2015/16)	981.0	1031.0	1107.0
Admissions for intentional self-poisoning by and exposure to alcohol condition (Narrow) (2015/16)	70.4	74.2	51.0
Admission episodes for alcoholic liver disease condition (Broad) (2015/16)	162.2	103.8	114.4
Incidence rate of alcohol related cancer (2013-15)	36.78	38.94	38.03

3.3.14 Obesity

Being overweight (BMI between 25 and 29) and obese (BMI 30 and over) is associated with diabetes type II, coronary heart disease, stroke, cancer and hypertension, to list the most common conditions. One fifth of primary school children in Year 6 and one quarter of adults in England are categorised as obese (Public Health England, 2016). The UK now has the highest level of obesity in Western Europe. In the last 30 years the obesity levels have trebled and it is projected that if this trend continues, half of the UK population could be obese by 2050 (NHS Choices, 2015). Obesity rates increase throughout childhood. Obesity in reception children in Derby is 9% which is the same as England, however it is 23% in Year 6 children which is higher than England (20%) and the East Midlands region (19%). Nine % of reception children in Derbyshire are obese, which is the same proportion as is reported for Derby, East Midlands and England. Although lower, 18% of Year 6 children are obese in Derbyshire. Childhood obesity has rapidly increased for reception children in the districts of Derbyshire Dales and Erewash in the last couple of years (Figure 57). Increases in obesity have been seen in Derby city and Chesterfield for children in the last year of primary school, Year 6 (Figure 58).

Figure 57: Prevalence of obesity in reception school year children in Derbyshire Dales and Erewash, 2006/07 to 2015/16 (Public Health England Fingertips, 2017)

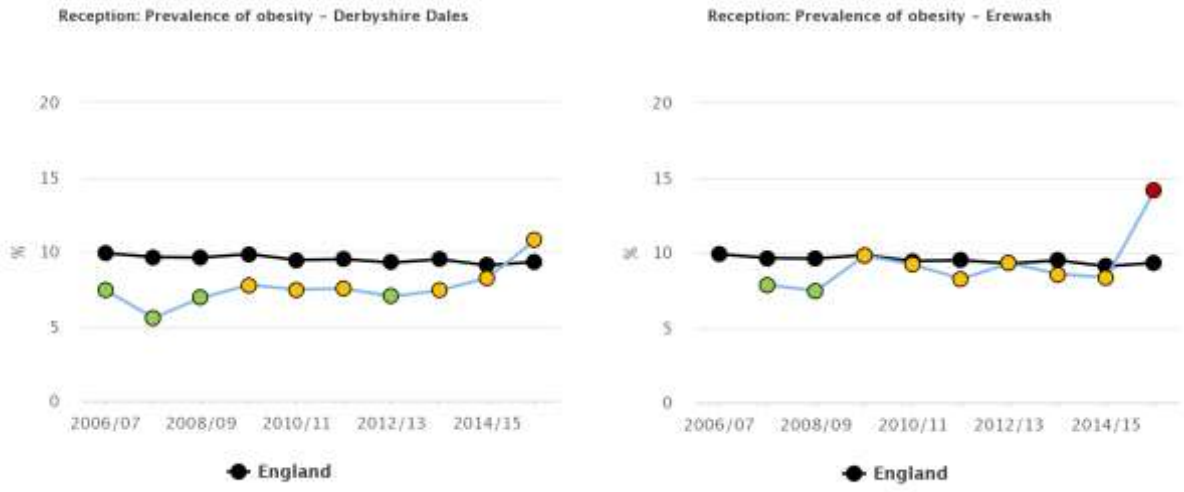
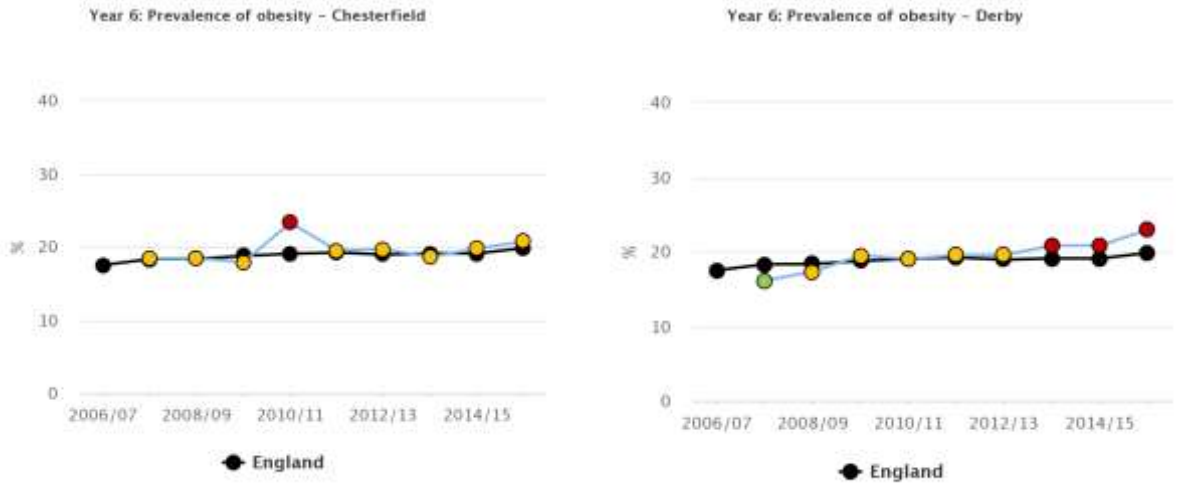


Figure 58: Prevalence of obesity in Year 6 school children in Chesterfield and Derby, 2006/07 to 2014/15 (Public Health England Fingertips, 2017)



The percentage of adults classified as obese (BMI 30 and above) was 24.1% in England, 25.3% in Derbyshire and 23.4% in Derby (2006-2008). The map below (Figure 59) shows the variation across the city and that a greater proportion of adults who are obese reside in Sinfin, Chaddesden and Derwent wards. Figure 60 displays that the greatest proportion of obese adults in the Derbyshire districts was found in Erewash (26.8%).

Figure 59: Prevalence of obesity (%) in the adult population by Derby wards (Public Health England Local Health, 2017)

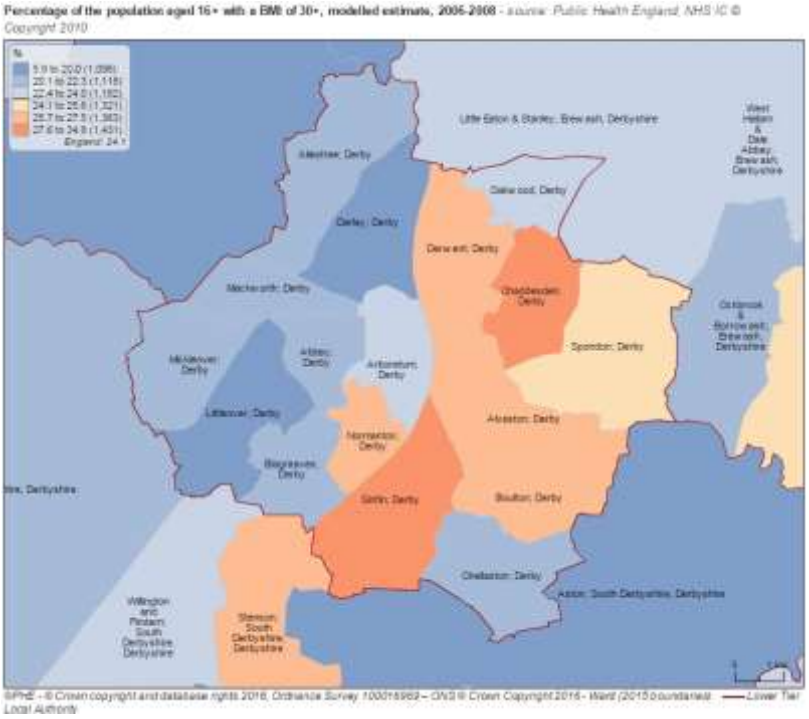
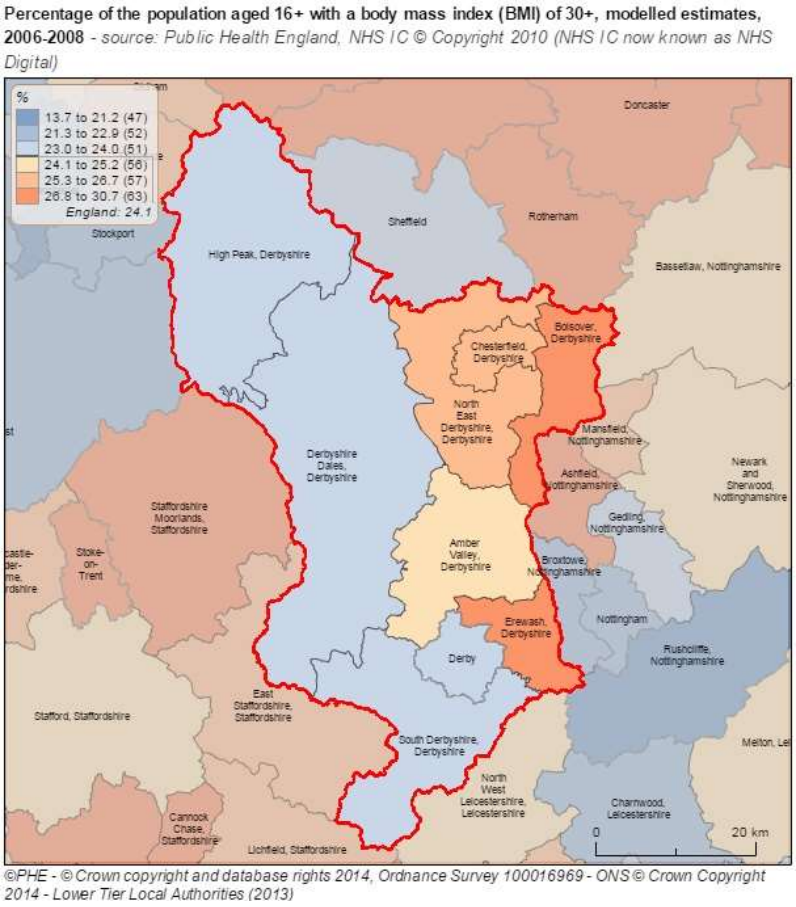


Figure 60: Prevalence of obesity (%) in the adult population by District (Public Health England Local Health, 2017)



Maternal obesity is measured as a BMI of 30kg/m² and above at the first antenatal consultation. In England 1 in 2 women of childbearing age are overweight or obese. Maternal obesity poses health risks to both the pregnant women (e.g. gestational diabetes) and the baby in utero and after birth (e.g. macrosomia, still birth) (Public Health England, 2016).

3.3.15 Sexual health and teenage pregnancy

The three areas of sexually transmitted infections (STI), reproductive health and teenage pregnancies provide an overview of sexual health across Derby and Derbyshire.

HIV & STI

There is a lower detection rate of sexually transmitted infections in the Derbyshire and Derby City populations compared to the national average (Table 25). For example, in 2016 the chlamydia detection rate in young people aged 15 to 24 years was 1,607 per 100,000 in Derbyshire and 1,746 per 100,000 in Derby, whereas it was 1,882 per 100,000 in England.

Table 25: Rate per 100,000 of infectious diseases (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
Chlamydia detection rate, 15-24 years old (2016)	1,746	1,607	1,882
Syphilis diagnostic rate (2016)	5.1	5.4	10.6
Gonorrhoea diagnostic rate (2016)	62.9	26.1	64.9
Genital warts diagnostic rate (2016)	123.1	94.0	112.5
Genital herpes diagnostic rate (2016)	62.9	40.5	57.2
New HIV diagnosis prevalence rate aged 15+ (2015)	7.8	3.2	12.1

Reproductive health

Derbyshire has the lowest over 25s abortion rate in England in comparison to all of the other counties (Table 26). The over 25s abortion rate in Derbyshire is 8.6 per 1,000 and in England the rate is 14.5 per 1,000. A higher rate of pelvic inflammatory disease was evident in Derbyshire (259.1 per 100,000 population) in 2015/16 compared to the national average (237.0 per 100,000 population). Rates of cervical cancer registrations were higher in both Derby (11.5 per 100,000 population) and Derbyshire (10.3 per 100,000 population) compared to England (9.6 per 100,000 population).

Table 26: Reproductive health indicators (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
Total abortion rate, per 1,000 (2016)	15.2	10.8	16.7
Over 25s abortion rate, per 1,000 (2016)	13.0	8.6	14.5
Abortions under 10 weeks, % (2016)	72.8	73.6	80.8
Total prescribed LARC excluding injections rate, per 1,000 (2015)	56.9	66.1	48.2
Women choose injections at SRH Services, % (2015)	6.4	9.1	9.5
Women choose user-dependent methods at SRH Services, % (2015)	51.4	51.7	63.0
Women choose hormonal short-acting contraceptives at SRH Services, % (2015)	34.7	42.0	47.4
Pelvic inflammatory disease (PID) admissions rate, per 100,000 (2015/16)	216.5	259.1	237.0
Ectopic pregnancy admissions rate, per 100,000 (2015/16)	*	74.6	90.9
Cervical cancer registrations rate, per 100,000 (2011-13)	11.5	10.3	9.6

Teenage pregnancy

There is a lower conception rate in teenagers aged under 18 in Derbyshire (15.4 per 1,000) compared to England (20.8 per 1,000). Comparably, there is a higher conception rate in teenagers aged 18 in Derby (26.9 per 1,000). A greater proportion of under 18s conceptions end in abortion in England (51.2%) compared to Derbyshire (40.3%) and Derby City (40.9%). Derby City has a significantly higher birth rate in Under 18s (11.7 per 1,000), compared to Derbyshire (5.2 per 1,000) and England (6.3 per 1,000). Teenage pregnancies (mothers aged under 18) account for approximately one-in-62 births in Derby.

Table 27: Teenage pregnancy in Derby and Derbyshire (Public Health England Fingertips, 2017)

	Derby	Derbyshire	England
Under 18s conception rate, per 1,000 (2015)	26.9	15.4	20.8
Under 18s conceptions leading to abortion, % (2015)	40.9	40.3	51.2
Under 18s abortion rate, per 1,000 (2016)	9.8	-	8.9
Under 18s birth rate, per 1,000 (2015)	11.7	5.2	6.3
Under 18 births, % (2016)	1.7	1.4	1.2

3.3.16 Oral health

Derby performs poorly for children's oral health compared to the national average. 72.4% of Derby's five year old children were free from dental decay in 2014/15. This is slightly poorer but not statistically significant difference than the national average of 75.2%, but very similar to the East Midlands regional value of 72.5%. In Derbyshire, a greater proportion (77.8%) of children are free from dental decay. In Table 28 it is apparent that the count in Derby is 198 and represents a small sample of the five year old population. Therefore, the reliability of this variable for local interpretation is limited and perhaps liable to fluctuation if future data is reported.

Table 28: Proportion (%) of five year old children free from dental decay 2014/15 (Public Health England, 2017)

4.02 - Proportion of five year old children free from dental decay 2014/15 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	84,100	75.2	75.0	75.5
East Midlands region	–	6,564	72.5	71.5	73.4
Derby	–	198	72.4	67.2	77.6
Derbyshire	–	1,143	77.8	75.7	79.9
Leicester	–	455	55.0	51.6	58.4
Leicestershire	–	1,106	71.6	69.3	73.8
Lincolnshire	–	1,230	76.5	74.5	78.6
Northamptonshire	–	905	72.9	70.4	75.4
Nottingham	–	262	64.4	59.7	69.0
Nottinghamshire	–	1,116	79.0	76.9	81.1
Rutland	–	149	71.2	65.2	77.3

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2015

Decayed, missing or filled teeth (dmft) is significantly higher in Derby with five year olds having 1.31 dmft on average compared to 0.84 dmft nationally. In contrast, oral health in five year old children is much better in Derbyshire with children having on average 0.69 dmft (Table 29).

Table 29: Mean number of decayed, missing or filled teeth in five year olds, 2014/15 (Public Health England, 2017)

dmft (decayed, missing or filled teeth) in five year olds 2014/15 Mean - mean dmft per child

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	0.84	0.83	0.85
East Midlands region	–	-	0.90	0.86	0.94
Derby	–	-	1.31	0.98	1.64
Derbyshire	–	-	0.69	0.60	0.78
Leicester	–	-	1.87	1.65	2.09
Leicestershire	–	-	0.79	0.70	0.88
Lincolnshire	–	-	0.70	0.61	0.79
Northamptonshire	–	-	0.84	0.73	0.95
Nottingham	–	-	1.23	1.00	1.46
Nottinghamshire	–	-	0.61	0.52	0.69
Rutland	–	-	0.74	0.51	0.96

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2015

3.4 Life expectancy gaps

3.4.1 PHE Segment Tool: segmenting life expectancy gaps by cause of death

Life expectancy in England is 79.6 years for males and 83.2 years for females. Life expectancy across the country does vary by local authority. The table below illustrates that life expectancy is beneath the national average in Derby, Bolsover, Chesterfield and South Derbyshire. However, life expectancy is exceeding the national average in Derbyshire Dales and North East Derbyshire. In Derby and Chesterfield, there is a large life expectancy gap between the most deprived and least deprived quintiles.

Table 30: Life expectancy across Derby and Derbyshire districts, 2012-14 (PHE Segmentation Tool)

	Life expectancy at birth 2012-2014		Absolute gap in life expectancy between LA and England in years		Absolute gap in life expectancy between most deprived and least deprived quintile of LA 2012-14	
	Male	Female	Male	Female	Most deprived	Least deprived
England	79.6	83.2	-	-		
Derby	78.3	82.7	-1.3	-0.5	-10.0	-7.0
Amber Valley	79.6	83.2	0.0	0.0	-8.2	-4.7
Bolsover	77.6	81.7	-2.0	-1.5	-3.3	-5.0
Chesterfield	78.5	82.2	-1.1	-1.0	-8.9	-6.5
Derbyshire Dales	81.4	84.7	1.8	1.5	-1.1	-3.4
Erewash	79.7	83.2	0.1	0.0	-6.3	-4.9
High Peak	79.3	83.3	-0.3	0.1	-8.2	-6.0
North East Derbyshire	80.4	83.3	0.8	0.1	-7.6	-5.8
South Derbyshire	79.4	83.0	-0.2	-0.2	-5.2	-5.4

The table below enables greater understanding of the gap in life expectancy between LA and the national average. In Derby, the largest proportion for lower than national life expectancy in males is caused by circulatory ill-health (23%), and early deaths are predominately caused by cancer in females (36%). In Bolsover, 35% of premature deaths are caused by respiratory diseases in males and cancer in females. In Chesterfield, the main causes are circulatory in males, and other in females. 70% of deaths in High Peak males are due to circulatory reasons. Circulatory causes are the

main cause of male death (48%) in South Derbyshire and mental and behavioural causes is the main cause for females (55%). A number of district male and female rows are absent from the table and this indicates that the LE is above the England average (Amber Valley male and female; Derbyshire Dales male and female; Erewash male and female; High Peak female; North East Derbyshire male and female).

Table 31: Breakdown of the life expectancy gap between LA as a whole and England as a whole, by broad cause of death, 2012-14 (PHE Segmentation Tool)

Percentage difference	Circulatory	Cancer	Respiratory	Digestive	External causes	Mental & behavioural	Other	Deaths <28 days
Derby Male	22.6	9.5	18.9	19.6	18.5	0	0	10.8
Derby Female	5.3	35.7	29.2	24.5	0	0.8	0	4.4
Bolsover Male	24.5	29.9	35	2.5	0	4.1	0	4
Bolsover Female	5.5	35.3	22.2	10.5	2.2	10.3	14.1	0
Chesterfield Male	36.3	26.6	5.6	3.6	0	12.9	15	0
Chesterfield Female	26.7	6.7	0	11.2	10	17.7	27.6	0
High Peak Male	70	11.9	0	0	11.6	0	6.5	0
South Derbyshire Male	48.2	33.2	0	0	18.7	0	0	0
South Derbyshire Female	0	6.8	3.6	5.5	21.7	54.8	7.5	0

3.4.2 Health Inequalities

"Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives."

NICE https://www.nice.org.uk/advice/lgb4/chapter/introduction

Public Health England compiled local briefings on health inequalities in order to demonstrate inequalities in conditions causing the largest burden. The briefings were provided at both district level and Derbyshire STP footprint. The Derbyshire STP briefing provides an overview of various indicators. Figure 61 below shows the distribution of income deprivation across wards in the Derbyshire STP area. On the left, the wards Arboretum, Normanton, Sinfin, Gamesley, Rother, feature due to a high number and percentage of income deprivation. The wards with the lowest income deprivation include Chatsworth, Brailsford, Allestree, and Norbury.

Figure 61: Income deprivation by wards in Derbyshire STP footprint (Public Health England, 2017)

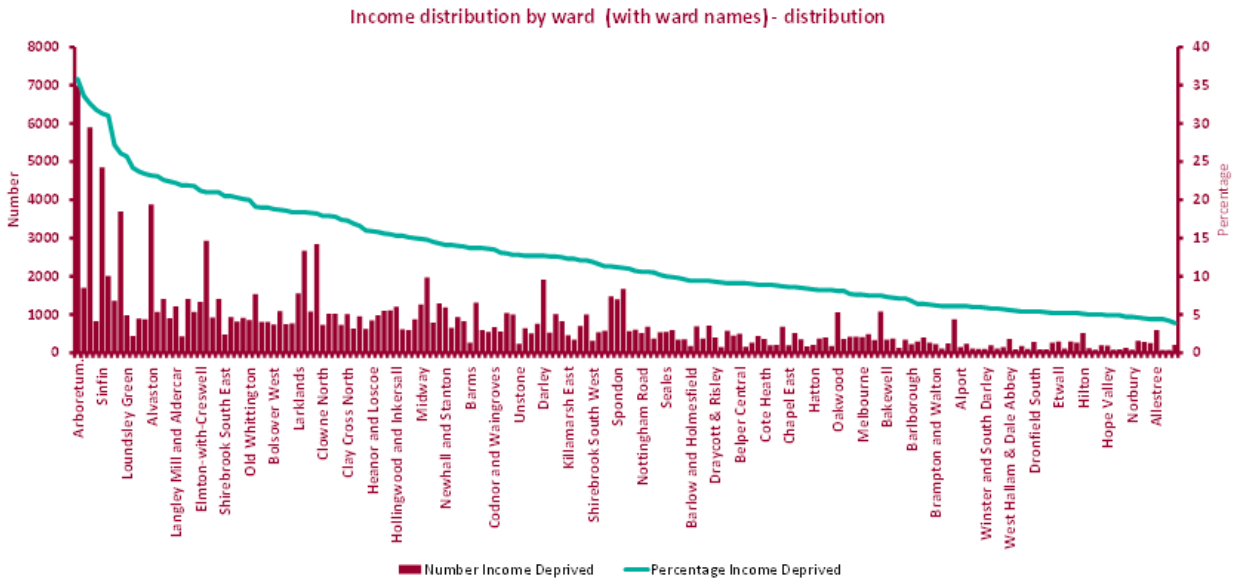


Table 32 shows inequalities in important high-burden diseases. Shirebrook North West, Arboretum, and Lowgates and Woodthorpe are wards in Derbyshire with the highest inequalities. In contrast, wards with the lowest include Hilton, Bradwell, Hathersage and Eyam, Tideswell, Stenson, and Walton.

Table 32: Highest and lowest wards in Derbyshire for the Global Burden of Disease conditions causing the largest burden

GBD by cause	Indicator	Ward with lowest	Ward with highest
Low back and neck pain	Limiting long term illness or disability (%)	Hilton	Shirebrook North West
Ischemic heart disease	Emergency hospital admissions for CHD (SAR)	Bradwell; Hathersage and Eyam; Tideswell	Arboretum
Cerebrovascular disease	Emergency hospital admissions for stroke (SAR)	Stenson	Arboretum
Chronic obstructive pulmonary disease	Emergency hospital admissions for COPD (SAR)	Walton	Lowgates and Woodthorpe
Tracheal, bronchus, and lung cancer	Incidence of lung cancer (SAR)	Walton	Lowgates and Woodthorpe
Alzheimer disease and other dementias	General health – bad or very bad health (%)	Hilton	Shirebrook North West

3.4.3 Health profiles and identified health needs

PHE Fingertips produce annual Health Profiles for each local authority in England. These health profiles provide an overview of local health issues, priorities and needs and allow for comparisons to England and other local authorities. The health of people in Derby is generally poorer than the England average. Derby is one of the 20% most deprived local authorities in England and about 23% (11,700) of children live in low income families. Life expectancy for both men and women is lower than the England average. The health of people in Derbyshire is varied compared with the England average. About 17% (22,200) of children live in low income families. Life expectancy for both men and women is lower than the England average. In the tables below, the best outcomes are health outcomes where the rate in Derby and Derbyshire is better than national average. The health priorities section links to outcomes where the area is comparatively worse than the national average and therefore highlights a need. These tables provide a summary of much of the content discussed in the earlier sections of this health needs chapter.

Derby	
Best outcomes	**Health priorities**
• New sexually transmitted infections diagnoses • Estimated dementia diagnosis rate (aged 65+)	• Smoking status at time of delivery • Breastfeeding initiation • Prevalence of obesity among year 6 children • Under 18 conceptions • Hospital stays for self-harm • Hospital stays for alcohol related harm • Recorded diabetes • Smoking related deaths • Under 75 mortality rate linked to Cardiovascular disease • Infant Mortality

Derbyshire	
Best outcomes	**Health priorities**
• Under 18 conceptions • Obese children (Year 6) • Incidence of TB • Incidence of violent crime (violence offences) • New sexually transmitted infections (STI)	• Reducing inequalities in healthy life expectancy, • Emotional and mental ill health in teenagers under 18 • Smoking in pregnancy

4. NHS Community Pharmacy

Community pharmacists are highly trained and accessible healthcare professionals. Pharmacies are a part of the wider NHS family, but unlike other services can often be found open and available to offer anything from medicines to advice, when other healthcare professionals are unavailable. They come in varying types, sizes and settings. Many of us will be familiar with the traditional and often convenient means of travelling to access a pharmacy, be that one of the large independent chains found in our towns and cities, pharmacies in supermarkets, hospitals, or attached to a local GP practice. They can also be found in much smaller, rural communities as individually owned premises. Community pharmacy is available to everyone, and can often be found concentrated in more deprived neighbourhoods where need is greatest. In recent times community pharmacies have had to adapt to new technologies and an increasingly digital society, and a number are now operating 'at a distance' from the population through online, internet based channels. In the future, the health and care system as a whole will need to ensure that community pharmacy is integrated and embedded within the transforming NHS and Social Care landscape.

4.1 Community pharmacy providers

There are currently 256 pharmaceutical providers across Derby and Derbyshire, including 224 community pharmacies, four distance selling pharmacies, 24 dispensing GP practices and four Dispensing Appliance Contractors.

Table 33: Registered Community Pharmacies by Derby and Derbyshire District

Derbyshire District	Total	mid-2016 population	Pharmacies per 100,000 population
Amber Valley	27	124,645	22
Bolsover	17	78,082	22
Chesterfield	23	104,440	22
Derbyshire Dales	12	71,288	17
Erewash	26	114,891	23
High Peak	21	91,662	23
North East Derbyshire	20	100,423	20
South Derbyshire	15	100,334	15
Derby City	63	256,233	25
Derbyshire County	161	785,765	20
Derbyshire STP	224	1,041,998	21
England			22

There are an estimated 22 registered pharmacies to every 100,000 head of population in England (Office for National Statistics, General Pharmaceutical Services: England 2006/07 to 2015/16, 2016). This figure has remained relatively unchanged from three years ago when the previous PNA was published. Table 33 demonstrates how the number and corresponding rates of community pharmacy providers by Derby and Derbyshire District, compare to the national average. For the Derbyshire STP footprint as a whole, there are 21 pharmacies per 100,000 population. Derby City has a higher than average rate (25 per 100,000) while the Derbyshire County area has a lower than

average rate (20 per 100,000). Much of the GP dispensing provision for Derbyshire, however, is concentrated in the rural areas of the county which mitigates this lower concentration of premises. South Derbyshire District has the lowest rate (15 per 100,000) of registered pharmaceutical providers. Though the number of premises remains unchanged since 2015, this equates to a reduction of one pharmacy per 100,000 in this area due to the growth in population.

4.1.1 Distance Selling Pharmacies

Derby and Derbyshire have four distance selling pharmacies registered to premises in Erewash (1) and Derby City (3). These pharmacies receive prescriptions via the post or internet and dispense and deliver by courier, post or delivery driver. Data is unavailable as to the source of individual prescription requests to these four pharmacies, but it is important to note that there is no limit to the geographical area which they may cover. They are required to provide a national service. Distance Selling Pharmacies are not allowed to provide Essential Services face to face but may provide Advanced and Enhanced Services if they are unrelated to the provision of Essential Services (Department of Health, The National Health Service Act 2006, 2013).

4.1.2 Dispensing GP practices

Dispensing GP practices provide dispensing services in rural areas where patients may otherwise have difficulty accessing a community pharmacy, or where it is not viable for a community pharmacy to operate. This facility is only available to patients who live at a distance of more than 1 mile, or 1.6km from traditional premises. Nationally, dispensing doctors provide primary healthcare to nearly nine million UK rural patients (Dispensing Doctors' Association, About Dispensing Practice, 2017). Nearly 3.6 million of these patients live remotely from a community pharmacy and at the patient's request, have their GPs dispense the medicines that they prescribe for them. In total, approximately 7% of all prescription items are dispensed by doctors (Dispensing Doctors' Association, All about Dispensing Practice in England: A guide for NHS service commissioners, 2016).

Table 34: Dispensing GP Practice locations by CCG

NHS CCG	Main GP	Branch GP	Total
Erewash		1	1
Hardwick			0
North Derbyshire	9	4	13
Southern Derbyshire	7	3	10
Derbyshire STP	16	8	24

In England, any new pharmacy application in a controlled locality[7] will be considered against the current pharmaceutical services regulations. If successful, the pharmacy will gain the protection of the 1.6km radius for their dispensing rights. Patients who live within 1.6km of the new pharmacy

[7] A controlled locality is a geographical area judged to be rural in nature by NHS England. NHSE may review the rural status of an area – a request that can also be made by a Local Medical Committee and a Local Pharmaceutical Committee, providing no determination has been made in the previous five years. The five-year rule does not apply if there has been a significant change in the population or in the housing provision (Dispensing Doctors' Association, All about Dispensing Practice in England: A guide for NHS service commissioners, 2016).

will usually then lose their right to receive the GP dispensing service. If the total population living with a 1.6km radius of the new pharmacy is less than 2,750 people, then the patients who currently receive the GP dispensing service may choose to either remain with that service or use the new pharmacy. This is known as a reserved location.

Given the rural extents of Derbyshire, there are 24 dispensing GP practices offering this service to their registered and eligible populations. Thirteen of these practices are members of North Derbyshire CCG; ten are members of Southern Derbyshire CCG; one is a member of Erewash CCG. None of the member GP practices of Hardwick CCG are currently on a dispensing doctor list (Table 34). At a District level (Table 35), ten of the 24 dispensing practices are located in Derbyshire Dales. The rural area of the north Dales has the greatest concentration of dispensing practices covering the surroundings of towns and villages such as Ashover, Bakewell, Baslow, Darley Dale, Eyam and Tideswell. The south Dales has the second largest concentration, and covers the surrounding areas of Ashbourne, Brailsford and Hulland.

Table 35: Dispensing GP Practice locations by District

Derbyshire District	Main GP	Branch GP	Total
Amber Valley	1	2	3
Bolsover	2	1	3
Chesterfield			0
Derbyshire Dales	8	2	10
Erewash	1	1	2
High Peak	1		1
North East Derbyshire	1	1	2
South Derbyshire	1	1	2
Derby City	1		1
Derbyshire County	15	8	23
Derbyshire STP	16	8	24

4.1.3 Dispensing Appliance Contractors

Dispensing Appliance Contractors (DAC) are unable to supply medicines. They do, however, specialise in support for both Ostomy and Urology patients, including in the supply of stoma care products. In 2015/16 there were 110 appliance contractors actively dispensing in England (Office for National Statistics, General Pharmaceutical Services: England 2006/07 to 2015/16, 2016). NHS England currently commission four DACs in Derby and Derbyshire. These are:

- Countrywide Supplies Ltd, Chatsworth House, Prime Business Centre, Aspen Drive, Spondon, Derbyshire, DE21 7SR
- Daylong, 10 Cossall Industrial Estate, Ilkeston, Derbyshire, DE7 5UG
- Fittleworth Medical Liimited, Ground Floor, 61 Canal Street, Derby, DE1 2RJ
- Salts Healthcare Limited, Holywood House Annexe, Holywell Street, Chesterfield, S41 7SH

A contract for appliance contractors was published in April 2010, which allows appliance contractors to provide Appliance Use Reviews (AUR) and stoma customisation services (SCS) in addition to

essential services. Community Pharmacies who dispense appliances can also choose to provide these advanced services. Dispensing appliance contractors provide services nationally. Pharmacies are also able to supply many of these specialised products on request.

4.1.4 Out-of-area providers

The Pharmacy Regulations require Local Authorities (LA) to identify any pharmaceutical services that are provided outside of their area and do not contribute towards meeting the need for pharmaceutical services in the LAs area, but which have secured improvements, or better access, to pharmaceutical services within its area. To meet this requirement, consideration has also been given in this assessment to pharmaceutical services provided by community pharmacy contractors on neighbouring pharmaceutical lists. Derby City has direct borders with only Derbyshire County. Derbyshire County, however, has boundaries with Kirklees, Barnsley, Sheffield, Rotherham, Nottinghamshire, Leicestershire, Staffordshire, East Cheshire, Stockport, Tameside and Oldham.

Analysis of prescribing data during the production of the 2015 Derby and Derbyshire PNA indicated that the number of prescriptions dispensed by pharmacies outside the area was small (less than 5%) and consistent with known commuter and shopping activity. Given that there have been no major changes to the system or infrastructure surrounding access to traditional community pharmacy, it was agreed that out of area providers are likely to have had no discernible impact on the provision of specific pharmaceutical services across Derby and Derbyshire. It is however, acknowledged that access to 'at a distance' pharmacy through online channels will have grown considerably in recent years. Further, community pharmacy premises just over the border from Derbyshire have been taken into account to determine appropriate levels of access.

4.1.5 The effectiveness of pharmaceutical services

In a recent evidence review, Wright (Wright D. , 2016) described the evidence base underpinning the essential, advanced and locally commissioned services provided by community pharmacies. There is less evidence however, to support the safety of pharmacy services, which may compromise their cost-effectiveness. A summary of the services reviewed is provided below.

Essential and Advanced Services

Repeat Dispensing

The repeat dispensing scheme introduced in 2002 was received positively from General Practitioners (GPs) and patients alike. It allowed patients to collect repeat prescriptions without repeated visits to their GP, thus minimising workload and wastage. However, there are considerable variations in the uptake of this across clinical commissioning groups. This suggests that repeat prescribing should be incentivised for community pharmacies and GPs.

Medicine Use Reviews

Medicine Use Reviews (MURs) involve a patient-pharmacist discussion of the medicines taken in order to improve patient satisfaction with medicines and reduce wastage. It was initially met with mixed levels of support from patients, GPs and pharmacists. This was reflected in varied levels of provision of MURs by different providers (Bradley, et al., 2008., Latif, Boardman, & Pollock, 2013).

A recent review of systematic reviews of interventions similar to MURs showed that although these improved patient knowledge, there was less evidence for patient adherence (Wright D. , 2016). Randomised control trials of MUR-like services across the UK and Australia have showed reductions in blood pressure and days with glycaemic episodes. However, a lack of quality of life data means that it is not possible to calculate the cost per QALY (quality-adjusted life year) for this intervention. This measures the cost for one additional year of a perfect quality of life, and is set at a threshold of £20,000 by NICE.

New Medicines Service

This was introduced in 2011 to improve medicines adherence in patients with newly prescribed asthma, hypertension, COPD, type II diabetes and antiplatelet/anticoagulant therapy. Elliott et al. (2015) conducted a randomised control trial commissioned by the UK government. This showed a statistically significant improvement in composite adherence (measured by adherence and persistence) after ten weeks when intervention and control groups were compared. There was, however, a lack of data at 26 weeks. It is important to note that the participants were unblinded to the intervention, which means that social desirability bias may have influenced the results.

Influenza vaccinations

The influenza vaccination has been available through community pharmacies since 2015. The vaccine is targeted at high risk groups, namely people over 65 years, individuals with long term conditions, pregnant women and those living in long-stay care facilities. Overall, the evidence suggests that this is a cost-effective service that has been has been linked with increased levels of uptake and choice for patients.

Clinical Enhanced Services

Domiciliary visiting services

Domiciliary visiting services are aimed at housebound patients and can include counselling on prescribed medicines, medication review and responding to patient queries. There is currently little evidence to support the effectiveness of this service. A randomised control trial in 2005 showed that patients who had received a domiciliary visit from either a community or hospital pharmacist were more likely to be re-hospitalised (Holland, et al., 2008). In addition, the likelihood of the service being cost-effective at the £30,000 threshold was just 25%. A potential explanation for this is that this is before hospitals were incentivised to prevent 30-day readmission, and that pharmacists had simply identified that the patients needed to be seen.

In Australia, primary-care based pharmacists can undertake home medicines reviews or residential medication management reviews within care facilities in order to ensure the safe use of medicines. This has enhanced the appropriateness of medication although there is no evidence for an improvement in clinical outcomes or patient-centred outcomes (Chen, 2016). Effective communication between pharmacists and GPs has been identified as a central component in the latter.

Medication review

This is designed to reach an agreement with the patient about drug therapy, thus optimising the effectiveness of the medicines and reducing medication related problems. A study in 2014 investigated 620 patients prescribed four or more medicines (FOMM) across 25 community pharmacies in the North West of England (Twigg, et al., 2015). Medication review was linked with improved medication adherence, a reduced number of reported falls and quality of life after six months for 441 patients. If assuming that the effects remained over 12 months, the likelihood of the cost per QALY being below £20,000 was estimated to be 81.0%. Aside from this study, however, systematic reviews have failed to show clinical improvements following the intervention.

Chronic disease management

Community pharmacists have an integral role in chronic disease management, and it has recently been recommended that they assume responsibility for the management of patients with controlled hypertension (Dispensing Doctor's Association, 2014). International evidence suggests that community pharmacists can support patients with diabetes effectively through medication review, monitoring and adherence interventions to improve both control of HbA1C and blood pressure. Nationally, however, there is a need for high-quality economic evaluations. For instance, pharmacist-led support for COPD was identified as cost-effective from a 2014 UK study (Wright, et al., 2015). However, there were significant drop-outs after six months that were linked with errors in the design process such as the absence of a control group and the use of three different elements to the intervention. The latter makes it difficult to ascertain the contribution of each element to the final outcome.

Care homes services

There is evidence to suggest that there is an 8-10% chance of an error in the prescribing, dispensing or administration of a medicine in care homes (Barber, et al., 2009). Systematic reviews suggest that involving community pharmacists can improve the quality of prescribing. The cost-effectiveness however, of the intervention is unknown.

Minor ailments service

This was created through community pharmacies due to the inappropriate use of general practices and A&E services for minor ailments. There is evidence that this can reduce the demand on general practices. Watson et al (2015) compared the health and cost related outcomes of consultations for minor ailments between community pharmacy, general practice and accident and emergency. The mean costs were significantly lower from an NHS perspective amongst those who were treated through community pharmacies. A potential caveat of the study is that the patients were not randomised to their condition, since the pharmacy cohort included patients who had directly asked for medicine. Overall, there is a need for more robust evidence for the effectiveness and cost-effectiveness of a minor ailments service (Wright D. , 2016).

Public Health Services

Emergency hormonal contraception supply

There is currently no evidence available in relation to the cost-effectiveness of Emergency Hormonal Contraception (EHC) supply services provided by community pharmacies. The service is, however, linked with reduced waiting times in comparison with EHC provision through family planning clinics. Furthermore, the provision of EHC through community pharmacies is not linked with adverse effects such as a reduced use of other contraceptives or an increase in risky sexual behaviour (Raine, et al., 2005)

Chlamydia screening and treatment services

Chlamydia screening was introduced in England in 2010, and is designed to identify the condition and treat it before it progresses to pelvic inflammatory disease (PID) and eventual infertility. Adams, Turner and Edmunds (Adams, Turner, & Edmunds, 2007) demonstrated that this is a cost-effective service. A systematic review of the provision of chlamydia screening through community pharmacies showed that community pharmacists were competent in providing the test, and that patients found the location convenient and accessible (Gudka, et al., 2013).

Case finding

a. Type II diabetes screening

There is evidence that community pharmacists can effectively screen for Type II diabetes. Research in the UK suggests that screening with intervention for diabetes and impaired glucose tolerance for those between 45 and 75 is likely to be cost-effective. However, the cost-effectiveness of diabetes screening alone is uncertain. Potential strategies to improve this include targeting those at a greater risk, and using more sensitive screening methods.

b. Chronic Obstructive Pulmonary Disease (COPD) case finding

A COPD case finding service delivered through community pharmacies has been shown to identify a significant proportion of patients with undiagnosed COPD. This can incentivise patients to access smoking cessation services, which has led to an improved quality of life and reductions in future costs to the NHS (Wright, Twigg, & Thornley, 2015). There is a need to prevent disease progression through the early identification of COPD. This can be achieved through monitoring patients who frequently request cough medicines or antibiotic prescriptions for chest infection.

c. Health checks

The NHS health check programme was introduced in 2009 for all eligible patients (i.e. those who are between 40 and 74 years of age, not pregnant, have not received another NHS health check within five years and have not been pre-diagnosed with medical conditions such as hypertension and diabetes). National evaluations have demonstrated improvements in behavioural and psychological risk factors after their introduction. For example, Robson et al. (Robson, et al., 2016) showed that the programme was linked with significant benefits of early diagnosis of hypertension and type II diabetes. Community pharmacists have the potential to support improvements in the uptake of NHS

Health Checks. There is evidence that they can identify appropriate patients, and that they respond positively to receiving this service through community pharmacies.

Harm reduction services

Community pharmacists provide supervised consumption of opioid substitution medicines for patients who are dependent on opioids. A review of the effect of supervision on methadone-related deaths between 1993 and 2008 showed that the number of deaths reduced from 20 per 1 million defined daily doses of methadone to 2 in Scotland, and from 25 to 6 in England (Strang, et al., 2010). Needle and syringe programmes are also designed to minimise harm to users, and have been shown to be a cost-effective use of resources.

Weight management

Brown et al. (Brown, et al., 2016) conducted a systematic review of public health interventions by community pharmacists. This revealed that community-based weight management services were as effective as other primary care strategies, although the cost-effectiveness of this service remains unclear.

Brief alcohol interventions

Two RCTs in the UK have not demonstrated long-term benefits of brief alcohol interventions delivered via community pharmacies (Watson, 2011., Dhital, et al., 2015). This highlights a need for more research and evidence before this service can be adopted in community pharmacies.

Smoking cessation

This includes the provision of smoking cessation services and nicotine replacement therapy (NRT). There is evidence that community pharmacy led smoking cessation services are both effective and cost-effective. A recent systematic review of 12 RCTs showed that patients in the intervention group were significantly more likely to quit compared with control groups and those receiving usual care (Brown, et al., 2016).

In summary, there is a good evidence base underpinning most essential, advanced and locally commissioned services. However, there is a need for more robust economic evaluations of new services. It is also apparent that current funding models place more emphasis on payment by activity (i.e. quantity) than quality, which can be measured by outcomes or value. Wright (Wright D. , 2016) proposes that “value-based contracts” should be introduced as part of an integrated quality outcomes framework between general practitioners and community pharmacists.

In an independent review undertaken by Richard Murray (Murray, Community Pharmacy Clinical Services Review, 2016), community pharmacy services are described as having a significant potential to support the prevention element of Sustainability and Transformation Plans (STPs). However, there is currently a poor availability of information to inform decision making. Greater levels of interconnectivity are required to enable pharmacy staff to share clinical information about patient care. Murray also recommends a move from national towards the local commissioning of services. Community pharmacists have an integral role in ensuring that these services are more tailored to the needs of individual communities.

4.1.6 The role of digital and new technologies

Poor integration (with other parts of the NHS), lack of interoperability of digital clinical systems and wider system design issues were noted by the Community Pharmacy Clinical Services Review sub-group of the expert advisory group headed by Richard Murray, Director of Policy at the King's Fund, to be key thematic barriers to community pharmacies providing clinical services (Pharmaceutical Services Negotiating Committee, PSNC Briefing 072/16, 2016). Access to data was a further determinant, specifically the poor availability of information required to inform clinical decision making. To overcome it, the review of community pharmacy concluded that greater steps would need to be taken to reach digital maturity and interconnectivity to allow pharmacies to see, document and share clinical information about patient care with the clinical records held by other healthcare professionals.

For the public, the importance of digital and new technologies has grown exponentially in recent years. A review of the future pharmacist workforce undertaken by the Centre for Workforce Intelligence (Centre for Workforce Intelligence, 2013) concluded that, "The future pharmacist workforce is particularly (and in many cases uniquely) affected by changes in technology, lifestyle behaviours and changes in the wider commercial environment. The essential broader role pharmacists may play in contributing to the delivery of community-based healthcare and public health, combined with the many complex factors shaping the profession, signify the importance of adopting a flexible approach, combined with careful monitoring and review."

Guidance published by the General Pharmaceutical in 2015 (General Pharmaceutical Council, 2015), post the previous PNA, recognised two types of pharmacy: the 'traditional' service, where all aspects, including the sale and supply of medicines and advice, takes place in the registered premises; and 'at a distance', including on the internet. The guidance concludes that pharmacy must adapt and change to meet the needs of a society advancing in use of new technologies, and that different ways of providing pharmacy services are already becoming commonplace. Examples of alternate (to traditional) means of the population accessing community pharmacy include:

- Electronic prescription service (EPS)[8]
- Delivery services from the registered pharmacy to patients in their usual places of residence
- Mail order and 'Click and Collect' services
- Internet pharmacy service, owned and operated by either the registered pharmacy or by a third-party business.

[8] www.systems.hscic.gov.uk/eps

4.2 Community Pharmacy Contractual Framework

NHS England is the national commissioner for NHS community pharmacy services. Their role is to ensure that the NHS provides safe, high quality patient care and services within community pharmacy, and to ensure that the NHS operates within its means. The NHS regulations categorise pharmaceutical services as Essential, Advanced, and Enhanced. Essential services are those which all pharmacy contractors will provide and are commissioned by NHS England. Advanced services, also commissioned by NHS England, can be provided by contractors once accreditation requirements have been met. Locally commissioned, or enhanced services, are those that can be commissioned by NHS England, Local Authorities and Clinical Commissioning Groups in response to the needs of the local population. Pharmacy contractors can choose whether they wish to provide advanced or enhanced services.

The Pharmaceutical Services Negotiating Committee (PSNC) leaflet, NHS Community Pharmacy Services – a summary (Pharmaceutical Services Negotiating Committee, NHS Community Pharmacy services - a summary, 2013) provides examples of services that the public can expect to be able to access under each of the three levels of services. It is important to note that locally commissioned, enhanced services will vary area by area nationwide.

Figure 62: The NHS Community Pharmacy Contractual Framework (contract) example services

Essential services	Advanced services	Enhanced services
•Dispensing medicines •Dispensing appliances •Repeat dispensing •Clinical Governance •Quality payments scheme •Public Health (Promotion of Healthy Lifestyles) •Disposal of Unwanted Medicines •Signposting •Support for Self Care	•Medicines Use Reviews (MUR) •Flu vaccination •New Medicine Service (NMS) •Appliance Use Reviews (AUR) •Stoma Appliance Customisation (SAC) •NHS Urgent Medicine Supply Advanced Service (NUMSAS)	•Including: •Minor ailments management •Palliative care services •Care home services •Head lice management services •Gluten free food supply services •Services to schools •Out of hours services •Supplementary and independent prescribing by pharmacists •Medicines assessment and compliance support.

Following the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, NHSE's Chief Pharmaceutical Officer commissioned The King's Fund to undertake an Independent Review of Community Pharmacy Clinical Services (Murray, Community Pharmacy Clinical Services Review, 2016). This was determined 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.

As discussed earlier, the review makes recommendations for commissioning models and clinical pharmacy services aimed at ensuring community pharmacy is better integrated with primary care, and making far better use of community pharmacy and pharmacists (NHS England, Integrating pharmacy into primary care, 2016).

4.2.1 Essential services

Under the community pharmacy contractual framework, essential services are defined as those services or core activities that must be provided by all community pharmacy contractors. These are nationally agreed services and are not open to local negotiation. These include:

- Dispensing of medicines/appliances
- Repeat dispensing
- Disposal of waste/unwanted medication
- Promotion of healthy lifestyles (Public Health)
- Signposting of patients
- Support for self-care
- Clinical governance

4.2.1.1 Dispensing NHS Prescriptions

A range of nationally and locally available data has been sourced to assess capacity of Derby and Derbyshire pharmacies to dispense prescriptions generated by GPs. Taking the latest Electronic Prescribing Service[9] data to end December 2017, all four NHS CCGs are exceeding the national General Medical Services (GMS) Contract targets (2017/18) of 56% of all prescriptions issued in a GP practice being done so via EPS, and 80% of all non-dispensing repeat prescriptions by EPS.

Nomination is the process by which a patient chooses, or 'nominates', a preferred dispensing contractor(s) to which their prescriptions can be sent electronically using the EPS (Pharmaceutical Services Negotiating Committee, Nomination of patients (EPS)). At the end of December 2017, a total of 471,125 nominations were recorded against patients registered to GP practices of the four Derby and Derbyshire CCGs. This represents an average 45% of their total registered populations.

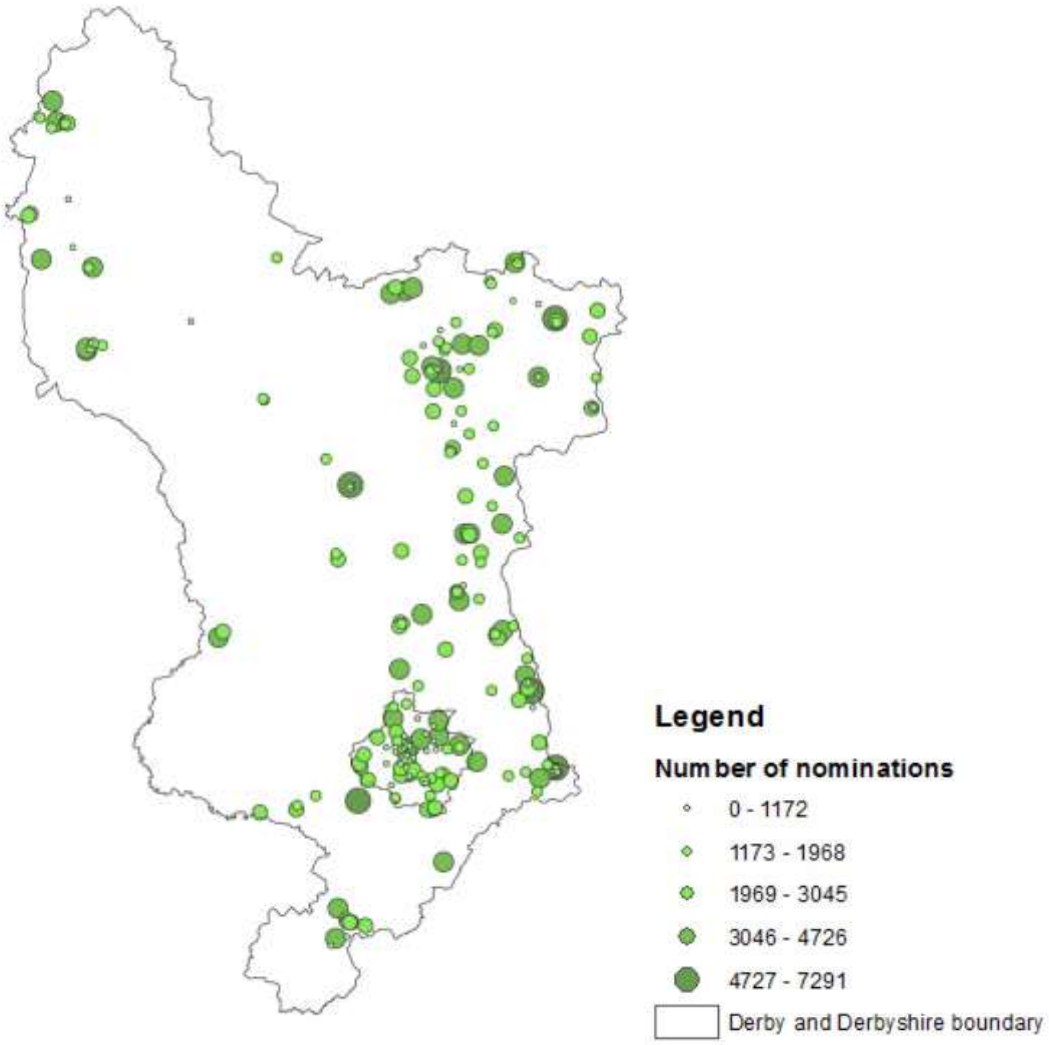
At a District level, South Derbyshire has the highest average number of nominations per pharmacy in its area (2,758) while Chesterfield has the lowest (2,046). Derby City is lower still, with an average of 1,856 nominations per community pharmacy. The Derbyshire County average is 2,313, compared with the national average at end December 2017, of 2,218. This would suggest that some of the community pharmacies within the area are already in excess of the current England average, but for others there is still capacity to increase. One single pharmacy in Erewash District has already had 7,439 nominations. Sixty per cent of pharmacies with fewer than 1,000 nominations each can be found in Derby City.

[9] The EPS sends electronic prescriptions from GP surgeries to pharmacies, eventually removing the need for most paper prescriptions (NHS Digital, 2017).

Table 36: Nominations by Derby and Derbyshire District to end December 2017 (NHS Digital, 2017)

Derbyshire District	Number of community pharmacies	Number of nominations	Average number of nominations per pharmacy
Amber Valley	27	67,182	2,488
Bolsover	17	39,337	2,314
Chesterfield	23	47,048	2,046
Derbyshire Dales	12	24,780	2,065
Erewash	26	58,587	2,253
High Peak	21	49,000	2,333
North East Derbyshire	20	45,092	2,255
South Derbyshire	15	41,372	2,758
Derby City	63	116,905	1,856
Derbyshire County	161	372,398	2,313
Derbyshire STP	224	489,303	2,184
England	11,832	26,244,657	2,218

Figure 63: Map of the number of active nominations for each pharmacy dispenser in Derby and Derbyshire (as of 23rd October 2017) (NHS Digital, 2017)



In 2016/17, a total of 19,822,966 items were prescribed within the Derby and Derbyshire area and dispensed across the country. Further analysis shows that:

- 86% of these prescriptions were dispensed within Derbyshire STP community pharmacies
- 0.3% were dispensed by appliance suppliers
- 0.2% were dispensed in neighbouring counties
- 14% were dispensed elsewhere (majority likely to be through Distance Selling Pharmacy)

Table 37 below demonstrates that the dispensing workload of pharmacies in the Derby and Derbyshire areas is in line with the national average, based on activity in October 2017. An additional 6,637 prescriptions were dispensed by the four Appliance Contractors in the same period. Other key activity headlines for October 2017 across both pharmacy and appliance contractors, include:

- A total of 5,061 Medicines Use Reviews were declared;
- 1,576 New Medicine Service interventions were declared;
- 43 Appliance Use Reviews were conducted in the user's home;
- 1,288 Stoma Customisations were undertaken.

Table 37: Prescription items dispensed by month (October 2017) - Pharmacy contractors only (NHS Business Services Authority, 2017)

	Number of community pharmacies	Prescription items dispensed (July 2017)	Average number of dispensed items per pharmacy
Derbyshire STP	224	1,602,125	7,152
England	11,832	86,790,479	7,335

4.2.1.2 Quality Payments scheme

In 2017/18, £75 million of the Community Pharmacy Contractual Framework funding will be allocated to Quality Payments. At two specific review points during the year, pharmacies will need to declare which of the various criteria they are compliant with in order to accumulate quality points.

To be eligible to claim a Quality Payment, the contractor must meet four gateway criteria:

- Provision of at least one specified Advanced Service;
- Have their NHS Choices entry up to date;
- Have the ability for staff to send and receive NHS mail; and
- Ongoing utilisation of the Electronic Prescription Service.

Contractors passing the gateway criteria will receive a Quality Payment if they meet one or more of the quality criteria which relate to patient safety, patient experience, clinical effectiveness, public health and upskilling the workforce. The Department of Health has weighted these based on an

assessment of the difficulty of achieving them and the benefit to patients for doing so, with each criterion being designated a number of points[10].

In terms of workforce, pharmacies are encouraged to train staff as Dementia Friends. The Dementia Friends initiative is about giving people an understanding of dementia and the small things that could make a difference to people living with dementia in their community.

To achieve the quality criteria for public health the pharmacy must demonstrate accreditation as a Level 1 Healthy Living Pharmacy. The aim of this quality criterion is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing.

Community pharmacy leaders and public health colleagues will need to work closely to realise the potential offered by the healthy living pharmacy concept and the upskilled workforce across Derby and Derbyshire. At end December 2017, 220 pharmacy staff have been trained as Healthy Living Champions[11], having successfully achieved the Royal Society of Public Health (RSPH) Understanding Health Improvement Level 2 Award. A further 125 pharmacy staff are trained as Healthy Living Leaders, having completed the associated leadership training.

4.2.2 Advanced services

Advanced services are nationally specified and community pharmacies can choose whether or not to provide them. Advanced services require the premises to be accredited by NHS England. There are currently six advanced services specified.

- The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.
- The New Medicines Service (NMS) provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.

Appliance contractors (and pharmacies providing an appliance dispensing service) may also offer to provide the following advanced services:

- Stoma Appliance Customisation aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste;
- Appliance Use Reviews aim to improve the patient's knowledge and use of any specified pharmaceutical appliance in their own home.

205 (94.5%) of the 217 pharmaceutical providers in Derby and Derbyshire offer the MURs service in accordance with the requirements of the national community pharmacy contractual framework. 193 (90%) offer the New Medicines Service.

[10] http://psnc.org.uk/services-commissioning/essential-services/quality-payments/
[11] https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html

4.2.2.1 Flu vaccination

Each year from September through to March the NHS operates a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. Community pharmacies have been able to offer the vaccination as a private, paid-for service for a number of years, which has proved popular with patients as it gives them greater accessibility and no need for an appointment. Given its successes, for the 2015/16 flu season NHS England agreed to commission a new advanced service that community pharmacies could choose to provide, and that the NHS would pay for. The service has since been recommissioned in the years since and in August 2017, NHS England published its renewed service specification for the community pharmacy seasonal influenza vaccination advanced service[12]. The service is effective from 1st September and runs to 31st March, with a focus on vaccinating eligible patients between September and January each year. Those patients most at risk from influenza include: all people aged 65 years and over; adults aged 18 to 65 with one or more serious medical condition (including diseases such as chronic respiratory disease, chronic heart disease and diabetes); pregnant women; people in long-term care; carers themselves.

4.2.2.2 Urgent and emergency medicine supply

On 20th October 2016, the Department of Health and NHS England announced that as part of the 2016/17 and 2017/18 community pharmacy funding settlement (Pharmaceutical Services Negotiating Committee, Government imposes community pharmacy funding reduction, 2016), money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Service (Pharmaceutical Services Negotiating Committee, NHS Urgent Medicine Supply Advanced Service (NUMSAS), 2016). The service has been commissioned as an Advanced Service and has recently been extended nationally until 30th September 2018, operating in parallel with the locally commissioned Emergency Supply Service (ESS). The objectives of the service are to:

- Manage appropriately NHS 111 requests for urgent medicine supply;
- Reduce demand on the rest of the urgent care system;
- Resolve problems leading to patients running out of their medicines; and
- Increase patient awareness of electronic repeat dispensing.

192 of 217 (88%) community pharmacies in Derby and Derbyshire provide the locally commissioned Emergency Supply of Medicines Service (ESS) which allows patients who urgently require medicines to obtain them without the need for a prescription. 21 pharmaceutical providers are piloting the NUMSAS service. Seven of these are in the NHS Erewash Clinical Commissioning Group area, which is an NHS Multispecialty Community Provider (MCP) Vanguard site.

Whilst considered to be complimentary to the ESS, the NUMSAS pilot is currently being evaluated with consideration being given to how both will work together in the future.

[12] https://www.england.nhs.uk/wp-content/uploads/2017/08/17-18-service-specification-seasonal-flu.pdf

4.2.3 Locally Commissioned Services

Derby City and Derbyshire County Councils (Public Health Departments), and Southern Derbyshire, Erewash, North Derbyshire and Hardwick NHS CCGs (Medicines Management Teams) commission enhanced services for the local Derby and Derbyshire population. For the Glossopdale area of the High Peak District of Derbyshire, relevant enhanced services are commissioned by NHS Tameside and Glossop CCG. The largest available group of locally commissioned services fall under the heading of 'public health'. Examples include:

- **Substance misuse services**: including needle and syringe services; supervised consumption of medicines to treat addiction; Hepatitis testing and vaccination; provision of naloxone to drug users for use in emergency overdose situations
- **Sexual health services**: including emergency hormonal contraception services; condom distribution; Chlamydia screening and treatment; HIV testing; contraception advice and supply (including oral and long acting reversible contraception)
- **Stop smoking services**: proactive promotion of smoking cessation through to provision of full NHS stop smoking programmes
- **NHS Health Checks for people aged 40-74 years**: carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity
- **Weight management services**: promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese
- **Alcohol misuse services**: providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers
- **Pandemic and Seasonal 'Flu services**: providing continuity of dispensing of essential medicines, provision of antiviral medicines; 'flu vaccination' services commissioned by Local Authority Public Health Teams for employees of the city and county councils.

Across the south of Derbyshire, commissioned by NHS Southern Derbyshire and Erewash CCGs, community pharmacies operate a minor ailment scheme, known locally as 'Pharmacy First'. The aim of the scheme is to ensure that users can access self-care advice and where appropriate, over the counter medicines, for the treatment of a range of common problems. Between December 2016 and November 2017 some 10,000 consultations were undertaken through this scheme, over half of which were for children. Approximately 95% of individuals seen by Pharmacy First would otherwise have booked an appointment to be seen by their GP.

The benefits of effective transfer of medicines information at the point of discharge from hospital have long been recognised. With this is mind, NHS England is currently working closely with both Royal Derby Hospital and Chesterfield Royal Hospital to develop processes to allow seamless transfer of discharge information to patient's community pharmacy of choice. Such systems have been shown to improve patient outcomes and to reduce readmissions due to medicines related issues.

Where pharmacy owners (contractors) choose to provide advanced or enhanced services and are commissioned for doing so, it is important that these are scrutinised. Contract monitoring is a legal obligation referring to the responsibility that NHS England has for monitoring the provision of essential and advanced services. Arrangements for monitoring locally commissioned services may

be set out in local contracts or Service Level Agreements (SLA). Table 38 highlights the services available in Derby and Derbyshire by commissioner.

Table 38: Summary of community pharmacy services and definitions, by commissioner

NHS England (North Midlands)

Medicine Use Reviews (MURs)	An advanced service involving a structured review by a pharmacist with patients about their medicines use, with a view to improve knowledge, concordance and use of medicines[13]
New Medicine Service (NMS)	An advanced service for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence[14]
Flu vaccination (population)	Refers to pharmacies that are registered to provide the flu vaccination service for 2017/18[15], for the at-risk eligible population.
Palliative Care Drug Stockist scheme	Refers to pharmacies supplying palliative care and specialist medicines, the demand for which may be urgent and/or unpredictable[16]
Emergency Supply Service (ESS)	Refers to pharmacies who offer a pharmacist-assessment of whether there is urgent need for medicines, in circumstances where it is impracticable for the patient to obtain a prescription before the next dose is due[17]
National Urgent Medicine Supply Advanced Service (NUMSAS)	An advanced service pilot to support referrals from NHS 111 for urgent medicines, aiming to reduce demand on urgent care, avoid patients running out of medicines, and increase patients awareness of electronic repeat dispensing[18]

Local Authority (Public Health)

Emergency Hormonal Contraception (EHC)	Refers to pharmacies offering Levonorgestrel Emergency Hormonal Contraception (EHC), when appropriate, to patients in line with the requirements of a locally agreed Patient Group Direction (PGD)[19]

[13] http://psnc.org.uk/services-commissioning/advanced-services/murs/
[14] http://psnc.org.uk/services-commissioning/advanced-services/nms/
[15] http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/
[16] http://psnc.org.uk/?our-services=nhs-community-pharmacy-palliative-care-drugs-stockist-scheme-across-derbyshire-nottinghamshire-2-lpcs-involved
[17] https://psnc.org.uk/?our-services=urgent-repeat-medicines-service-via-pgd
[18] http://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/
[19] http://psnc.org.uk/services-commissioning/locally-commissioned-services/en11-emergency-hormonal-contraception/

Supervised Consumption	Refers to pharmacies offering a supervised service of the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient[20]
Needle Exchange	Refers to pharmacies providing access to sterile needles/syringes, and sharps containers for return of used equipment – to promote safe injecting practice and reduce transmission of infections amongst misusers[21]
Flu vaccination (employer)	Refers to pharmacies that have registered an interest in providing the flu vaccination service to local authority front-line social care workers in 2017/18[22]

NHS Clinical Commissioning Group

Pharmacy First	Refers to a scheme commissioned by Southern Derbyshire and Erewash CCGs to provide timely effective advice and treatment for minor ailments, without the need to visit a GP[23]
Medicine Administration Record (MAR)	Refers to a scheme commissioned by the NHS (locally) to support domiciliary care workers, through preparing medicine administration record sheets when a prescription is presented for a patient assessed as requiring the service[24]
Anticoagulant (INR testing)	Refers to pharmacies providing an anticoagulant therapy management service for patients receiving warfarin or other oral anticoagulants[25]

Table 39 highlights the number of pharmacies in Derby, Derbyshire and each District area, providing NHSE, Public Health and NHS CCG commissioned services. These are provided in more detail in district summary profiles that appear earlier in the document. Of particular note is the variation in pharmacies commissioned to be a palliative care drug stockist, by area. On average for the Derbyshire STP footprint, 46% of pharmacies are on the scheme, but this varies from 24% in the High Peak area to 93% in South Derbyshire. Other key points include:

[20] http://psnc.org.uk/services-commissioning/locally-commissioned-services/en1-supervised-administration/
[21] http://psnc.org.uk/services-commissioning/locally-commissioned-services/en2-needle-syringe-exchange/
[22] http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/
[23] http://psnc.org.uk/?our-services=minor-ailment-scheme-south-derbyshire-area
[24] https://psnc.org.uk/?our-services=mar-chart-service
[25] https://psnc.org.uk/?our-services=anticoagulation-monitoring-service

- 18% of pharmacies are not currently (in October 2017) registered to provide the advanced flu vaccination service;
- Almost 1 in every 10 pharmacies are piloting the NUMSAS. Amber Valley District is the only area without a pilot site;
- One in every two pharmacies offer the locally commissioned Emergency Hormonal Contraception, with as many as 73% in South Derbyshire and as few as 32% in Bolsover;
- 100% of pharmacies offer the supervised consumption service in Derbyshire Dales.

Table 39: Pharmacies offering community services by District, split by commissioner

		Pharmaceutical Service	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire	Derby City	Derbyshire County	Derbyshire STP
Number of pharmacies within area	NHS England - North Midlands	Medicine Use Reviews (MURs)	27	15	21	11	25	16	20	15	60	145	205
		New Medicine Service (NMS)	25	15	19	11	23	16	20	14	55	138	193
		Flu vaccination (population)	24	12	20	11	24	15	18	15	50	134	184
		Palliative Care Drug Stockist scheme	21	5	9	6	17	5	6	14	20	83	103
		Emergency Supply Service (ESS)	26	14	22	10	23	12	18	14	53	139	192
		National Urgent Medicine Supply		2	1	1	7	1	2	1	6	15	21
	Local Authority (Public Health)	Emergency Hormonal Contraception (EHC)	12	6	12	7	17	10	12	11	31	84	115
		Supervised Consumption	24	12	21	12	23	15	18	11	43	131	174
		Needle Exchange	14	10	18	6	10	13	14	8	31	90	121
		Flu vaccination (employer)	21	10	18	9	19	12	18	12	43	115	158
	NHS Clinical Commissioning Group	Pharmacy First	27			4	24	7		15	60	70	130
		Medicine Administration Record (MAR)	23	7	18	9	25	11	15	14	51	122	173
		Anticoagulant (INR testing)	2	1			3			4		10	10
		Gluten Free Food Scheme	22				1					23	23
Percentage of pharmacies within area	NHS England - North Midlands	Medicine Use Reviews (MURs)	100%	88%	91%	92%	96%	76%	100%	100%	95%	90%	92%
		New Medicine Service (NMS)	93%	88%	83%	92%	88%	76%	100%	93%	87%	86%	86%
		Flu vaccination (population)	89%	71%	87%	92%	92%	71%	90%	100%	79%	83%	82%
		Palliative Care Drug Stockist scheme	78%	29%	39%	50%	65%	24%	30%	93%	32%	52%	46%
		Emergency Supply Service (ESS)	96%	82%	96%	83%	88%	57%	90%	93%	84%	86%	86%
		National Urgent Medicine Supply	0%	12%	4%	8%	27%	5%	10%	7%	10%	9%	9%
	Local Authority (Public Health)	Emergency Hormonal Contraception (EHC)	44%	35%	52%	58%	65%	48%	60%	73%	49%	52%	51%
		Supervised Consumption	89%	71%	91%	100%	88%	71%	90%	73%	68%	81%	78%
		Needle Exchange	52%	59%	78%	50%	38%	62%	70%	53%	49%	56%	54%
		Flu vaccination (employer)	78%	59%	78%	75%	73%	57%	90%	80%	68%	71%	71%
	NHS Clinical Commissioning Group	Pharmacy First	100%	0%	0%	33%	92%	33%	0%	100%	95%	43%	58%
		Medicine Administration Record (MAR)	85%	41%	78%	75%	96%	52%	75%	93%	81%	76%	77%
		Anticoagulant (INR testing)	7%	6%	0%	0%	12%	0%	0%	27%	0%	6%	4%

4.3 Access and availability

For the purposes of this assessment, whilst the growing use of distance selling pharmacies is acknowledged, given the difficulty in measuring the activity, access will be determined on expected use of 'traditional' pharmacy. That is, physical location from registered premises so to consider ease of travel and physical attendance for services. Full details of all Derbyshire Local Pharmaceutical Committee (LPC) area community pharmacies can be found in the supplementary directory.

4.3.1 Opening hours

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) recorded by NHS England North Midlands Team at end of July 2017.

Details of individual opening times can be found on the NHS Choices website.

Table 40: Contracted hours per week

Derbyshire District	33.75		40		100		Grand Total
	Number of pharmacies	Rate per 100,000 population	Number of pharmacies	Rate per 100,000 population	Number of pharmacies	Rate per 100,000 population	
Amber Valley			22	18	5	4	27
Bolsover			15	19	2	3	17
Chesterfield			21	20	2	2	23
Derbyshire Dales			12	17			12
Erewash			23	20	3	3	26
High Peak	1	1	20	22			21
North East Derbyshire			18	18	2	2	20
South Derbyshire			13	13	2	2	15
Derby City	0	-	56	22	7	3	63
Derbyshire County	1	0	144	18	16	2	161
Derbyshire STP	1	0	193	19	23	2	224

Hayfield Pharmacy in the High Peak area of Derbyshire opens for a total of 33.75 hours per week following an appeal to provide less than the usual 40 hours minimum, in 2014. The regulations state in respect of pharmacy opening hours, that:

Pharmacy opening hours: general

"23.—(1) An NHS pharmacist (P) must ensure that pharmaceutical services are provided at P's pharmacy premises—

(a) for 40 hours each week;

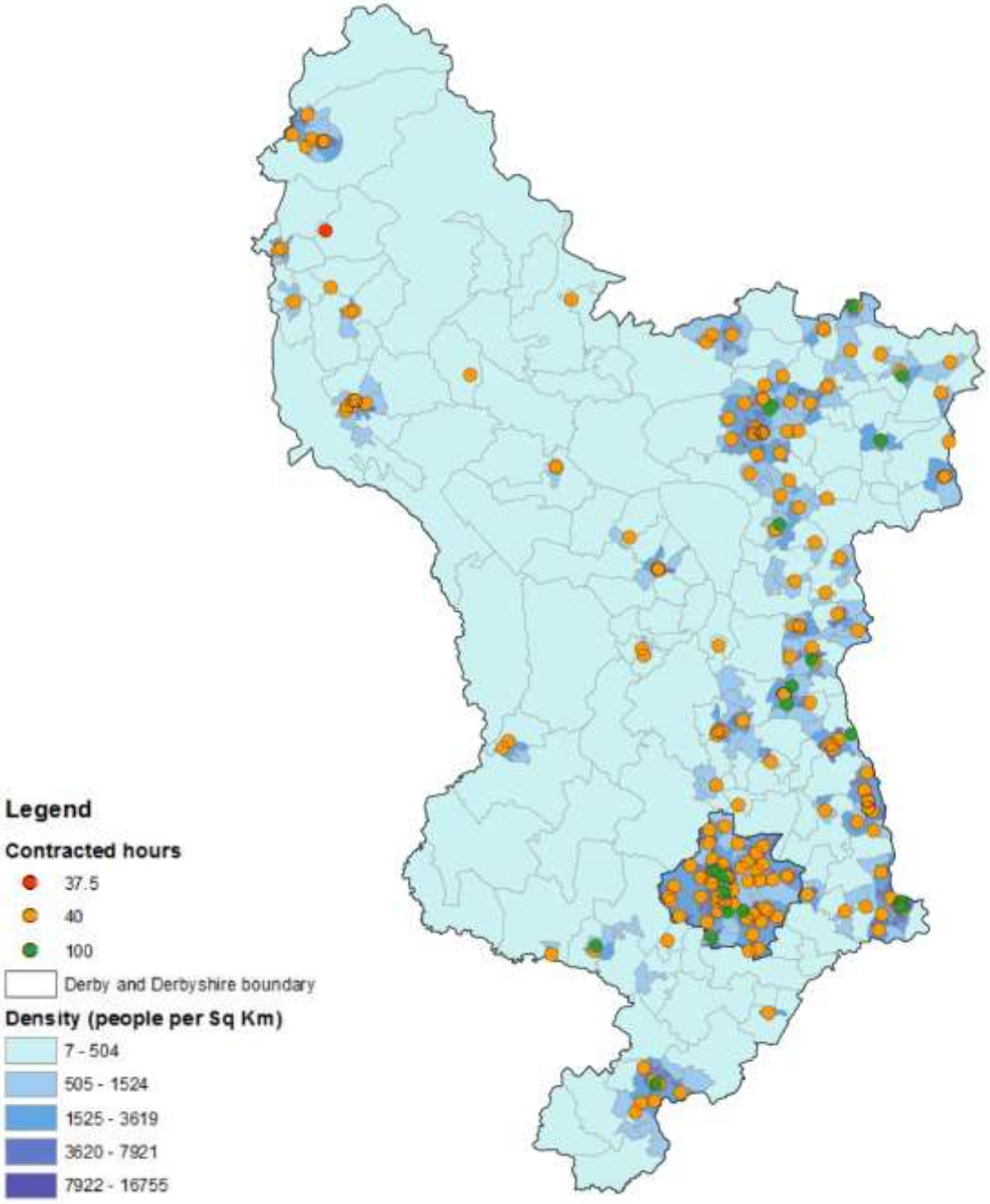
(b) for not less than 100 hours each week, in the case of premises in respect of which a 100 hours condition applies;

(c) if the NHSCB or a Primary Care Trust, or on appeal the Secretary of State, has directed that pharmaceutical services are to be provided at the premises for fewer than 40 hours per week, provided that the person listed in relation to them provides those services at set times and on set days, at the times and on the days so set;

(d) if a Primary Care Trust, or on appeal the Secretary of State, has (under previous Regulations) directed that pharmaceutical services are to be provided at the premises for more than 40 hours per week, and at set times and on set days, at the times and on the days so set; or

(e) if the NHSCB or a Primary Care Trust, or on appeal the Secretary of State, has directed that pharmaceutical services are to be provided at the premises for more than 40 hours each week, but only on set times and on set days as regards the additional opening hours—
(i) for the total number of hours each week required by virtue of that direction, and
(ii) as regards the additional opening hours for which the person listed in relation to the premises is required to provide pharmaceutical services by virtue of that direction, at the days on which and times at which that person is required to provide pharmaceutical services during those additional opening hours, as set out in that direction,
but the NHSCB may, in appropriate circumstances, agree a temporary suspension of services for a set period, where it has received 3 months' notice of the proposed suspension."

Figure 64: Map of 40 and 100 hour pharmacy locations in Derby and Derbyshire, with population density (Office for National Statistics, Lower Super Output Area Population Density, 2016)



4.3.2 Out of Hours Roster

Community Pharmacies are allowed to close on a declared bank holiday or a substitute bank holiday under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. To ensure pharmacy provision on bank holidays/ substitute bank holidays, NHS England commission a roster in Derbyshire. Participation by the pharmacies is usually on a voluntary basis, unless the needs of the people in an area are not met in which case NHS England have the power to issue a direction requiring a pharmacy to open. Pharmacies open on bank holidays/ substitute bank holidays will provide the full range of services that the pharmacy usually provides. In addition, NHS England also commissions an Out of Hours Roster in the following specific areas:

- Ilkeston, Erewash; pharmacies participate on a rota basis opening 12 noon until 1pm on Sundays
- Matlock, Derbyshire Dales; pharmacies participate on a rota basis opening until 6:30pm Monday to Friday
- Derby City, a pharmacy opens until 8pm on Sundays. This is currently a pilot running until 21 January 2018.

4.3.3 Accessibility

Table 41 demonstrates at a household level, that less than 1% of homes in Derby City would be regarded as having limited access to pharmaceutical services. Across the Derbyshire County area, 84% of households are within 1.6km of a Derbyshire pharmacy; an estimated 10% of the population are dispensed to[26]; 1% are served by a pharmacy in a neighbouring county area; 6% have limited access to pharmaceutical services. At a district level it is estimated that 40% of the Derbyshire Dales population, given its rural nature, is dispensed to by a GP practice. Approximately 3% of Bolsover's population is served from a pharmacy outside of the Derbyshire area, while 14% of the South Derbyshire population are considered to have limited access to traditional community pharmacy.

Table 41: Access to pharmaceutical services in Derby and Derbyshire by household

Derbyshire District	Accessible		Dispensed		Out of Area		Limited		Grand Total
	Number	%	Number	%	Number	%	Number	%	
Amber Valley	46,136	83%	4,947	9%	892	2%	3,772	7%	55,747
Bolsover	30,472	88%	2,811	8%	906	3%	452	1%	34,641
Chesterfield	47,221	97%	1,337	3%		0%	140	0%	48,698
Derbyshire Dales	17,743	53%	13,144	39%		0%	2,780	8%	33,667
Erewash	49,175	97%	1,060	2%	11	0%	653	1%	50,899
High Peak	35,685	86%	2,680	6%	28	0%	2,921	7%	41,314
North East Derbyshire	37,819	85%	3,548	8%	259	1%	2,790	6%	44,416
South Derbyshire	30,830	76%	4,171	10%	416	1%	5,401	13%	40,818
Derby City	107,931	100%	22	0%		0%	57	0%	108,010
Derbyshire County	295,081	84%	33,698	10%	2,512	1%	18,909	5%	350,200
Derbyshire STP	403,012	88%	33,720	7%	2,512	1%	18,966	4%	458,210

Accessible - refers to households within 1.6km of a Derby or Derbyshire pharmacy

Dispensed - refers to households outside 1.6km of a Derby or Derbyshire pharmacy but of a postcode associated with a Derbyshire dispensing GP practice

Out of Area - refers to households within 1.6km of a pharmacy in a county neighbouring Derbyshire

Limited - refers to households that do not fit into any of the above categories, and thus are regarded to have limited access to pharmaceutical services

[26] Estimations of populations dispensed to have been determined using locally sourced primary care data.

At a STP Place level[27], the proportion of households within accessible distance to a Derbyshire pharmacy range from 53% in North and South Dales Places (compensated for by an average 39% dispensed population), to 100% in City Centre North and South places. 17% of Belper's households are estimated to be dispensed to, followed by 10% of High Peak and North Bolsover households. As expected, the Derbyshire places situated on the edges of the county have households within accessible distance to a pharmacy in a neighbouring county area. These include 3% of Amber Valley and North Bolsover households.

Table 42: Access to pharmaceutical services by emerging 'Place' across Derby and Derbyshire, by household

Derbyshire Places	Accessible		Dispensed		Out of Area		Limited		Grand Total
	Number	%	Number	%	Number	%	Number	%	
Amber Valley	21,983	79%	1,837	7%	892	3%	3,026	11%	27,738
Belper	15,973	80%	3,359	17%		0%	690	3%	20,022
Chesterfield	50,754	94%	2,453	5%		0%	880	2%	54,087
City Centre North	19,708	100%		0%		0%		0%	19,708
City Centre South	9,806	100%		0%		0%		0%	9,806
City North East	28,695	98%	75	0%		0%	487	2%	29,257
City North West	21,704	95%	578	3%		0%	548	2%	22,830
City South	45,192	89%	2,033	4%	189	0%	3,597	7%	51,011
Dronfield, Killamarsh and Eckington	18,083	88%	538	3%	259	1%	1,579	8%	20,459
Glossop	14,098	95%	9	0%	2	0%	689	5%	14,798
Heanor	9,940	94%	542	5%		0%	60	1%	10,542
High Peak	21,587	81%	2,671	10%	26	0%	2,232	8%	26,516
Ilkeston	19,454	99%	136	1%		0%	16	0%	19,606
Long Eaton	22,401	99%	80	0%	11	0%	203	1%	22,695
North Bolsover	20,338	86%	2,372	10%	727	3%	182	1%	23,619
North Dales	11,262	53%	8,457	40%		0%	1,606	8%	21,325
South Dales	6,481	53%	4,687	38%		0%	1,174	10%	12,342
South Derbyshire	19,216	86%	1,560	7%	227	1%	1,256	6%	22,259
South Hardwick	26,337	89%	2,333	8%	179	1%	741	3%	29,590
Derby Place	125,105	94%	2,686	2%	189	0%	4,632	3%	132,612
Derbyshire Place	263,809	85%	31,025	10%	2,321	1%	13,645	4%	310,800
Derbyshire Places	388,914	88%	33,711	8%	2,510	1%	18,277	4%	443,412

Accessible - refers to households within 1.6km of a Derby or Derbyshire pharmacy

Dispensed - refers to households outside 1.6km of a Derby or Derbyshire pharmacy but of a postcode associated with a Derbyshire dispensing GP practice

Out of Area - refers to households within 1.6km of a pharmacy in a county neighbouring Derbyshire

Limited - refers to households that do not fit into any of the above categories, and thus are regarded to have limited access to pharmaceutical services

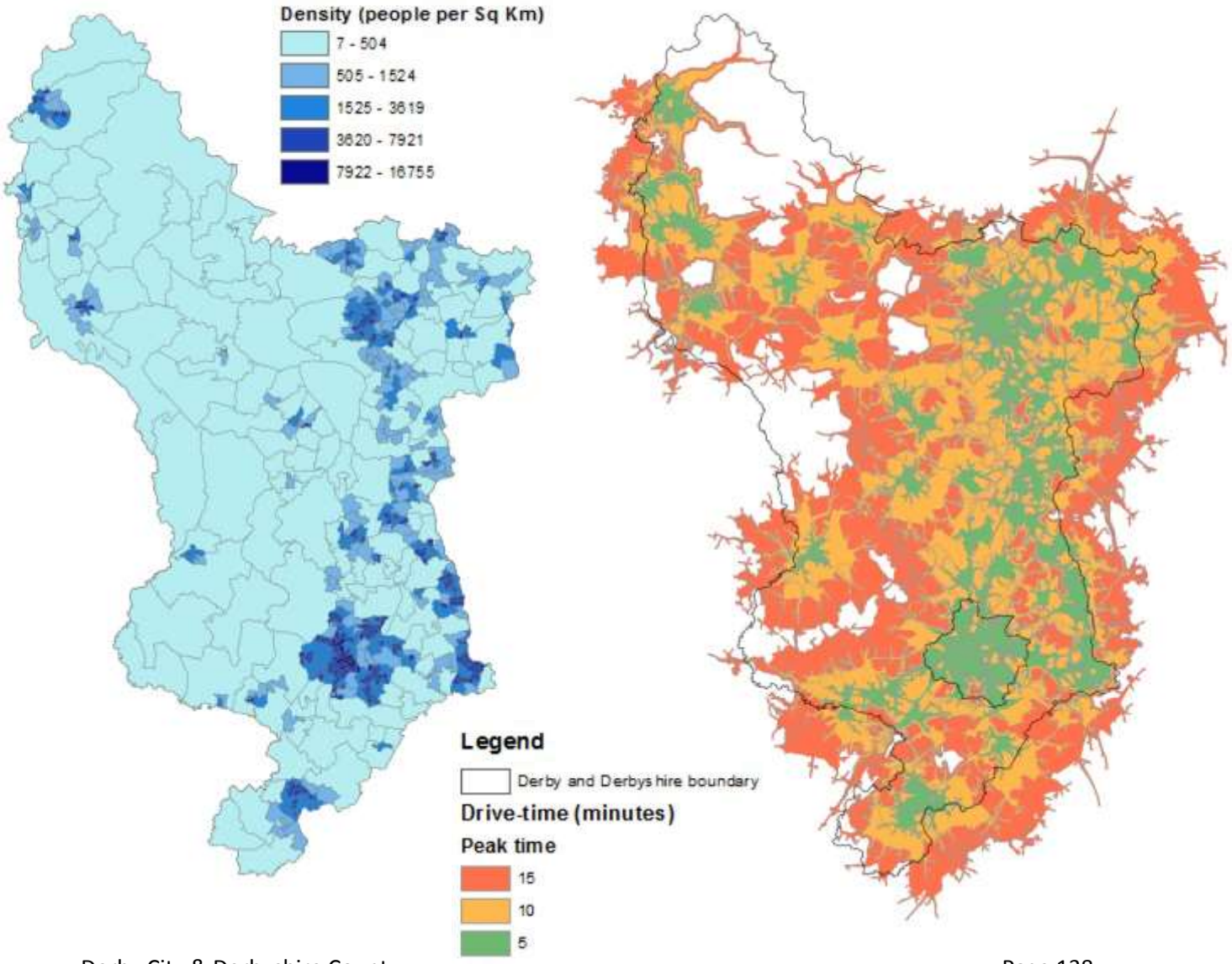
[27] The Glossop area of High Peak is not in scope of the Derbyshire places and so is excluded from this profile.

Of particular note is the high proportion of inaccessible households also found in Amber Valley (11%), followed by South Dales (10%), and City South, North Dales, High Peak, and Dronfield, Killamarsh and Eckington each with 8% of households not regarded as being within an accessible distance to pharmaceutical services. As discussed earlier, the boundaries of the places do not necessarily reflect the boundaries of the districts. For example, the South Derbyshire district is actually spanned by both the South Derbyshire and City South places. Hence the 14% inaccessible households for the district are accounted for by the 8% inaccessible in the City South and 6% in the South Derbyshire places.

4.3.4 Travel and transport

Derby and Derbyshire have good public transport networks and most households, particularly in the more remote areas of the county, have access to a car. In rush hour/peak traffic conditions a pharmacy should still be accessible within a 5 minute drive for 90% of households. For the remaining 10%, most will be within a 10 minute drive with only a small volume of population having to travel for longer.

Figure 65: Maps of population density (Office for National Statistics, Lower Super Output Area Population Density, 2016), and drive times in peak traffic conditions from pharmacies in Derby and Derbyshire



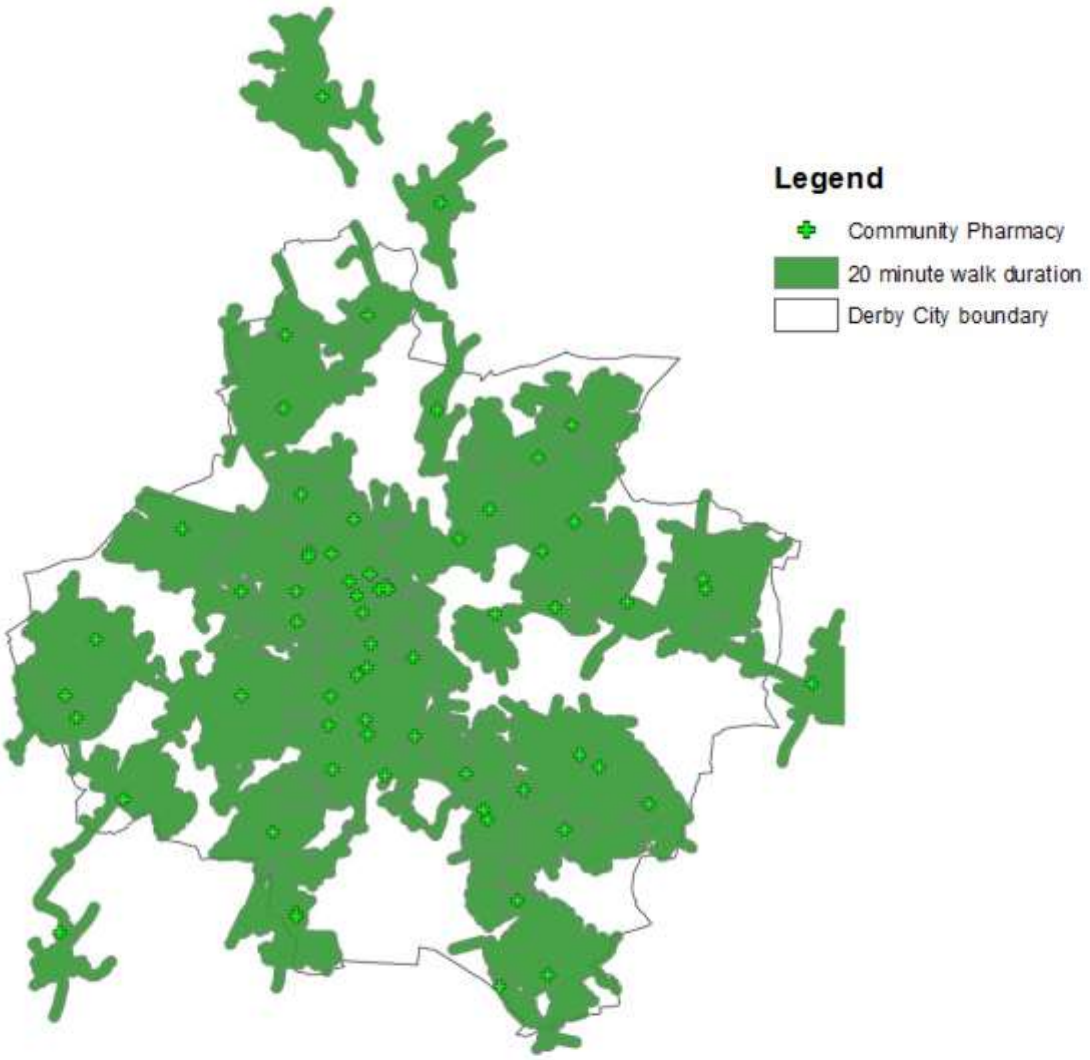
Derby and Derbyshire public transport maps

The most up to date Derby City route map can be found here

The most up to date Derbyshire County route map can be found here

Using Derby City (the Derbyshire STP footprint's most population dense area) for illustrative purposes, walking distance to all pharmacies within the area has been assessed. Whilst gaps beyond a walk of 20 minutes (approximately 1 mile/ 1.6km) are apparent, almost 90% of the entire population is still within what is regarded a reasonable distance to a community pharmacy.

Figure 66: Map of (approximately) 20 minute walking times from pharmacies in Derby and Derbyshire



4.4 Locally commissioned services under review

Significant changes to community pharmacy provision post consultation and publication of this document, will be reflected in future supplementary publications. At this time, the following items are noted:

4.4.1 Minor ailments and Derbyshire's Self-Care Policy

With an ever increasing demand on NHS services, the NHS at a national and local level is constantly reviewing the products, services and treatments it provides to ensure that its resources are being used efficiently to provide the best health outcomes for the population. This enables the NHS to target its resources at frontline services and people with the most urgent clinical needs. It is in this context that the four Derbyshire Clinical Commissioning Groups began to review their policies on the provision of medicines and products that can be bought over the counter to treat short term, self-limiting conditions such as a cough or a cold.

Following the conclusion of a public consultation, detailed reports, options and recommendations were submitted to the four Governing Bodies of the CCGs for discussion and decisions at their board meetings. These took place in November and December 2017 and their individual decisions all supported the option to stop the prescribing of medicines and products that are available over-the-counter from pharmacies and shops such as supermarkets, to treat short term, minor self-limiting conditions.

4.4.2 Behaviour change services

Since the publication of the PNA 2015-2018, locally commissioned stop smoking support from community pharmacy has ceased. Stop smoking provision in Derbyshire is provided by the Live Life Better Derbyshire service. On 1st December 2017 the service will be transferred in-house to Derbyshire County Council. Stop smoking support will be provided by trained stop smoking advisors within the service. To support smokers to quit smoking the service will provide behavioural support and access to stop smoking medicines such as nicotine replacement therapy. Support will be available across the county in a variety of venues. Derby City provision is currently under review and services may change from 2018 onwards. Any significant changes will be reflected in the final version of this document, or through a supplementary note.

4.4.3 Change of hours

Community pharmacies readily reflect upon and amend core and supplementary hours depending on demand for services from the local population. Alterations to the pharmaceutical list are collated centrally for the Derby and Derbyshire area, by NHS England (North Midlands). The opening hours presented in this document are accurate as at January 2018.

4.4.4 Prescribing Gluten-Free Foods

For over 40 years the NHS has prescribed gluten-free foods, like bread, flour, cereal and pasta, to patients who have been diagnosed with coeliac disease and therefore need to follow a gluten-free diet. The NHS began prescribing gluten-free foods when products were expensive and difficult to source. Today these foods have become widely available and sold at prices much lower than those paid by the NHS. In this context, North Derbyshire, Erewash, Hardwick and Southern Derbyshire Clinical Commissioning Groups have been reviewing their policies on prescribing gluten-free food and over the period 27 February 2017 – 15 August 2017 sought views from the public and health and social care professionals on the prescribing of gluten-free foods.

Following the conclusion of the public consultation, the consultation feedback report was submitted to the four Governing Bodies of the CCGs for discussion and a decision. These took place in November and December 2017 and their individual decisions all supported the option to no longer routinely commission the prescribing of gluten free foods. As a result, a Gluten Free Food Scheme that was previously available from pharmacies in the Amber Valley area has now been decommissioned.

5. Consultation

5.1 Consultation requirements

The NHS regulations set out that:

- HWBs must consult the bodies set out in Regulation 8 at least once during the process of developing the PNA. Any neighbouring HWBs who are consulted should ensure any LRC in the area which is different from the LRC for the original HWB's area is consulted;
- There is a minimum period of 60 days for consultation responses; and
- Those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

5.2 Consultation activities

On 13th November 2017 the consultation of the draft Derby and Derbyshire PNA document was launched on the consultation website pages of both Derby City and Derbyshire County Councils. Those who wanted to participate were able to express their views using one of two online surveys – one tailored for the public and one for professionals. Professionals were asked to comment specifically on the PNA document itself and whether it meets statutory requirements, while the general public were asked to comment on whether current provision of pharmaceutical services is meeting their needs. The consultation and surveys were promoted through various communications channels inside and out of both Local Authorities. The four Derbyshire CCGs publicised them on each of their websites, as well as added the link to the surveys on their GP Bulletins; to patient forums; to Community and Voluntary Sector networks; to Overview and Scrutiny Boards in both the city and county; to Derby and Derbyshire Healthwatch for onward circulation.

5.3 Consultation responses

Response to the PNA 2018-21 (n=44) was substantially lower than seen for the PNA 2015-18 (n=217). Nonetheless, responses themselves were largely similar and positive, but at times biased on the basis of the profile of those who took part. In the case of the public survey, 57.2% were aged over 55 years. A summary report of all responses to both surveys can be found in the supplementary Public and Stakeholder Consultation reports.

5.3.1 Response from the general public

There were 28 responses to the public consultation. Headline features include:

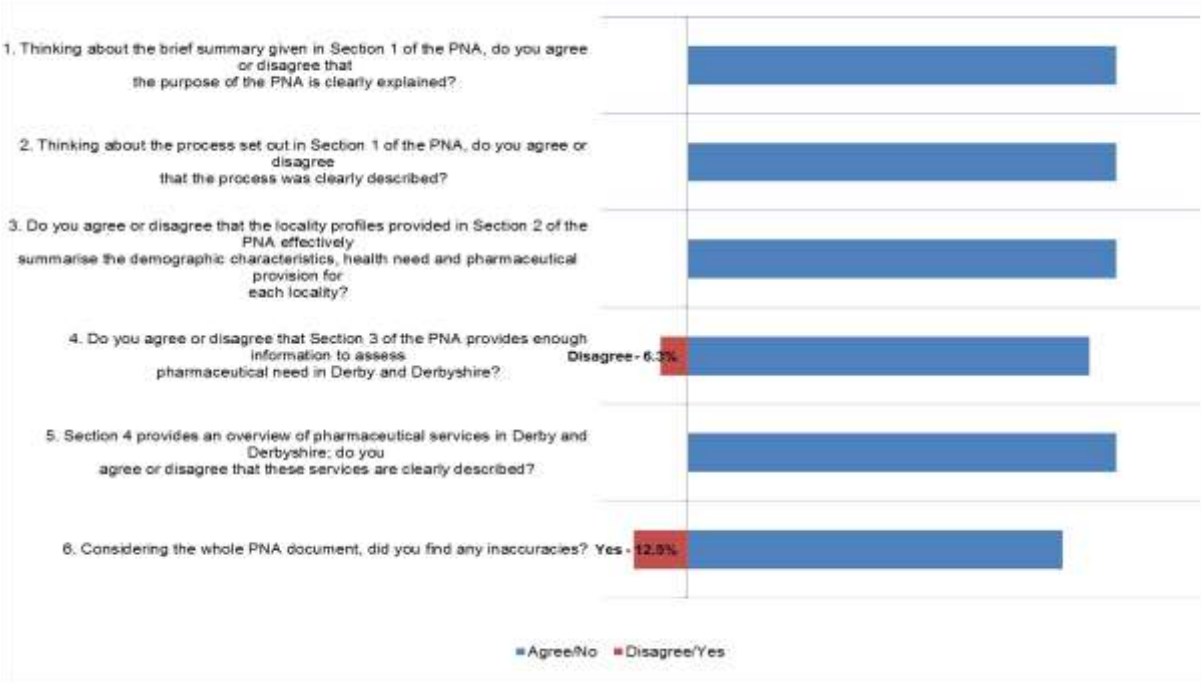
- There was an equal split of male and female participants;
- The average age of respondents was 59.1 years;
- 89.3% indicated that they are from a White British background;
- 53.6% (n=15) live in Derby while 46.4% (n=13) live in Derbyshire. There were no responses from residents of Chesterfield or Erewash districts;
- 46.4% work full time, while 35.7% are retired;
- The majority (64.3%, n=18) of individuals reported that they were "very satisfied" with the service that they received from their pharmacy;
- 92.9% (n=26) are able to independently get to the pharmacy of their choice;

- 'Prescription dispensing' was most consistently rated as "very important" of all community pharmacy features by the public, closely followed by 'knowledgeable staff';
- Most respondents rated substance misuse services and the provision of emergency hormonal contraception as "not important at all". However, this may not reflect the needs of a younger demographic, which were not fully captured in the public consultation.

5.3.2 Response from professional stakeholders

There were 16 responses to the professional stakeholder consultation. Response was largely positive, with all those who took part confirming that the purpose, process and summary of demographics, health need and pharmaceutical provision within the PNA is clearly explained and described. Individuals generally felt that, to their knowledge, the document is comprehensive.

Figure 67: Professional stakeholder summary responses to consultation



All discrepancies identified by respondents have been reviewed and amended within the document where appropriate. These can be summarised as follows:

- Clarification of items reported to be prescribed by Electronic Prescription Service, by CCG;
- Clarification of the date at which Healthy Living Pharmacy Champions had been trained;
- Clarification of the number of pharmacies in the Amber Valley District area;
- Amendments to certain references to other documents/publications.

"This PNA is a very comprehensive and vital document…"

(Consultation comment from a stakeholder, 2017)

6. Future requirements

6.1 Health & Wellbeing Strategy

The NHS Five Year Forward View published in 2014 set out that a radical upgrade in prevention was needed to improve people's lives and to achieve financial sustainability of the health and care system. Pharmacy teams play a pivotal role as a community and health asset within local communities. In Public Health England's paper, Pharmacy: A way forward for Public Health in 2017 a range of interventions are suggested in order for pharmacies to take action and be a part of supporting the health of individuals, families and communities in the localities they service. High quality public health and clinical interventions drive delivery that is focused on prevention, health improvement and protection of local communities.

The national plan sits alongside the local health and wellbeing strategies and actions plans which focus locally on materialising the potential of prevention at scale, to improve the health of the population (Public Health England, 2017). Locally, the vision of the Derby and Derbyshire Health and Wellbeing Strategies is to improve the health and wellbeing of the people of the city and reduce health inequalities. Through the use of a person-centred approach, with a focus on individuals, their families and the communities, the aim of the strategy is to help individuals take control of their own health and wellbeing and any support they receive. The strategy also acknowledges that the whole of the health and social care community, from commissioners to providers must have a shared vision and common purpose. Three key objectives were laid out in the strategy:

- Health and Social Care System Transformation
- To shift care closer to the individual
- To reduce inequalities

Pharmacies are a key enabler in influencing the success of this strategy implementation through: promoting prevention and early intervention; promoting control, independence and responsibility; building strong and resilient individuals and communities; and making every contact count.

6.2 Sustainability & Transformational Plans

In December 2015, the NHS published planning guidance which announced the introduction of NHS Sustainability and Transformation Plans (STP), to look at improving care and services for people, making them as effective and efficient as possible. NHS organisations across the country were asked to develop place-based, long term strategies that will help deliver the national Five Year Forward View on the ground. Teams and individuals from across the NHS and Derby City and Derbyshire County Councils have jointly produced Derbyshire's STP, called Joined Up Care Derbyshire, detailing priorities for the next five years to 2021 in Derbyshire. Three headline areas were required to be covered in the STPs- improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. Joined Up Care Derbyshire highlighted five key priorities for the Derbyshire STP:

- Preventing ill health and helping people take good care of themselves.
- Place-based care, with services looking after and focusing on people in their community rather than being offered at a distance in a particular building.

- Using emergency care services more effectively, enabling people to access the right care, whenever it is needed, so that everyone gets high quality and rapid support.
- Health and care organisations working and planning together so that any gaps, overlaps and doubling up of services can be ironed out to ensure people get the best care, offering a seamless service.
- Organisations need to be efficient to make sure as much money is pushed into services and care, and running costs of providing these are kept low.

More recently, in November 2016, Pubic Health England published a menu of preventative interventions for STPs. The menu outlines evidence-based public health and preventative interventions that can help to improve the health of the population and reduce demand for health and care services in the short to medium term. Fourteen key topic areas were identified to have specific interventions that could potentially deliver savings to the NHS within five years. Pharmacies were highlighted specifically to play a role in:

- Cardiovascular (CVD) secondary prevention
- Improving management of patients with high blood pressure
- Deliver effective brief advice on physical activity in clinical care
- Raise public awareness about reducing the risk of dementia
- Alcohol identification and brief advice.

6.3 Healthy Living Pharmacies

A significant development in community pharmacy in recent years has been the emergence of Healthy Living Pharmacies (HLPs). HLPs were evaluated in 2013 and found to be having a positive impact, with 99% of the population surveyed as part of the evaluation process saying they were comfortable to receive health promoting interventions in the pharmacy setting, and 98.3% saying they would recommend HLPs for health promoting interventions. In order to become a HLP, a number of conditions are required to be met: having on-site qualified health champions; a pharmacist or manager having gone through leadership training; premises that facilitate health promoting interventions; local stakeholder engagement with a range of individuals and organisations; a proactive team culture and ethos making every contact with the public count in promoting positive health behaviours; innovative delivery models; delivering to the public health needs of the community; and delivering a consistent high quality service.

The scheme is led strategically by Public Health England (PHE) providing leadership for the development and acceleration of HLPs, working alongside the HLP task group. Together PHE and the HLP task group communicate regularly with HLP leads, develop networks, set up buddy schemes, organise national and local events, publish regular newsletters celebrating good practice, as well as supporting skills development. NHS England announced in December 2016 that they would include a quality payment for attainment of level 1 HLP status, as part of the Community Pharmacy Contractual Framework. There has been increased momentum across the country to implement HLPs since this, and it has enhanced the opportunity for pharmacies to come forward and to demonstrate the impact it can make on improving the health of people in England and for supporting people in their local communities as a health and social asset.

6.3.1 Community Pharmacies promoting Health & Wellbeing

In early 2018, NICE produced a guidance document 'Community pharmacy to promote health and wellbeing' which is currently out for consultation (January-February 2018) and expected to be published in August 2018 (National Institute for Health and Care Excellence, Community pharmacy to promote health and wellbeing, 2018). The guidance supports and builds on the concepts behind the Healthy Living Pharmacy framework, summarising how community pharmacies can promote health and wellbeing among their local populations.

Pharmacies offer accessible healthcare to the whole population, including people from under-served groups. The guidance highlights the value of the 'drop-in' service, long opening hours and the local staff understanding the culture and social norms of the community, in making pharmacies a more attractive way to seek medical advice for hard to reach communities. Promoting the role of pharmacies in the wider health and social care network has potential to reduce health inequalities by reaching people that other healthcare providers never see. The guidance advises that promotional materials should be used to explain and highlight the range of skills and competencies of the staff, as well as the range of interventions on offer, to support the communities' health needs.

The guidance gives examples of opportunities where lifestyle advice, behavioural support and awareness raising activities can be provided to enhance the offer of community pharmacies. It also recommends that pharmacies need to become 'hubs' within existing care and referral pathways, actively providing health and wellbeing information at every opportunity, signposting to relevant services and working closely with partners to establish relationships and referral processes.

7. Conclusions

Health inequalities refer to the differences in health status or in the distribution of health determinants between different population groups. For example by geography, demography or socio-economic status. Equity is the absence of avoidable or remedial differences among population groups. In health, it refers to the "fair" distribution of resources or opportunities according to population need. Evidence would suggest that in the current system, despite the founding principles of the National Health Service (NHS), the availability of good medical care tends to vary inversely with the need for the population served – the 'Inverse Care Law'. Proportionate universalism, that is the resourcing and delivering of services at a scale and intensity proportionate to the level of need across a given area, should be a key driver for commissioners.

Availability and access to community pharmacy has strengthened considerably over the years. In this respect, not only should the physical access to pharmaceutical premises be considered, but also the availability of GP dispensing, online access through the internet, and out of the Derbyshire area provision that are likely to be supporting the local population. Following the analysis of health and care needs, geographical mapping of pharmaceutical services, consultation with both professionals and the public; the view of PNA Steering Group members is that pharmaceutical need is adequately met by current pharmacy provision in both Derby and Derbyshire. Pharmaceutical need will next be reviewed in 2021 when the PNA is revisited, or in the interim in the event of significant changes affecting need.

Statement of pharmaceutical need

Based on the information collated post consultation, the PNA found that the pharmaceutical need in Derby City and Derbyshire County HWB areas, is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2021 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.

7.1 Recommendations

Given the evidence available at time of publication, it is recommended that stakeholders proactively consider the role of community pharmacy in the context of the Derbyshire Sustainability and Transformational Partnership, and an evolving local health and care system. Community pharmacies are already embedded in 'place'. They offer a range of services to promote the health and wellbeing of local populations, whilst also tackling health inequalities. Pharmacy staff are knowledgeable in areas of prevention, health promotion, behaviour change, as well as treatment of conditions, and the general public hold this in high regard.

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Appendix 1

Derby City Housing Trajectory

Housing Development Proposals in Derby City (above 20 dwelling capacity listed only).

Major sites with planning permission

ADDRESS	ADDRESS	DWELLING CAPACITY	Total Complete to Date	2017/18	2018/19	2019/20
FORMER KEN IVES	MIDDLETON AVE/BURTON RD	45	0		8	37
	ST HELENS HOUSE	49	0		20	29
LAND AT	SWARKESTONE ROAD	720	717	3		
FORMER	UNIVERSITY CAMPUS	480	457		23	
MANOR/KINGSWAY HOSPITAL SITE	KINGSWAY	700	177	90	90	90
CASTLEWARD		800	165		39	61
WOODLANDS LANE	CHELLASTON	54	13	41		
MACKWORTH COLLEGE	PHASE 2	222	63	50	50	50
FORMER DRI	LONDON ROAD	400	0			78
	FELLOW LANDS WAY	190	97	50	43	
	LAND OFF HOMLEIGH WAY	38	0		38	
	WRAGLEY WAY PHASE 1	130	0	24	44	44
	BROOK FARM, CHADDESDEN	275	0			60
ELMHURST	LONSDALE PLACE	24		24		
QUARNDON ELECTRONICS	SLACK LANE	22			22	
TANGLEWOOD MILL	COKE STREET	22			22	
ST PETER'S HOUSE	GOWER STREET	147		147		
NORMAN HOUSE	FRIAR GATE	87		87		
SAXON HOUSE	FRIARY STREET	48		48		
ST JAMES' CHAMBERS	ST JAMES STREET	22		22		
SOUTH OF	MANSFIELD ROAD, OAKWOOD	250			60	60
HALLMARK INN CAR PARK	WELLINGTON STREET	21				21
	LAND OFF HILLTOP, BREADSALL HILLTOP	230				60
HACKWOOD FARM	RADBOURNE LANE	410			40	80
	ALLAN AVENUE, LITTLEOVER	80			40	40
FRIAR GATE SQUARE	PHASE 2	81		81		
FLOORS 3-6	CELTIC HOUSE	52			52	
ABOVE 25-33	BABINGTON LANE	77			77	
FLOORS 2-3	CELTIC HOUSE	26			26	
			TOTAL (with PP)	**667**	**694**	**710**

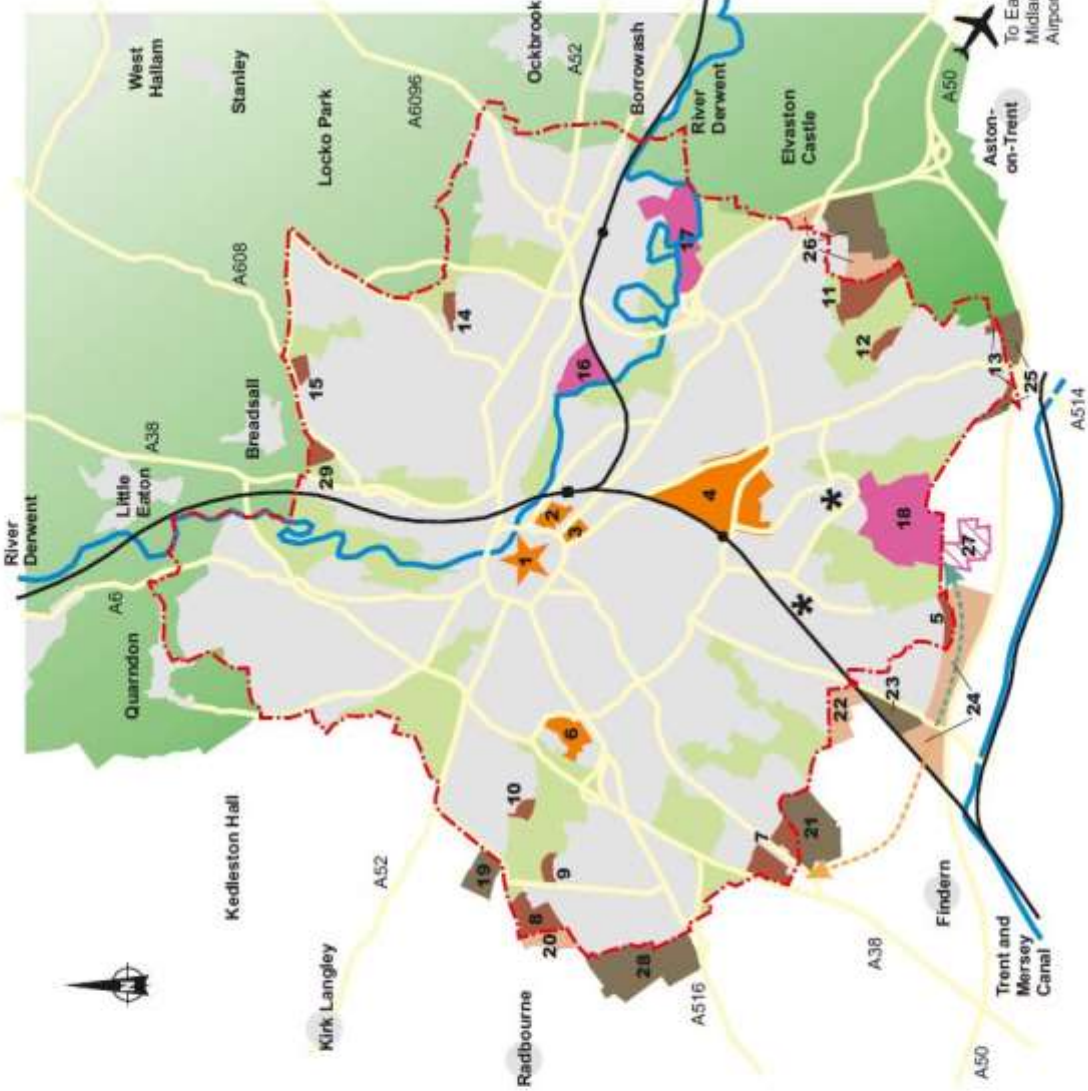
Major brownfield sites without planning permission

ADDRESS	ADDRESS	DWELLING CAPACITY	Total Complete to Date	2017/18	2018/19	2019/20
	ROLLS ROYCE MAIN WORKS	380				60
	BECKET WELL	20				40
	AIDA BLISS	50				80
BRITANNIA COURT	DUKE STREET	26				26
ANACHROME JIGS	MANSFIELD ROAD	33			33	
FORMER BUILDERS YARD	RAYNESWAY, ALVASTON	122				122
WALKER LANE	CATHEDRAL ROAD	106			106	
			TOTAL (Brownfield)	**0**	**139**	**328**

Major greenfield and mixed sites without planning permission

ADDRESS	DWELLING CAPACITY	Total Complete to Date	2017/18	2018/19	2019/20
RYKNELD ROAD	900				60
NORTH OF ONSLOW ROAD	200				60
BOULTON MOOR EAST	800			50	75
TOTAL (GF and Mixed)			**0**	**50**	**195**

Derby Urban Area Strategic Growth



Information on locations outside the City is included for information purposes and based on Amber Valley's and South Derbyshire's consultation material

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Key

- Strategic housing site in Derby
- Strategic employment sites
- Regeneration priority area
- City Centre
- Mixed use regeneration site
- Green Wedges
- Green Belt
- Indicative line of South Derby Integrated Transport Link (Phase 1)
- Indicative line of South Derby Integrated Transport Link (Phase 2)
- Strategic extension to land south of Wilmore Road in South Derbyshire
- South Derbyshire - housing allocations
- Housing sites outside the City with planning permission or under construction

Derby City

Site	Dwellings
1 City Centre*	1000
2 Castleward*	800
3 Former DRI*	400
4 Osmaston Regeneration Area*	600
5 Wragley Way*	180
6 Manor/Kingsway*	700
7 Rykneld Road	900
8 Hackwood Farm*	400
9 Onslow Road	200
10 Former Mackworth College*	220
11 Boulton Moor	800
12 Fellow Lands Way*	200
13 South Chellaston*	100
14 Brook Farm*	275
15 South of Mansfield Road*	200
16 Derwent Triangle	Employment (2Ha)
17 Derby Commercial Park*	Employment (64.7Ha)
18 Wilmore Road/Infinity Park*	Employment (86.8Ha)
29 Breadsall Hilltop*	230

Amber Valley/South Derbyshire Urban Extensions

Site	Dwellings
19 Radbourne Lane*	530
20 Hackwood Farm*	290
21 Highfields Farm*	1040
22 Primula Way*	511
23 Stenson Fields*	487
24 Wragley Way*	1950
25 South Chellaston*	620
26 Boulton Moor*	1948
27 Wilmore Road/Infinity Park	Employment (30Ha)
28 Newhouse Farm*	1650

*Indicates that site partly or wholly has permission or is underway

[1] Breadsall Hilltop was not allocated in the Part 1 plan but it was intended to consider it in the Part 2 plan. Now has outline permission.

Appendix 2

Derbyshire County Housing Trajectory

2018-2020 Housing Development Proposals in Derbyshire (above 20 Dwellings counted only).

Amber Valley district – 2,922 total

District	Site Name	No. Planned Dwellings 2018 - 20	Total Site
Amber Valley	Home Farm, Coach Road, Ripley	31	31
Amber Valley	Radbourne Lane, Mackworth	277	313
Amber Valley	Outseats Farm, Alfreton	99	171
Amber Valley	Peasehill Road, Ripley	100	180
Amber Valley	Hands Road Heanor	52	59
Amber Valley	Millford Mills, Millford	69	69
Amber Valley	Meadow Lane, Alfreton	54	54
Amber Valley	Delves Court, Heanor	30	30
Amber Valley	Salcombe Road, Alfreton	21	21
Amber Valley	Derwent Street, Belper	50	107
Amber Valley	American Adventure, Pitt Lane, Shipley	110	307
Amber Valley	Lea Road, Lea Bridge	26	26
Amber Valley	Bradshaw Avenue, Riddings	93	93
Amber Valley	Cromford Road, Langley Mill	38	38
Amber Valley	Waingroves Road, Ripley	48	48
Amber Valley	Holborn View, Codnor	30	78
Amber Valley	Eachwell lane, Alfreton	115	115
Amber Valley	Heanor Road Smalley	85	98
Amber Valley	Roes Lane, Crich	108	98
Amber Valley	Fall Road Heanor	66	174
Amber Valley	Danesby Rise, Denby	45	65
Amber Valley	Lily Street Farm, Swanwick	30	600
Amber Valley	Kedleston Road, Quarndon	180	400
Amber Valley	Nottingham Road, Ripley	126	126
Amber Valley	Roes Lane, Crich	45	60
Amber Valley	Greenhill Lane Leabrooks	55	58
Amber Valley	Cotes Park, Birchwood lane, Somercotes	120	210
Amber Valley	Somercotes Hill, Somercotes	90	210
Amber Valley	Newlands / Taylor Lane Heanor	140	500
Amber Valley	Thorpes Road, Heanor	35	35
Amber Valley	Whysall Street, Heanor	76	76
Amber Valley	Hall Road, Langley Mill	70	80
Amber Valley	Asher Lane, Ripley	85	85
Amber Valley	Asher Lane, Ripley	30	92
Amber Valley	Nottingham Road, Ripley	50	500
Amber Valley	Alfreton Road, Codnor	30	30

Amber Valley	Radbourne Lane North, Mackworth	30	600
Amber Valley	Radbourne Lane South, Mackworth	30	70
Amber Valley	The Common, Crich	50	80
Amber Valley	Derby Road, Duffield	38	38
Amber Valley	Wessington Road, South Wingfield	40	40
Amber Valley	Land North of Denby	25	1,100

Bolsover district – 944 total

District	Site Name	No. Planned Dwellings 2018 - 20	Total Site
Bolsover	Mooracre Lane, Bolsover	70	360
Bolsover	Wellbeck Road, Bolsover	90	950
Bolsover	Former Courtaulds, Oxcroft lane, Bolsover	43	43
Bolsover	Shirebrook Station, Station Road, Shirebrook	50	68
Bolsover	Main Street, Shirebrook	37	37
Bolsover	Central Drive, Shirebrook	20	20
Bolsover	Land at Brookvale, Shirebrook	114	611
Bolsover	High Ash Farm, Mansfield Rd, Clowne	42	48
Bolsover	Creswell Road, Clowne	27	27
Bolsover	Red Lane, South Normanton	50	50
Bolsover	Rosewood Lodge Farm, Alfreton Rd, South Normanton	30	145
Bolsover	Chesterfield Road, Barlborough	87	157
Bolsover	South of Model Village Cresswell	50	197
Bolsover	Rear of Skinner Street, Cresswell	56	82
Bolsover	Doe Hill Lane, Tibshelf	57	57
Bolsover	South of Overmoor View, Tibshelf	121	138

Chesterfield district – 2,523 total

Note: Chesterfield sites set out for period 2016 - 2021 within 5 year land supply - projected completions not set out for individual years in available data

District	Site Name	No. Planned Dwellings 2018 - 20	Total Site
Chesterfield	Chesterfield Waterside, Brimington Road, Chesterfield	610	1550
Chesterfield	Barker Lane, Chesterfield	40	40
Chesterfield	Ringwood Centre, Brimington, Chesterfield	38	38
Chesterfield	Walton Hospital, Whitecotes Lane, Chesterfield	90	90
Chesterfield	Land at Cranleigh Road, Chesterfield	75	75
Chesterfield	Poplar Farm, Rectory Road, Duckmanton.	35	35
Chesterfield	Sheepsbridge Sports Club, Newbold Road,	82	82

	Chesterfield		
Chesterfield	Brendon Avenue, Chesterfield	24	24
Chesterfield	Basil Close, Chesterfield	22	22
Chesterfield	Manor Road, Brimington	30	30
Chesterfield	NE of Sainsbury's Roundabout, Rother Way, Chesterfield	90	150
Chesterfield	Dunston Road, Chesterfield	90	146
Chesterfield	West of Dunston Lane, Dunston	90	00
Chesterfield	West of Bevan Drive, Chesterfield	90	103
Chesterfield	South of Walton Hospital, Harehill Road, Chesterfield	60	60
Chesterfield	Stavely and Rother valley Corridor	50	1500
Chesterfield	Newbold School, Newbold	60	60
Chesterfield	Walton Works, Chesterfield	150	150
Chesterfield	Former Goldwell Rooms, Ashgate Road, Chesterfield	25	25
Chesterfield	Brockwell Court, Cheedale, Newbold	20	20
Chesterfield	Staveley Canal basin, Eckington Road, Staveley	36	36
Chesterfield	Former Ashbrook Centre, Cuttholme Road, Chesterfield	20	20
Chesterfield	Former Saltergate Health Centre, Saltergate, Chesterfield	50	50
Chesterfield	Listers car Sales, Sheffield Road, Unston	38	38
Chesterfield	Former Boat sales, Sheffield Road, Unstone	48	48
Chesterfield	Troughbrook Road, Hollingwood, Chesterfield	20	20
Chesterfield	Mastin Moor Regeneration Area	150	400
Chesterfield	Poolsbrook Regeneration Area	90	190
Chesterfield	Duckmanton Regeneration Area	150	400
Chesterfield	Holme Hall Regeneration Area	150	300

Derbyshire Dales district – 848 total

Note: Information on planned delivery on sites is for the 5 year land supply period 2016 - 2021 as data for individual years is not published.

District	Site Name	No. Planned Dwellings 2018 - 20	Total Site
Derbyshire Dales	Wollow Meadow, Wysall Road, Ashbourne	33	33
Derbyshire Dales	Old Derby Road, Ashbourne	110	200
Derbyshire Dales	Land south of Leys farm, Wyaston Rd, Ashbourne	90	115
Derbyshire Dales	Wheeldon Way, Hulland Ward, Ashbourne	48	48
Derbyshire Dales	Luke Lane, Brailsford	40	50
Derbyshire Dales	Dale Road South. Darley Dale	59	130
Derbyshire Dales	Lady Grove Mill, Lady Grove, Two Dales	24	24
Derbyshire Dales	Cawdor Quarry, Matlock	90	432

Derbyshire Dales	Bentley Bridge, Chesterrield Road, Matlock	64	64
Derbyshire Dales	Moorcroft Matlock	27	27
Derbyshire Dales	The Cliff, Matlock	37	84
Derbyshire Dales	Riber Castle, Matlock	47	47
Derbyshire Dales	Asker Lane, Matlock	90	110
Derbyshire Dales	Harveydale Quarry, Dale Road, Matlock	20	20
Derbyshire Dales	Tansley wood, Lumsdale, Matlock	42	42
Derbyshire Dales	Tansley House Gardens, Tansley	27	27

Erewash district – total 1,624

Note: figures only available for likely housing delivery in period 2014 to 2019

District	Site Name	No. Planned Dwellings 2018 - 20
Erewash	Bridge Street, Long Eaton	25
Erewash	Long Eaton School, Long Eaton	61
Erewash	Station Road, Long Eaton	54
Erewash	Wade Springs, Long Eaton	80
Erewash	Fletcher Street, Long Eaton	30
Erewash	Oakleys Mill, Oakley Road, Long Eaton	40
Erewash	West gate / Bank Street, Long Eaton	24
Erewash	Land off Bosworth Way, Long Eaton	53
Erewash	Heanor Road / Bowes Hill Road, Ilkeston	110
Erewash	Greenwood Avenue Allotments	38
Erewash	Bath Street and Bonsall Place, Ilkeston	27
Erewash	Spring Gardens Terrace, Ilkeston	56
Erewash	Skeavington Lane, Ilkeston	25
Erewash	Beauvale Drive, Cotmanhay	20
Erewash	West of Quary Hill Road, Ilkeston	350
Erewash	Victoria Mills, Town End Road, Draycott	73
Erewash	Woodside Crescent, Ilkeston	60
Erewash	Cotmanhay Road, Ilkeston	85
Erewash	Derbyshire College Campus, Ilkeston	53
Erewash	South of Derbyshire College Campus, Ilkeston	36
Erewash	Devon Street, Ilkeston	25
Erewash	Regent Street. Sandiacre	21
Erewash	Oakwell Brickworks, Ilkeston	100
Erewash	Oakwell Brickworks, Ilkeston Site B	20
Erewash	Oakwell Brickworks, Ilkeston site D	45
Erewash	New Central Buildings, main Street, Long Eaton	28
Erewash	Ex Cinema, Derby Road, Long Eaton	40
Erewash	Rutland Mill, Market Street, Ilkeston	45

High Peak district – total 1,681

Note: High Peak planned housing falls within period 2017 - 2022 as data in 5 year land supply is not published for individual years

District	Site Name	No. Planned Dwellings 2018 - 20	Total Site
High Peak	Glossop Road, Glossop	100	100
High Peak	Charlestown Works, Glossop	100	100
High Peak	Dinting Road Glossop	113	113
High Peak	Redcourt, Glossop	22	22
High Peak	Surrey Street, Glossop	52	52
High Peak	Dinting Road Glossop	65	65
High Peak	Woods Mill Glossop	57	57
High Peak	Graphite Way, Hadfield	44	44
High Peak	Holehouse Mill, Charlesworth	22	22
High Peak	Waterswaallows Road, Buxton	130	331
High Peak	Foxlow Farm, Buxton	125	445
High Peak	Brown Edge Road, Buxton	53	53
High Peak	Burlow Road, Buxton	125	275
High Peak	Hallsteads, Dove Holes	120	120
High Peak	Hallsteads, Dove Holes	80	80
High Peak	Church Lane, New Mills	13	21
High Peak	Marsh lane, New Mills	37	37
High Peak	Lingalongs Road, Whaley Bridge	107	107
High Peak	Forge Works, Chapel en le Frith	135	182
High Peak	Long Lane South, Chapel en le Frith	105	105
High Peak	Manchester Road, Chapel en le Frith	49	49
High Peak	Batham Gate Road, Peak dale	27	27

North East Derbyshire – total 1,090

District	Site Name	No. Planned Dwellings 2018 - 20	Total Site
North East Derbys	Narrowleys Lane, Moor Road, Ashover	24	26
North East Derbys	Top Road, Calow	20	20
North East Derbys	Biwaters Site, Clay Cross	165	980
North East Derbys	Danesmoor Infant School, Pilsley Road, Clay Cross	20	20
North East Derbys	Ducksett lane, Eckington	90	90
North East Derbys	Church Street, Eckington	10	26
North East Derbys	Windwhistle fram, Grassmoor	120	165
North East Derbys	Mansfield Road, Highmoor	22	34
North East Derbys	Masefield Avenue, Holmwood	83	160
North East Derbys	Chesterfield Road, North Wingfield	50	50

North East Derbys	Main Road, Hallfieldgate Lane, Shirland	62	92
North East Derbys	Carlyle Road, Stonebroom	30	30
North East Derbys	Prospect House, Highstairs Lane, Stretton	31	31
North East Derbys	Ashover Road, Old Tupton	61	61
North East Derbys	Matlock Road, Wessington	32	32
North East Derbys	Avenue Site, Derby Road, Wingerworth	100	469
North East Derbys	Hanging Banks, Derby Road, Wingerworth	50	250
North East Derbys	Adlington Avenue, Wingerworth	120	178

South Derbyshire district – 3,613 total

District	Site Name	No. Planned Dwellings 2018 - 20	Total Site
South Derbyshire	William Nadin Way, Swadlincote	105	565
South Derbyshire	Broomy Farm, Woodville	79	400
South Derbyshire	Darklands Road, Swadlincote	96	130
South Derbyshire	Drakelow Power Station	197	997
South Derbyshire	Hilton Depot, Hilton	168	450
South Derbyshire	Aston Hospital, Aston on Trent	38	38
South Derbyshire	Longlands Repton	71	71
South Derbyshire	Willington Road, Etwall	135	189
South Derbyshire	Land NE of Hatton	166	400
South Derbyshire	Highfields farm, Findern	384	899
South Derbyshire	Boulton Moor Phase 1, Elvaston	360	844
South Derbyshire	Boulton Moor Phase 2, Elvaston	20	600
South Derbyshire	Chellaston Fields, Phase 1	252	435
South Derbyshire	Chellaston Fields, Phase 2	34	34
South Derbyshire	Wragley Way, Sinfin	40	810
South Derbyshire	Holmleigh Way, Chellaston	49	119
South Derbyshire	Land west of Mickleover Phase 1	140	300
South Derbyshire	land west of Mickleover Phase 2	100	252
South Derbyshire	land west of Mickleover Phase 3	60	860
South Derbyshire	Woodville Regeneration Site	37	150
South Derbyshire	Cadley Hill, Burton Road, Swadlincote	84	112
South Derbyshire	Moor Lane, Aston	42	42
South Derbyshire	Jacksons Lane, Etwall	16	50
South Derbyshire	Derby Road, Hilton	43	435
South Derbyshire	Station Road, Melbourne	38	38
South Derbyshire	Acresford Road Overseal	34	70
South Derbyshire	Valley Road, Overseal	62	62
South Derbyshire	Milton Road, Repton	25	252
South Derbyshire	Kingfisher Way, Willington	16	50
South Derbyshire	Oak Close, Castle Gresley	18	55
South Derbyshire	Midland Road, Swadlincote	57	57

South Derbyshire	Montracon, Woodville	19	95
South Derbyshire	Stenson Fields	50	50
South Derbyshire	High Street Linton	63	844
South Derbyshire	Yard Close, Swadlincote	38	38
South Derbyshire	Rosliston Road, Drakelow	50	75
South Derbyshire	Gresley Wood Road, Swadlincote	33	33
South Derbyshire	Newton Road, Winshill	100	100
South Derbyshire	Coton Road, Rosliston	24	24
South Derbyshire	Linton Heath, Linton	24	24
South Derbyshire	Etwall Road, Willington	34	34
South Derbyshire	Jawbone Lane, Melbourne	34	34
South Derbyshire	Manderin, Hilton	34	34
South Derbyshire	Bretby Pottery, Woodville	27	27
South Derbyshire	Calder Aluminium, Willington	42	42
South Derbyshire	Court Street, Woodville	48	72
South Derbyshire	Moira Road, Woodville	27	450

Appendix 3

Residential Care Housing Trajectory

Residential care schemes subject to planning applications/ having gained planning approval in the last 3 years.

Bolsover (2014-2017)			
17/00509/ FUL	Change of use to form new C2 Residential Care Home, including minor external alterations	96 Creswell Road Clowne Chesterfield S43 4NA	In Progress Determination Deadline: 28/11/2017
16/00473/ FUL	The demolition of existing buildings and the erection of a 10no. 1 bedroomed Complex Care & Autism Unit (Class C2) and the erection of a supported living block comprising 16no. 1 bedroomed apartments (Class C3) with associated access, car parking and landscaping	16 High Street Clowne Chesterfield S43 4JU	Granted Conditionally Decision Issued Date: 08/02/2017
16/00062/ FUL	Erection of a 1, 2 and 3 storey building for 60 Bed Care Home with associated facilities, access road, car parking and landscaping.	Land To The Rear Of The Boundary Lodge Lea Bank And 39 To 45 The Sycamores Broadmeadows South Normanton	Granted Conditionally Decision Issued Date: 25/05/2016
14/00080/ OUTEA	Outline planning application (with all matters except access reserved for later consideration) for residential development in the region of 950 dwellings, provision of an extra care facility (approx 70 units) and an Infant School together with appropriate vehicular, cycle and pedestrian access, associated car parking spaces and open space provision	Land Between Welbeck Road And Oxcroft Lane Bolsover	In Progress Determination Deadline: 31/10/2017
Amber Valley (2014-2017)			
AVA/2016/ 0584	Proposed two storey side extension to existing Nursing / Care Home including demolition of Sun Room	Shipley Hall Nursing Home The Field Shipley Heanor Derbyshire DE75 7JH	Granted Conditionally Decision Issued Date: 22/10/2016
AVA/2017/ 0041	Full application for the development of an integrated care centre with 40 private rooms, communal areas, public library and associated external landscaping and car parking	Former Thorntons Site Derwent Street Belper	Granted Conditionally Decision Issued Date: 11/03/2017
AVA/2013/ 1068	Demolition of existing dwelling and the erection of a residential care home to form a detached annex to the adjacent hospital	The Bungalow Chesterfield Road Alfreton Derbyshire DE55 7DT	Granted Conditionally Decision Issued Date: 13/02/2014
AVA/2016/	Two Storey Detached Building to provide	Spencer Grove Care	Granted

0347	Nurses Residential Accommodation	Home Springwood Gardens Belper	Conditionally Decision Issued Date: 07/06/2016
AVA/2014/1120	Outline planning application with all matters reserved save for access for the building of a mixed-use development on the site of the former Thorntons Factory, Derwent Street, and land at the rear of Chapel Street, Belper; including C2/C3 Extra Care, C2 specialist Care, D1 Library, additional D1 and D2 uses plus ancillary A1, A2, A3, and A4 uses; and associated car parking	Former Thorntons Site Derwent Street Belper Derbyshire	Granted Conditionally Decision Issued Date: 18/04/2015
AVA/2014/0772	Proposed conversion of existing stable block to residential care and proposed conservatory extension (Long term residential car for young people with an Autistic Spectrum Disorder, Learning disabilities and complexed needs)	The Old Vicarage Bullock Lane Ironville Derbyshire NG16 5NP	Granted Conditionally Decision Issued Date: 25/11/2014
AVA/2014/0288	Demolition of existing outbuildings, construction of two storey extension to side of existing building, 1st floor extension over existing building and associated external works at existing Ashfields Care Home	Retirement Home Ashfield House 34 Mansfield Road Heanor Derbyshire DE75 7AQ	Granted Conditionally Decision Issued Date: 01/07/2014
Chesterfield (2014-2017)			
CHE/16/00033/FUL	Enlargement of existing care home and re-configuration of parking and bin store arrangements	Langdale Lodge 56 Selhurst Road Newbold Derbyshire S41 7HR	Granted Conditionally Decision Issued Date: 31/03/2016
CHE/15/00762/COU	Change of use from D1 (doctors surgery) to C2 (residential care home) for people with profound and multiple learning difficulties	The Medical Centre Station Road Chesterfield Derbyshire S43 2PG	Granted Conditionally Decision Issued Date: 27/01/2016
CHE/15/00611/FUL	Erection of a residential care home with car parking and associated landscaping and tree planting - revised information received 27/1/2016	59 St Augustines Road Chesterfield Derbyshire S40 2SA	Granted Conditionally Decision Issued Date: 17/03/2016
CHE/14/00138/FUL	Erection of 24 bed care home annex to existing home	Broomhouse 178 Broomhill Road Chesterfield Derbyshire S41 9EB	Granted Conditionally Decision Issued Date: 02/06/2014

CH E/17/0046 9/OUT	Residential development of up to 650 dwellings (including elderly care and specialist accommodation), a Local Centre (including local retail, health facilities, other local facilities and services), open space, community garden extension (including community building and parking) and associated infrastructure	Land South Of Worksop Road Mastin Moor Derbyshire	In Progress Determination Deadline: 29/09/2017
Derbyshire Dales (2014-2017)			
17/00866/ FUL	Erection of Four Residential Care Apartments	St Elphins Park Dale Road South Darley Dale Derbyshire	In Progress Determination Deadline: 09/11/2017
16/00902/ FUL	Extension to care home to provide a further 23 bedrooms	Ashbourne Lodge Care Home 80 Derby Road Ashbourne Derbyshire DE6 1BH	Granted Conditionally Decision Issued Date: 06/02/2016
15/00598/ FUL	Conversion and redevelopment of former school to create extra care community facility - revised design of residential block C comprising of 20 units	St Elphins Park Dale Road South Darley Dale Derbyshire	Granted Conditionally Decision Issued Date: 16/12/2015
15/00341/ FUL	Conversion and redevelopment of former school to create extra care community facility - revised design of residential Blocks A and B comprising 35 units and incorporating care office	Former St Elphins School Dale Road South Darley Dale Derbyshire	Granted Conditionally Decision Issued Date: 25/10/2015
15/00243/ FUL	Extension to provide 4 no. bedrooms and lounge area	Dove House Residential Care Home 1 Dove House Green Ashbourne Derbyshire DE6 1FF	Granted Conditionally Decision Issued Date: 02/05/2015
15/00244/ LBALT	Single storey side extension	Dove House Residential Care Home 1 Dove House Green Ashbourne Derbyshire DE6 1FF	Granted Conditionally Decision Issued Date: 18/05/2015
14/00076/ FUL	Revised design of block to incorporate 25 flats and care office	St Elphins Park Dale Road South Darley Dale Derbyshire	Granted Conditionally Decision Issued Date: 06/03/2014

High Peak			
HPK/2014/0372	Proposed construction of 53 extra care appartments with associated communal facilities, external landscaping & car parking. It will also have a specialist residential dementia care wing with 16 en-suite bedrooms, associated lounges, dining rooms & various activity spaces including a day opportunities centre	Thomas Fields Centre, Brown Edge Road, Buxton	Granted Conditionally Decision Issued Date: 6/03/2015
HPK/2014/0432	Proposed Change of Use of the former hospital (C2 use) to a use providing Respite Care & Bereavement Support for children and their families, with life limiting/threatening illness , minor works to existing lodge building including extensions to front & rear.	Woods Continuation Hospital, Park Crescent, Glossop, Derbyshire, SK13 7BQ	Granted Conditionally Decision Issued Date: 11/11/2014
HPK/2017/0423	Change of use from C2 Use class to C3, Development Manager's Flat to elderly persons accommodation.	Homemoss House, Park Road, Buxton, Derbyshire, SK17 6TH	Granted Conditionally Decision Issued Date: 05/10/2017
North East Derbyshire			
17/00748/FL	Extension to C2 Care Home site, providing 25no. bedrooms, enhanced landscaping and 10 additional car park spaces (Major Development/Departure from Development Plan)	Ashgate House Nursing Home Ashgate Road Ashgate Chesterfield S42 7JE	In Progress
17/00666/OL	Outline application for a mixed-use development, comprising: residential use (C3), employment-generating uses with employment (B1, B2, B8), local centre (A1, A2, A3, A4 and/or A5), hotel (C1) and/or care home (C2); and public open space, landscaping, highway works and associated infrastructure. Detailed approval is sought for principal access arrangements from A6175 Market Street, with all other matters to be reserved. (Major development/ Environmental statement/Affecting setting of a listed building/Departure from development plan)	Former Biwater Site Brassington Street Clay Cross	In Progress
17/00264/LDC	Application for a Lawful Development Certificate for proposed use as a residential care home with two overnight staff	4 Birkin Lane Temple Normanton Chesterfield S42 5DD	CERTIFICATE ISSUED 12/04/2017
14/01084/FL	Proposed new build dementia care home, incorporating 39 bedrooms, lounges and dining rooms, ancillary rooms, staff areas, secure external courtyard and associated car parking (Revised Scheme of 13/01133/FL) (Major Development)	Land To The East Of The Green Nursing Home Callywhite Lane Dronfield	Granted Conditionally Decision Issued Date: 16/12/2014
South Derbyshire			

9/2016/0898	Erection of 37 care apartments (use class c2) and a village clubhouse in lieu of 36 dwellings approved under planning permission ref: 9/2014/0232 (to form an extension to the care retirement village) together with reconfiguration of 38 dwellings (use class c3) previously approved under the same permission on	Land Off Maple Drive Aston On Trent Derby Derbyshire	Granted Conditionally Decision Issued Date: 04/07/2017
9/2015/0215	Outline Application With All Matters Reserved For Development Consisting Of 52 Dwellings, A Residential Care Home, Community Hub, And Formation Of Access Road, Provision Of Open Space And Associated Works On	Land At Sk2732 1638 Main Street Etwall Derby Derbyshire	Granted Conditionally Decision Issued Date: 26/09/2014
9/2014/0232	Demolition Of Existing Buildings And Erection Of A Continuing Care Retirement Community (Class C2) Comprising 60 Care Bedrooms, 49 Care Suites And 76 Care Apartments Together With 74 Dwellinghouses (Class C3)	Aston Hall Hospital Maple Drive Aston On Trent Derby Derbyshire	Granted Conditionally Decision Issued Date: 17/09/2014

Appendix 4

Emerging Derbyshire STP 'Place' Priorities

Appendix 4 gives an indication of the priorities that are emerging within each place cluster of GP practices and stakeholders. Whilst for some CCG areas these are clearer, in others there is still considerable discussion being had to determine them based on population need and outcomes. In the North Derbyshire CCG area, priorities at a strategic level can be placed into two categories:

- Proactive care – high resource users, specifically frail and elderly population;
- Reactive care – high resource users, caring for people closer to home (a large proportion of whom will be frail elderly), and improving transfers of care.

Specific pieces of work to help facilitate improvement in these areas across the North Derbyshire CCG places, include:

- Falls – proactive care for those at higher risk of falls
- Care homes
- End of Life care pathways
- Community intervention for frail elderly in crisis (incorporates step-up beds with care, enhanced access to home care and senior clinical input into the community teams)
- Community intervention for particular disease pathways e.g. respiratory
- Improved discharges and use of step-down beds with care
- More integrated care in the community, particularly for those with mental health needs.

In other areas in the north of Derbyshire, such as Chesterfield, prevention priorities have been identified, including, continued promotion of healthy lifestyles and tackling childhood obesity. Emerging priorities across the Southern Derbyshire CCG places can be found in the table below.

Place	Priority
Amber Valley North	• Chronic Obstructive Pulmonary Disease (COPD) • Ageing Well and Older People • Mental Health and Wellbeing • Physical Health & Activity
Belper	• Dementia • Frailty • Mental health • Care homes
City Centre North	• People with enduring mental health problems • Drug and alcohol misuse • Respiratory and COPD
City Centre South	• Extending access to primary care services for the local population • Providing locally based smoking cessation and weight loss support services • Exploring the opportunity to work with other providers to enhance home visiting services for housebound patients and care home patients

City North East	• Extending access to primary care services for the local population • Providing locally based smoking cessation and weight loss support services • Exploring the opportunity to work with other providers to enhance home visiting services for housebound patients and care home patients
City North West	• Redesign & GP access - winter pressures / same day access / extended hours • Proactive Care - efficient use of the community team / chronic disease management/visiting service/ elderly and frailty • Reactive integrated care - efficient clinical navigator system / the notion of developing a community hub as a resource • Operational & governance structures - back office functions/contracting models - liabilities • Mapping our assets, greater understanding of the resources and the use of them including waiting times • Development of information technology for a variety of different uses, including developing a single point of contact, place discussion forum, increasing the uptake of on-line access for patients in practices, the use of self-management tools for patients, consideration of virtual befriending to address loneliness and isolation
City South	• Improved access • Frailty clinics
Heanor	• Collaborative working and undertaking home visits
South Dales	• Mental health and wellbeing • CVD and Stroke • IT development
South Derbyshire	• End of Life care • Frailty and older people • Mental health and wellbeing for all ages including children and young people • Mapping our assets, greater understanding of the resources and the use of them including waiting times