

Norfolk Health & Wellbeing Board

Date: **Wednesday 09 November 2022**

Time: **09:30 - 12:30**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
East Coast Community Healthcare CIC
East of England Ambulance Trust
East Suffolk Council
Great Yarmouth Borough Council
Healthwatch Norfolk
James Paget University Hospital NHS Trust
Norfolk Care Association
Norfolk Community Health & Care NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention
Norfolk County Council, Cabinet member for Children's Services and Education
Norfolk County Council, Director of Public Health
Norfolk County Council, Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk County Council, Leader (nominee)
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair)
Norfolk and Waveney Integrated Care Board (Chief Executive)
Norfolk and Waveney Integrated Care Board (Primary Care)
Norfolk and Waveney Integrated Care Board (Primary Care)
North Norfolk District Council
Norwich City Council
Police and Crime Commissioner
Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative

Membership

Cllr Sam Sandell
Cllr Alison Webb
Cllr Fran Whymark
Matthew Winn
Ian Hutchison
David Allen
Cllr Mary Rudd
Cllr Emma Flaxman-Taylor
Patrick Peal
Joanne Segasby
Christine Futter
Graham Nice
ACC Nick Davison
Cllr Bill Borrett

Cllr John Fisher

Dr Louise Smith
James Bullion

Sara Tough

Cllr Lana Hemsall
Tom Spink
Stuart Richardson
Rt Hon Patricia Hewitt

Tracey Bleakley

Tracy Williams

Dr Satish Singh

Cllr Virginia Gay
Cllr Beth Jones
Giles Orpen-Smellie
Graham Ward
Cllr Alison Thomas
Emma Ratzer
Dan Mobbs
Alan Hopley

Substitute

Cllr Elizabeth Nockolds
Cllr Sam Chapman-Allen
Cllr Roger Foulger
Anna Gill
Tony Osmanski

Cllr Mark Jepson
Cllr Donna Hammond
Alex Stewart
Anna Davidson

Stephen Collman
Supt Chris Balmer

Debbie Bartlett

Sarah Jones

Sam Higginson

Cllr Victoria Holliday
Dr Gavin Thompson

Cllr Florence Ellis
Pete Boczeko
Hilary MacDonald
Daniel Childerhouse

Additional members invited as guests:

Suffolk Health and Wellbeing Board

Cllr Beccy Hopensperger

For further details and general enquiries about this Agenda please contact the Committee

Officer: Jonathan Hall on 01603 679437 or email: committees@norfolk.gov.uk

Date: **Wednesday 09 November 2022**
Time: **on rise of the Health and Wellbeing Board**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing

Borough Council of King's Lynn & West Norfolk
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Norfolk & Suffolk NHS Foundation Trust
Norfolk & Waveney Integrated Care Board (Chair)
Norfolk & Waveney Integrated Care Board (Chief Executive)
North Norfolk District Council
Norwich City Council
Police and Crime Commissioner
Primary Care Representatives (1)
Primary Care Representatives (2)
Primary Care Representatives (3)
Primary Care Representatives (4)
Primary Care Representatives (5)
Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Suffolk County Council, Cabinet Member for Adult Care
Suffolk County Council, Executive Director of People Services
Voluntary Sector Representative (1)
Voluntary Sector Representative (2)

For further details and general enquiries about this Agenda please contact the Committee Officer:

Jonathan Hall on 01603 679437 or email: committees@norfolk.gov.uk

Norfolk Health & Wellbeing Board and Integrated Care Partnership

Wednesday 09 November 2022

Agenda

Time: 09:30 - 12:30

08:45 - 09:25: *There will be a networking opportunity available prior to the start of the meeting in the Edwards Room, (next door to the Council Chamber) at County Hall, Norfolk County Council.*

1. Apologies	Committee Officer
2. Chair's opening remarks	Chair

Norfolk Health and Wellbeing Board

3. HWB Minutes	Chair	Page 4
4. Actions arising	Chair	
5. Declarations of interests	Chair	
6. Public Questions (How to submit a question: HWB) Deadline for questions: 9am, Friday 4 November 2022	Chair	
7. Urgent arising matters	Chair	
8. Norfolk Safeguarding Childrens Partnership Annual report (HWB) (Presentation)	Sara Tough/ Chris Robson	Page 12
9. Pharmaceutical Needs Assessment (HWB)	Louise Smith/ Suzanne Meredith	Page 56
10. Norfolk Drug and Alcohol Partnership Formation and Governance (HWB)	Louise Smith/ Diane Steiner	Page 304
11. Better Care Fund 2022/23 (HWB)	James Bullion/ Nicholas Clinch/ Bethany Small	Page 310

Integrated Care Partnership

1. ICP Minutes	Chair	Page 4
2. Actions arising	Chair	
3. Declarations of Interest	Chair	
4. Public Questions (How to submit a question: ICP) Deadline for questions: 9am, Friday 4 November 2022	Chair	
5. Integrated Adult Social Care & Integrated Care Board Winter Planning (ICP) (Presentation)	James Bullion/ Nicholas Clinch/ Tracey Bleakley/ Mark Burgis / Marcus Bailey	Page 361
6. Health and Wellbeing Partnerships update (ICP)	Louise Smith/ Alison Gurney	Page 368
7. Transitional Integrated Care Strategy & Joint Health and Wellbeing Strategy (ICP)	James Bullion/ Debbie Bartlett	Page 373

12:30 *There will be an opportunity to visit the Wellbeing On Wheels (WOW) bus in the car park at County Hall, Norfolk County Council following the meeting.*

Further information about the Health and Wellbeing Board can be found on Norfolk County Councils website at: [About the Health and Wellbeing Board](#)

Information regarding the Integrated Care Partnership can be found on the Integrated Care System website at: [About the Integrated Care Partnership](#)

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 21 September 2022 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich**

Present:

Cllr Sam Sandell
Cllr Alison Webb
Cllr Fran Whymark
Tony Osmanski
Cllr Mary Rudd
Patrick Peal
Cllr Emma Flaxman-Taylor
Joanne Segasby
Rt Hon Patricia Hewitt

Tracey Bleakley
Christine Futter
Superintendent Terry Lordon
(until 10.41am)

Cllr Bill Borrett

Cllr John Fisher

Dr Louise Smith
James Bullion

Cllr Adam Giles
Giles Orpen -Smellie
Cllr Alison Thomas
Anna Gill
Carly West Burham
Emma Ratzer
Alan Hopley
Dan Mobbs

Representing:

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
East Coast Community Healthcare CIC
East Suffolk Council
Healthwatch Norfolk
Great Yarmouth Borough Council
James Paget University Hospital NHS Trust
Norfolk & Waveney Health & Care Partnership (Chair) and
NHS Norfolk & Waveney Integrated Care Board (Chair)
Norfolk and Waveney Integrated Care Board (Chief Executive)
Norfolk Care Association

Norfolk Constabulary

Norfolk County Council, Cabinet member for Adult
Social Care, Public Health and Prevention

Norfolk County Council, Cabinet member for
Children's Services
Norfolk County Council Director of Public Health
Norfolk County Council Executive Director, Adult Social
Services
Norwich City Council
Police & Crime Commissioner
South Norfolk District Council
Cambridgeshire Community Services NHS Trust
Queen Elizabeth Hospital NHS Trust
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative

Officers Present:

Debbie Bartlett

Stephanie Butcher
Rachael Grant
Stephanie Guy
Jonathan Hall

Director, Transformation and Strategy, Adult Social Services,
Norfolk County Council
Policy Manager Health and Wellbeing Board
Policy Manager Public Health
Advanced Public Health Officer
Committee Officer

Speakers:

Heather Roach
Sophie Little

Bethany Small

Independent Chair, Norfolk Safeguarding Adults Board (NSAB)
Co production and Projects Officer, Carers Voice Norfolk and
Waveney
Commissioning Manager, Social Care and Health
Partnerships

Norfolk Health and Wellbeing Board

1. Apologies

- 1.1 Apologies were received from Paula Boyce, ACC Nick Davison (Superintendent Terry Lordon substituting), Cllr Virginia Gay, Cllr Lana Hemsall, Cllr Beccy Hopensperger, Ian Hutchison (Tony Osmanski substituting), Graham Nice and all representatives of Norfolk Community Health & Care NHS Trust, Sara Tough, Graham Ward (Carly West Burham Substituting), Tracy Williams and Matthew Winn (Anna Gill substituting). Also absent were Sue Cook, Dr Anoop Dhesi, Tom Spink and Stuart Richardson.

2. Chair's opening remarks

- 2.1 The Chair welcomed all present and advised that the ICP meeting would follow directly after following a comfort break.

3. HWB minutes

- 3.1 The minutes of the Health and Wellbeing Board meeting held on 21 July 2022 were agreed as an accurate record and signed by the Chair.

4. Actions arising

- 4.1 There was one action arising from the minutes of the 21 July 2022:
Identify specific areas where improved or new collaborations between the HWB and Norfolk County Community Safety Partnership, can contribute to the delivery of the Domestic Abuse strategy and the outcomes. Stephanie Butcher provided an update and advised:

5. Declarations of interest

- 5.1 No interests were declared

6. Public questions

- 6.1 No public questions were received.

7. Urgent Matters Arising

- 7.1 None

8. Norfolk Adults Safeguarding Board (NASB) Annual Report for 2021/22

- 8.1 The Health and Wellbeing Board received the annual report which is a statutory requirement to be produced under the Care Act 2021. The Health and Wellbeing Board (HWB) considered the contents and how they can improve their contributions to both safeguarding throughout their own organisation and the joint work of the board.
- 8.2 Heather Roach presented the report and advised:
- There has been a year-on-year increase of concerns being reported to NASB. 2021/22 saw an increase of over 600 cases, to 4928 in total.
 - The largest percentage of cases relate to neglect or acts of omission. Cases of physical abuse also feature highly in the list.
 - The number of safeguarding adult reviews (SAR) has also significantly increased. These reviews tended to be generated after a death and concerns raised on how local partners and agencies have worked together. NASB has had 20 SARs in 2021/22. This upward trend has been seen nationwide.
 - A webinar had been produced to tackle the issue of self-neglect and hoarding. This area often produces reviews but does not feature highly in concerns raised with the Board.

- A short, animated film had been produced entitled “Tricky Friends” to highlight to people with learning disabilities and autism to help raise awareness of exploitation. The film has been well received and many other Boards across the country have adopted and promoted the film and its contents.
- There has been a focus in the consistency of reporting of concerns to the Board. Working with health partners NASB are developing guidance and a matrix to help reporting, particularly in respect of key areas such as patient on patient assaults and medication errors.
- The Board had also ensured that actions from reviews were undertaken and that partners were held to account by the Board following reviews.
- The highest profile review, following the deaths of Jon, Joanna and Ben at Cawston Park Hospital was published in 2021, and made 13 recommendations at both local and national level.
- A “progress summit” was organised by NASB, on 6 September 2022, and invited all agencies with a responsibility for the delivery of the recommendations from the review.
- The summit heard how individuals, as a result of a recommendation from the review, were removed from Cawston Park Hospital, had made good progress in their new environments.
- Work had progressed on the recommendation around ‘Ethical Commissioning’, but it was recognised there was more to be done to achieve the aims of the recommendation across both local authority and health colleagues.
- A “Coalition for Change” group had been set up under the leadership of the Board’s previous Chair to co-produce a strategy to improve services for people with behaviors that are challenging.
- A local recommendation from the review was to tackle the racism expressed by people with challenging behaviours. This piece of work involved the EDI team and Children’s Services from NCC, working with the Board to provide practical guidance and procedures to workers and supervisors.
- The Board has had several discussions with the Law Commission following a national recommendation from the Cawston Park review. These have centered around new legislation concerning neglect and strengthening regulation around the fit and proper person test.
- The Board had also been involved in discussions concerning changes to the Mental Health Act following a national recommendation from the review. These discussions included a new duty for ICBs to hold an overview of those patients who might become at risk of detention.
- NHS England have been heavily involved since the review and in response to recommendations have undertaken over 2000 safe and well checks of all people in similar situations to Jon, Joanna and Ben, updated commissioner oversight guidance, reviewed their treatment and care policy, and will publish new guidance around the use of CPAP.
- The CQC had refused 11 applications for new hospitals, as well as seen 50 requests being withdrawn. These follow the strict implementation of their guidance about support and care.
- The summit was well attended, and great momentum had been generated in tackling the recommendations many of which were on a national scale.

8.3 The following points and comments were discussed:

- It was acknowledged that ethical commissioning did face challenges with many budgets under pressure and that the wider context of paying a living wage to staff, open and transparent accounting, and a community offering were also considerations within commissioning. The legal context of the framework on how

procurement takes place is yet to be established and members were encouraged to engage in the process.

- The NSAB encourages all partners to make safeguarding a priority and prevention was key to ensure more formal procedures do not need to be followed. The NSAB provides lots of help and support regarding prevention and members were encouraged to use the resources on offer.
- Members acknowledged that to ensure consistency across all sectors, investment in training and resources is required to ensure safeguarding issues are picked up at an early intervention stage. This required the commitment to make safeguarding an issue for all stakeholders and not just the NSAB.
- The increase in concerns raised could have resulted because of the increase in the need to report concerns and become generally more aware. Providers were encouraged by the CQC to report concerns at an early stage. Consistency of approach was important to ensure processes and treatment were also consistent.

8.4 The Health and Wellbeing Board **resolved** to:

- **Endorse** the contents of the NSAB 2021/22 annual report.
- **Agree** to promote the work of NSAB to partner organisations and stakeholders.
- **Agree** to use media and communications channels to promote the safeguarding messages.

9. **Better Care Fund (BCF) 2022/23**

9.1 The Health and Wellbeing Board received the report which provided an update on the development of the 22/23 BCF plan. Bethany Small presented the report and advised:

- The Better Care Fund sits only on the Norfolk County footprint, unlike the ICS which included the Waveney area.
- The BCF is made up of 3 core funding streams. The core BCF relates to £73m, the Disabled Facilities Grant (DFG) is £9m, and the iBCF is £39m. The total of the fund for 22/23 is £111m.
- The BCF must meet 4 national metrics (avoidable admissions, discharge to normal place of residence, residential admissions, and reablement) as well as the locally defined priorities agreed by HWB.
- It was agreed that the BCF should support whole services so that the impact of the fund could be better understood.
- The BCF should also focus on services that are joint funded by health and social care, or have a joint impact on health and social care, or have benefit from health and social care oversight.
- The focus for the year also included strengthening the integration aims, continuing system recover through the pandemic, focus on person centered outcomes, and people staying well at home.
- The BCF submission is formed by a narrative plan, finance and metrics plan and a capacity and demand plan.
- The submission has been produced by considering three areas:
 1. Place Boards and Health and Wellbeing Partnerships.
 2. Thematically by considering prevention, discharge, a high impact change model, intermediate care, the disabled facilities grant, and carers.
 3. Individual service level to ensure priorities and metrics of the fund are met.
- A draft submission of the BCF will be undertaken by 26 September 2022 and the final draft will be agreed by HWB in November 2022.
- Place level is a new area for 22/23 for the BCF. To help this support this commitment the team have attended Place forums to understand how the fund can be used to achieve the aims at Place level. £82k has been set aside for each of the seven Health and Wellbeing Partnerships in Norfolk to jointly agree spending on how the BCF can meet their priorities. This funding will be concurrent

allowing concentration on long-term work. Health and Wellbeing Partnerships have been asked to work on collaborative working to bring partners together to achieve the outcomes of the fund.

9.2 The following points and comments were discussed:

- Healthwatch committed to working with Bethany Small's team to establish how in-depth feedback from patients could be collated so that the impact of the fund is better understood and how outcomes could be improved. Reports from Healthwatch Norfolk had been used in previous years regarding discharges.
- Adult Social Care spends 25% of the BCF, although the departments total commitment is twice that and the demand is being outpaced by the funding available.
- NCC budget savings may result in a withdrawal of some services and consideration should be given to pursuing new services and pilot schemes if services could not be provided in the future. The challenge of demand outstripping funding was acknowledged.
- South Norfolk Council had used BCF funding to set up a hardship fund for those struggling, a programme to help support those in greater risk of requiring a package of social care, and additional support services for stroke survivors to speed up their recovery so they do not fall back into the system and require further services in the future.
- The timescales were short for decision makers at Place level to determine how they wished to use their funding, and it was thought that in future years this process needed refining to ensure more time for consideration could be given.
- A request was made to report regularly over the winter regarding capacity and utilisation of data. It was hoped that maybe any under-capacity could be filled or blockages in the system identified, and funding redirected. The officers agreed to look into if this was possible.
- Breckland District Council had directly employed two occupational therapists but had subsequently run out of funding to provide adaptations for people so they could be discharged from hospital. The employment of a handyman scheme was being considered so that basic adaptations, such as handrails, could be installed.
- James Bullion committed to sharing the BCF plan with members before final submission in November 2022.
- The Chair suggested that the District Councils may like to meet to share experiences and learning in respect of the DFG. There may also be an opportunity for some collaborative working.

9.3 The Health and Wellbeing Board **resolved** to:

- **Note** the progress of the Better Care Fund (BCF) planning approach, including the local priorities and alignment with Place.
- **Agree** the Norfolk BCF 2022/23 Plan at the November HWB, for full and final submission.

The Health and Wellbeing board closed at 10:41

The meeting moved on to Integrated Care Partnership (ICP) matters after a 15-minute comfort break.

Integrated Care Partnership

1. Minutes

- 1.1 The minutes of the Integrated Care Partnership (ICP) meeting held on 21 July 2022 were agreed as an accurate record and signed by the Chair. The Chair confirmed his appointment to the ICB, as the ICP representative.

2. Declarations of Interest

2.1 None

3. Public Questions

3.1 No public questions had been received.

4. All Age Carers Strategy for Norfolk & Waveney 2022-2025 Progress Report

4.1 The Integrated Care Partnership received the report which provided an update on the development of an All-Age Carers Strategy for Norfolk and Waveney, which included presentation of the Carers Engagement report.

4.2 Sophie Little, Co production and Projects Officer, Carers Voice Norfolk and Waveney gave a presentation that can be found on the [Partnerships committee pages](#).

4.3 The following points and comments were discussed:

- It was acknowledged that young carers had been included within the strategy and that support was given by members for further research in that area.
- The areas of Suffolk postcodes used within the research and carers living in Waveney, but perhaps working elsewhere in Suffolk, was noted. Sophie Little advised that she could return to the Board with further details regarding the postcodes used and carers living in Waveney and working elsewhere issue in due course.
- It was thought that the digital carers passport could be used to identify hidden carers, such as parents both looking after a child where only one can be registered officially as the carer. It was hoped that the passport could be rolled out before the winter. The shared care record could also be used to this effect.
- Carers Matter Norfolk endorsed the strategy and committed to provide help and support for future research and developments.
- It was raised whether training and awareness of the new carers information for key health care professionals is taking place to ensure that carers are involved at every available opportunity, such as discharge from hospital.

The ICP **resolved** to:

- **Endorse** the key themes and recommendations for the Carers Strategy 2022.
- **Commit** to engaging with a task and finish group to develop a set of actions for all partners to deliver in line with the strategy and to support a task and finish group to take the strategic recommendations forward.

5. National Reform of Adult Social Care

5.1 The Integrated Care Partnership received the report which details the national reforms of Adult Social Care that will need to be embedded in to the ICP's strategic planning. These changes will have a material impact on the delivery of Adult Social Care Services in Norfolk and Waveney.

5.2 James Bullion, Executive Director of Adult Social Services, Norfolk County Council gave a presentation that can be found on the [Partnership's committee pages](#).

- 5.3 The following points and comments were discussed:
- It was acknowledged that more people would be become eligible for support packages as the payment threshold would be lowered to £86k and that this would create pressures on the system which need to be addressed.
 - It was hoped that the ICS would provide jointly shared training for all sectors of the new system.
 - The voluntary sector has already seen an increase in need for its advice services, and concerns were raised that both carers and patients will need the help of the sector as the reforms are rolled out and the cost-of-living crisis bites deeper.
 - Concerns were expressed at the initiative to put control of care and support into the hands of the patient. The practical arrangements of such a position would need careful thought, especially for elderly or vulnerable patients.
 - The reassessment process would take an enormous amount of resource, and good communication will be required to ensure the finances of the reforms are explained, especially regarding the £86k threshold and eligibility criteria.
 - It was suggested that contact could be made with the ethnical business sector to help support the concept of ethnical commissioning. It was thought a mixture of both public and private sector would be required to meet the aims of ethnical procurement.
 - Concerns were raised as to how the reforms would affect continuing health and social care services.
- 5.4 The ICP **resolved** to:
- **Agree** to embed the Adult Social Care Reforms into its wider strategic planning.
 - **Agree**, where applicable, that partner organisations work collaboratively together to embrace the opportunities and manage the challenges that may be present in the delivery of Adult Social Care Reform.
- 6. Integrated Care Strategy update**
- 6.1 The Integrated Care Partnership received the report which updated the Integrated Care Partnership on the progress made in developing the Integrated Care Strategy and inform members of the new guidance for the preparation of the strategy from the Department of Health and Social Care, published in July 2022.
- 6.2 Debbie Barlett, Director, Transformation and Strategy, Adult Social Services, presented the report and advised:
- Given the new guidelines received from the Department of Health and Social Care, the partnership should develop its strategy swiftly as a backdrop to help support the development of the ICB's five-year plan. This would also allow other partners to ensure their own plan resonated with the overall direction of travel.
 - The four key themes previously agreed by ICP and HWB of driving integration, enabling resilient communities, addressing inequalities, and prioritising prevention would be developed further with colleagues from ICB to present a transitional strategic strategy to the ICP in November 2022.
 - The ICP has the discretion to evolve and develop the strategy as time progress to ensure members have full engagement and deal with local priorities.
- 6.2 The following points and comments were discussed:
- There was support for the suggested approach to the development of the strategy.

- A suggestion of having an overarching vision statement to pull the strategy together was made.
- It was thought the strategy could be more encouraging to work collaboratively with both the voluntary and not-for-profit sectors.
- District Councils are engaged in the process and a group has been established to ensure district strategies are considered and adjusted and help shape the overall strategy.

6.3 The ICP **resolved** to:

- **Agree** to a transitional and combined Joint Health and Wellbeing Strategy for Norfolk and Integrated Care Strategy for Norfolk and Waveney that will be kept live and updated over the next 12 months, following comprehensive engagement with individuals, communities and organisations across Norfolk and Waveney.

Meeting Concluded at 12.15pm

**Bill Borrett, Chair,
Health and Wellbeing
Board and Integrated Care
Partnership**

Report title: Norfolk Safeguarding Children Partnership Annual Report

Date of meeting: 09 November 2022

Sponsor

(HWB member): Sara Tough, Executive Director of Children's Services

Reason for the Report

The Health and Wellbeing Board should be sighted on the work of the Norfolk Safeguarding Children Partnership as part of the overarching governance arrangements. This will ensure strategic join up in relevant areas.

Report summary

The Norfolk Safeguarding Children Partnership (NSCP) Annual Report (seen in Appendix A) summarises the local arrangements for safeguarding children. It covers: governance and strategic overview; Norfolk's response to Covid-19; independent scrutiny; progress against NSCP priorities; learning from local and national Child Safeguarding Practice Reviews; training and workforce development; and the voice of the child. The scope of the report runs from 1 July 2021 to 30 June 2022. The report provides a comprehensive overview of both the NSCP's achievements as well as the challenges it has faced during this period.

Recommendations

The HWB is asked to:

- a) Endorse the NSCP Annual report and comment on the contents.

1. Background

- 1.1 Local Multi-Agency Safeguarding Arrangements for children are written into *Working Together 2018*. The plan is owned by three statutory partners: the Local Authority (Norfolk Children's Services), Police and Health (Norfolk & Waveney Integrated Care Board).
- 1.2 In order to bring transparency for children, families and all practitioners about the activity undertaken, *Working Together* requires that the safeguarding partners publish a report at least once in every 12-month period. This should include:
 - *Evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers.*
 - *An analysis of any areas where there has been little or no evidence of progress on agreed priorities.*
 - *A record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements.*
 - *Ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.*(Chapter 3, Paragraph 42)
- 1.3 This annual report sets out what the NSCP has done as a result of the arrangements, including responding to child safeguarding practice reviews, and how effective these arrangements have been in practice.

2. Norfolk Safeguarding Children Partnership Annual Report

- 2.1 As noted above, the report covers a wide range of safeguarding activity and challenges faced in the year between July 2021 and June 2022. The NSCP annual reports are presented to the Health and Wellbeing Board every year and this report builds on the content provided in September 2021.
- 2.2 As a reminder:
- The NSCP has been established to provide a **single sustainable system** to safeguard children in a complex partnership network. Under the leadership of the three statutory partners and with the support of the independent scrutiny team, including the NSCP independent chair, they are responsible for ensuring that safeguarding arrangements enable all partners to work together, lead the change and use our resources in the most effective way.
 - The Multi Agency Safeguarding Arrangements (MASA) plan clearly states the NSCP's commitment to **prioritise prevention** through early help, which in turn supports Norfolk's children and young people to be healthy, independent and resilient throughout life.
 - The local safeguarding arrangements build on the strengths of partnership working in Norfolk, for example, learning from Child Safeguarding Practice Reviews, placing a strong emphasis on locality working and clear thresholds for intervention. This supports us to **understand and tackle inequalities in communities**, providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime.
 - The success of the NSCP is predicated on **joined up working** and collaborating in the delivery of people-centred services. Good relationships and clear communication between providers and services as well as between partners underpins effective safeguarding. This includes strategic leaders and links with other partnership boards with shared priorities and cross cutting strategies.
- 2.3 As in 2020 – 21, the NSCP has produced two versions of the report: a lengthy and detailed account as well as a Children and Young People's (CYP) version which acts as an Executive summary. The CYP version was produced with the support of Norfolk's In Care Council. Hard copies of the CYP version will be made available on the day.

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
Abigail McGarry	01603 223335	abigail.mcgarry@norfolk.gov.uk



If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Annual Report

1 July 2021 – 30 June 2022



Norfolk Safeguarding
Children Partnership

www.norfolklscb.org

Norfolk Children and Young People Say...



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Foreword by the Three Statutory Partners

**Foreword by the Norfolk Safeguarding Children Partnership (NSCP)
Independent Chair**

Introduction

- 1) Governance and Strategic Overview**
- 2) Voice of the Child**
- 3) Data and Performance Intelligence**
- 4) Independent Scrutiny**
- 5) NSCP Priorities and Projects**
- 6) Learning from Safeguarding Practice Reviews and Rapid Reviews**
- 7) Training and Workforce Development**
- 8) Conclusions: Achievements and Outstanding Areas for Development**

Foreword by the Three Statutory Partners

We are delighted to introduce the third Annual Report of the Norfolk Safeguarding Children Partnership. The report demonstrates the work the partnership has done over the last year to help keep children and young people in Norfolk safe.

In the last year, safeguarding has come firmly into the national spotlight, with the Independent Review into the murders of Star Hobson and Arthur Labinjo-Hughes and the much-anticipated publication of the Independent Review into Children's Social Care.

The murders of Star and Arthur identified why it is imperative that we work collectively, share information and are willing to challenge one another. In Norfolk, we have a strong partnership, that continues to grow stronger. This year, we are proud that through the Children and Young People's Strategic Alliance and the Safeguarding Partnership we've been able to launch our shared vision and strategy for Norfolk's children and young people, with a shared set of outcomes and a shared ambition. We are all clear that we want Norfolk to be a county where every child and young person can flourish.

The best way we can help our children and young people to stay safe is to make sure they and their parents and carers have the support they need early and can call on the whole network of support that's around them. That's a key focus of the partnership and a clear recommendation from the independent review. As the strategic leads of the partnership, we feel confident that we are on the right track, with the right priorities, but we must always be curious, ask ourselves difficult questions, and open to challenge so we continue to grow and deepen our learning and our ability to work together.

The last year has continued to present new and varied challenges which have had a large impact on the children and families in Norfolk, and shaped the work of the partnership. Covid has remained an ongoing challenge, and we are still looking to understand the long-term implications of the last two years on young people. The ongoing cost of living crisis of the last few months will shape the lives of many children and young people for the foreseeable future, so we are now operating in a period of significant uncertainty.

We've also seen an increase in resources invested across the partnership into prioritising safeguarding. Investment has seen staff across the partnership, and in many other supportive agencies, increasingly given clear responsibility for safeguarding, ensuring we work together effectively and strategically as set out in governance arrangements.

The partnership has also continued to place vital importance on the voice of children and young people to ensure that we can hear directly from them about how we can make a difference. This has been evidenced most clearly in the Children and Young People's version of this annual report, and in through the work of the Neglect Priority subgroup, creating a campaign in which children told us "What their parents do to make them feel safe and loved".

The three priority workstreams (Child Neglect, Vulnerable Adolescents, and Protecting Babies) continue to be the focus of the partnership's work. These groups, each led by a Statutory Partner, are the beating heart of the collective approach to safeguarding in

the county. Each workstream has developed new policies, training, resources and more to help us continually improve safeguarding practice in the county.

As we said last year, our work is an ongoing journey, and there is always more left to do, but this report shows that the partnership's approach is positively affecting the lives of children and young people in Norfolk. We'll continue to work together to empower professionals, support families and protect children and young people to help them flourish in Norfolk.



A handwritten signature in black ink, appearing to read "Sara Tough".

Sara Tough
Executive Director
Children's Services

A handwritten signature in black ink, appearing to read "Tom McCabe".

Tom McCabe
Head of Paid Service



A handwritten signature in black ink, appearing to read "Nick Davison".

Nick Davison
Assistant Chief Constable

A handwritten signature in black ink, appearing to read "Paul Sanford".

Paul Sanford
Chief Constable



A handwritten signature in black ink, appearing to read "Rebecca Hulme".

Rebecca Hulme
Director of Children, Young
People and Maternity,
Norfolk & Waveney Integrated
Care Board

A handwritten signature in black ink, appearing to read "Tracey Bleakley".

Tracey Bleakley
Chief Executive Officer,
Norfolk & Waveney
Integrated Care Board

Foreword by the NSCP Chair

Thank you for taking the time to read NSCP Annual Report. This document should give you an open, honest view of how the Partnership works to safeguard our children and young people in Norfolk. As the Independent Chair and Scrutineer of the NSCP I have the responsibility for scrutinising this report and making sure it is accurate and provides the information you, the reader, requires. I hope that it meets your expectations, provides you with the information you need and above all gives you complete confidence in the way the Partnership strives to safeguard children in Norfolk.



I commented last year on the fact that Norfolk had responded to the pandemic by engaging with our communities and impressing on them how important it was that everyone took responsibility for safeguarding. The response was excellent and I hope that, as we move out of the pandemic this message is not lost. Many of the achievements detailed in the report include significant contributions from our communities. The stark reality is that whilst we may be moving away from one crisis, we are now encountering other significant social and economic challenges. A significant proportion of our families are coming under huge financial pressures and this in turn can lead to increased safeguarding concerns. It is important that we continue to harness the help and support that our communities have given us, so as you read this report, please remember that safeguarding is everybody's responsibility.

Over the last twelve months the Partnership has matured and I have been hugely impressed by the way in which everyone seeks to continually improve. I can assure you that Norfolk has an incredibly mature Partnership that challenges and supports each other to reach common goals. The leadership remains completely committed, supporting each other to deliver significant improvement in many areas of safeguarding. Our achievements are detailed in this report but I would like to highlight two specific areas of improvement that illustrate the commitment to learn and never be complacent. Firstly, the employment of a data analyst and development of data products that will help us understand where we have the greatest needs is a huge step forward. Secondly the genuine will to hear the voice of our children and families is illustrated by examples of 'co-production'. I have been reassured that the partners are fully committed to engaging with our children, families and communities through this work. Some of the co-production that has taken place has are evidence of how effective this engagement can be.

It is important that this report is fair, informative and balanced, having read it I am completely satisfied this is the case. I have emphasised the important role our communities play in safeguarding but it is also important to acknowledge that fact that Norfolk is fortunate to have a large number of dedicated and professional people working in safeguarding. The passion and commitment they show is reflected in our successes. I want to thank everyone involved in the NSCP for their tireless work over the last twelve months. Thank you for your continued support.

A handwritten signature in black ink, appearing to be 'CR' or similar initials, enclosed within a thin rectangular border.

**Chris Robson,
NSCP Independent Chair**

Introduction

The Norfolk Safeguarding Children Partnership is the body responsible for implementing and reviewing the local plan for [Multi-Agency Safeguarding Arrangements](#), (MASA), published in September 2019. The MASA is owned by the three statutory partners, i.e. the Local Authority, the Police, and Health, who actively engage the wider partnership in fulfilling their safeguarding duties.

This annual report has been written in adherence to [Working Together 2018](#) requirements as set out in Chapter 3 (paragraph 42). The purpose is to be transparent with Norfolk children and families about the county's safeguarding system: the challenges we have faced as well as our achievements.

The scope of this annual report runs from 1 July 2021 to 30 June 2022. The report aims to provide:

- evidence of the impact of the work (including training) of the safeguarding partners and relevant agencies on outcomes for children and families from early help to looked-after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision
- response to learning from child Safeguarding Practice Reviews, Rapid Reviews and child death

As in previous annual reports, much of the contextual background has been stripped back to allow for more detailed analysis of the evidence of outcomes in our safeguarding system. Information on Norfolk's population and demographics can be found on [Norfolk Insight](#). This report, however, does include more data and performance intelligence than previous reports due to the investment in a dedicated data analysis officer.

It is important to note that the scope of this report covers a period of time where the world is starting to show real signs of recovery from the global pandemic. At the same time, the UK is facing real challenges in terms of understanding the impact of Covid, on both our physical and mental health, alongside unprecedented increases to the cost of living. While some of the uncertainty of co-ordinating and monitoring a safeguarding system during the Covid crisis has eased, the resilience of Norfolk's children and families continues to be tested.

The annual report is also written in the context of some significant policy change and national reporting. As our reporting year drew to a close, the Independent Social Care Review and the National Child Safeguarding Practice Review on the murders of Arthur Labinjo-Hughes and Star Hobson were published. Encouragingly, the Social Care Review echoes much of the approach we are continuing to develop in Norfolk – with a clear focus not only on building relationships with children and families, prevention, early help, and family networking, but also the importance of working together in a multi-agency way, sharing information and creating the conditions for practitioners to have the time to undertake effective direct work. Overall, we are in a good position to take these reforms forward.

Josh MacAlister, who is the chair of the independent review and author of the report, also highlighted the high cost, both financially and personally, of bringing children into care and

we know that through our practice that we have been working successfully to enable more children to remain safely with their families. He has recommended significant investment in children's social care, as well as the formation of new regional care cooperatives to help shape and manage the care market, which will need some time to better understand.

This report, therefore, summarises the work of the NSCP during a period of change. We have captured many of our achievements as well as the ongoing challenges and areas for development.

A separate children and young people version of this report has been produced in consultation with them as key stakeholders and this serves as an Executive Summary.

1. Governance and Strategic Overview

The overarching governance arrangements adhered to Norfolk's plan for [Multi-Agency Safeguarding Arrangements](#) (MASA), which was refreshed in autumn 2021. The three statutory partners named in the MASA are:

- **Norfolk County Council:** represented by the Executive Director of Children's Services, Sara Tough and the Head of Paid Services, Tom McCabe
- **Norfolk Constabulary:** represented by the Assistant Chief Constable, Nick Davison, and the Chief Constable, Paul Sanford
- **Norfolk & Waveney Clinical Commissioning Group:** represented by the Joint Associate Director - Children, Young People and Maternity, Rebecca Hulme, and the CEO of the new Integrated Care Board (ICB) of Norfolk and Waveney's Integrated Care System (ICS), Tracey Bleakley

The three partners met quarterly with the Independent Chair of the NSCP to consider MASA milestones as well as to respond to emerging challenges and maintain a strategic overview on the system. In addition, the NSCP Chair and Business Manager provide quarterly written updates and hold bi-annual meetings for, and with, the Chief Officers of the respective organisations.

Independent Scrutiny Team

Norfolk Safeguarding Children Partnership continues to invest in high levels of independent scrutiny. This reflects the value they place on their independent scrutiny team. The MASA has three clearly defined roles for independent scrutiny. The Independent NSCP Chair, Chris Robson, continues with the duties from the previously statutory LSCB Independent Chair role. As well as undertaking discrete pieces of scrutiny alongside the other team members, he also chairs the Partnership Group meetings and keeps the three named statutory partners and their Chief Officers apprised of strengths and areas for improvement detected in the safeguarding system.

The NSCP Independent Chair is supported by the two other independent scrutiny roles: the Independent Chair of the Safeguarding Practice Review Group, Sian Griffiths, and the Independent Chair of the Workforce Development Group, Natasha Rennolds.

The three members of the Independent Scrutiny Team meet regularly to triangulate their findings and report back to the statutory safeguarding partners.

Partnership Group

The purpose of the Partnership Group is to support the statutory partners in the co-ordination of local arrangements and to provide challenge and feedback on the safeguarding system. In addition to the three statutory partners, membership of the Partnership Group includes:

- The NSCP Independent Chair (supported by the NSCP Business Manager)
- The Director of Social Care
- The Head of Children, Young People and Maternity, Norfolk & Waveney ICB (line manager of the NHS Designated Child Safeguarding Team)
- The Deputy Director of Public Health
- Education Representatives: Headteachers representing all phases of education as well as a Senior Education Safeguarding Adviser
- The Chair of the District Council Advisory Group

- The Chair of the Early Years Advisory Group
- Voluntary Sector Representative
- The lead officers responsible for delivering on priority areas
- The Head of Independent Services

Other partners are invited to present on specific agenda items as required.

Between July 2021 and June 2022, Partnership Group met seven times and considered a number of key multi-agency safeguarding issues. This included a face to face workshop in November 2021 designed to take stock of three key areas: (1) Early Help and Protection; (2) Children in Care and Care Leavers; and (3) Strategic Leadership. Working together, strategic leaders mapped out the strengths and areas for development evident in partnership working, including how we triangulate strategies through to casework/frontline practice and the impact on the child's lived experience of the safeguarding system. The purpose was to test our:

- Shared understanding of thresholds and access to resources where concerns are raised
- Awareness of ways of working – e.g. Vital Signs, Restorative Practice, Family Networking, Joint Agency Group Supervision policy and practice etc.
- Implementation of learning from multi-agency audits, SCRs/SPRs and independent scrutiny, and Section 11 recommendations – answering the 'so what?' question

Partnership Group play a crucial role in sense checking the safeguarding system and providing an opportunity for all partners to share concerns and find solutions collaboratively.

Partnership Group also provides support and direction in the development and delivery of Leadership Exchange & Learning Events, where the wider partnership is invited to reflect on the system. Three events were held in the scope of this annual report; they focused on:

- Building Back to Better: Dez Holmes, Research in Practice Director, supporting the NSCP to learn from Norfolk's response to Covid and thinking critically about trauma, resilience and equalities (September 2021)
- Understanding Children & Young People's Lived Experience of Trauma: Dr Margot Sunderland. Dr Sunderland, Director of Education and Training at the Centre for Child Mental Health London, supporting the NSCP to develop a shared understanding of trauma and its impact on child development (February 2022)
- Building and Show-Casing Strength Based Leadership: Wendy Hill, Signs of Safety Consultant leading on a reflective session about the role of leadership supported by Natasha Rennolds who focused on thinking relationships (June 2022)

Feedback show that the Leadership Exchange and Learning Events are well received by partners who value the opportunity to reflect at a strategic level, for example, one participant commented after an event that it was *"really well organised and thought it reached out to a really wide multi-agency audience including senior leaders so really impressed."* Feedback is used to plan future events.

Other Partnership Boards

The Children and Young People Strategic Alliance (CYPSA) is chaired by the Executive Director of Children's Services, providing system leadership to deliver the NHS Long Term

Plan and the Health and Wellbeing Strategy for children and young people. The core functions of the CYP SA are to:

- Develop and agree strategic priorities and ensure delivery of a CYP Partnership Plan
- Monitor performance in relation to securing impact and outcomes
- Develop and agree strategic commissioning and transformation priorities and processes to ensure best use of resources
- Ensure and promote co-production with service users and stakeholders
- Advocate on behalf of children and young people within wider partnerships and boards

We want Norfolk to be a county where every child can flourish:



As the NSCP's 'sister' board, the CYP SA has developed at pace in the last 12 months with the publication of a comprehensive FLOURISH strategy, underpinned by an outcomes framework, and strengthening synergies between the two partnership groups. The CYP SA relies on the NSCP to act as a critical friend in terms of developing and delivering operational and transformation plans and commissioning specific services that will protect children. The interface between the NSCP and the CYP SA is critical to the ongoing drive for improving safeguarding arrangements.

To enhance governance arrangements the NSCP and CYP SA have streamlined functions to minimise duplications. Workforce development and strategic analysis, including data interrogation and performance intelligence, are shared. This year engagement and participation has also been strengthened by the alignment.

CYP SA is taking the lead for Early Help and Prevention, incorporating the FLOURISH outcomes into its strategy.

The Head of NSCP Business Delivery sits on the Prevention and Early Help board and the Independent Chair of the NSCP is kept informed of development and actions, for example the feasibility study on Early Help Hubs. At the time of writing, the Norfolk Threshold Guide is being reviewed to ensure that families and professionals are correctly signposted to the services and interventions that best meet the needs of children and young people with a particular focus on our early help response.

In addition to the strong links with the CYP SA, the NSCP has continued to build on partnership networking through other fora. For example, sharing the annual report with the Health and Wellbeing Board, as well as sitting on Norfolk's Domestic Abuse Partnership

Board. The NSCP has also strengthened links with Norfolk's seven Youth Advisory Boards (YABs) through the Local Safeguarding Children Groups.

Subgroups relating to Statutory Duties

The NSCP is committed to learning and has subgroups focusing on Child Safeguarding Practice Reviews and Child Death. Both groups fulfil the statutory duties set out in *Working Together 2018*. In addition, there is a dedicated Workforce Development Group which looks at multi-agency training and understanding the safeguarding system from the perspective of the entire workforce, from frontline to strategic leadership. The Safeguarding Practice Review Group and Workforce Development Group are chaired independently.

Local Safeguarding Children Groups

The NSCP is represented at locality level by six Local Safeguarding Children Groups (LSCGs), made up of representatives from the multi-agency partnership in each area. An LSCG annual report on their achievements is published separately on the NSCP website. The LSCGs are an ongoing strength of the NSCP with stable co-chairing arrangements, excellent communication channels, committed and engaged members benefitting from dedicated support from the NSCP Business Unit.

The chairing arrangements continue to be multi-agency, with strong leadership from senior officers in Children's Services Community and Partnership Directorate, the Norfolk & Norwich University Hospital, the voluntary sector, Cambridgeshire Community Services and education. More still needs to be done to engage social care colleagues in the LSCGs.

Advisory Groups

The Health Advisory Group reconvened this year after a hiatus due to capacity issues during Covid. This group is chaired by the Joint Associate Director - Children, Young People and Maternity, who works across Norfolk County Council and Health. The Chair will ensure that safeguarding children is kept high on the agenda as we transition to the new Integrated Care Board.

The NSCP is also supported by other sector-specific advisory groups: Early Years and District Councils. These groups are made up of representatives from the relevant sectors and focus on safeguarding issues at sector level. The advisory groups have an important role in highlighting to the Board key issues they are facing and how these impact on safeguarding children as well as disseminating effective safeguarding practice across their sectors. Where relevant, they are also charged with responding to sector specific recommendations from SCRs/SPRs. They are active and supportive with the Section 11 safeguarding self-assessment process, including responding to Section 11 recommendations. (See chapter 4 on Independent Scrutiny for more information on Section 11.)

These groups ensure that we have reach into areas where professionals may feel isolated (such as childminders) and/or do not have safeguarding children as the main focus of their professional life, e.g. the District Council Advisory Group.

The NSCP now works with the Safeguarding Adults Board to deliver bi-annual safeguarding sessions with housing providers.

Regional and National LSCP Networks

Norfolk is a regular participant in the Eastern Region networking meeting for Local Safeguarding Children Partnerships. The Head of NSCP Business Delivery also continues to be involved in the development of the [Six Steps to Independent Scrutiny Framework](#). Including a national project aimed at understanding how LSCPs across the UK undertake scrutiny. The six month project included feedback from 105 LSCPs and there is demonstrable interest in sharing and developing approaches to scrutiny. The report is due to be published later in 2022.

The NSCP Business Unit

The governance structure is supported by an efficient and experienced team, including the Head of NSCP Business Delivery, a Safeguarding Intelligence & Performance Co-ordinator, a Workforce Development Officer, Safer Programme Co-ordinator and 3.5 FTE administrators. The Business Unit is responsible for supporting on a range of activities from strategic leadership, monitoring/audit, budget oversight and training provision through to setting agendas, administering meetings, communications, website development and event co-ordination.

In October 2021 the team was enhanced with a dedicated senior analyst officer, shared with the Children and Young People's Strategic Alliance. The post was created to ensure we use data more strategically (see Chapter 3 on Data). At the same time, Norfolk County Council agreed funding for a safeguarding communications officer; this post is shared jointly with the Safeguarding Adults Board to ensure that safeguarding messages can join up wherever relevant.

2. Voice of the Child

The NSCP is working with the Children and Young People's Strategic Alliance to further develop mechanisms for hearing the voice of the child. The NSCP's Safeguarding Intelligence and Performance Co-ordinator sits on the CYP SA's Stakeholders Engagement Insight Group and can readily access young people for consultation and feedback. For example, the independent scrutiny team undertook a piece of work on children and young people's mental health and as part of that attended a workshop event in October 2021 with members of Norfolk's Youth Advisory Boards (YABs), members of the Youth Parliament and young commissioners who work with the Office of the Police and Crime and Commissioner (OPCC).

This work was co-ordinated with the Local Safeguarding Children Groups (LSCGs) who have strong connections established with their local YABs and was prompted by their local priorities. The workshop considered how to build better links between youth groups and LSCGs to raise the profile of the voice of the child and two discussion points around accessing mental health support and breaking down the stigma associated with mental health. The young people shared some of their thoughts on video which was presented to LSCGs in the November round of meetings.

The NSCP also involve children and young people in Safeguarding Practice Reviews when it is appropriate to do so, i.e. they feel able and are willing to contribute. We are also more proactive about involving them in audit, but to date, only one young person has responded.

There is always more we can learn from children, young people and families when we speak to them directly and opportunities to do this are followed up directly in any project plans or indirectly through speaking to the professionals who have established relationships with the children and young people.

We were really proud of the children and young people's version of the 2020 – 21 NSCP annual report and so grateful to the children who helped us with that. We had a lovely day out with them and took them tubing at the end to say thank you. They seemed to enjoy it as much as the adults and told us:



This year we are pleased to say that our key stakeholders have agreed to come back and help us with the second CYP version of the annual report. We hope you enjoy it as much as we do!

3. Data and analysis about children's safeguarding and child protection in Norfolk

How do we use our data to help safeguard children?

The Norfolk Safeguarding Children Partnership (NSCP) outlined in its 2021 annual report a commitment to improving the use of data and analysis to support its work, and to inform decisions made by the partnership about safeguarding and protecting children.

This year has seen significant progress made against this commitment. Dedicated analytical capacity has been secured, including the recruitment of an analyst, to support the Strategic Safeguarding Analysis Group (SSAG), a group working to both the NSCP and the Norfolk Children & Young People's Strategic Alliance (CYP SA).

To coordinate its work, SSAG has developed an intelligence plan, which is focused around answering the most important analytical questions across the partnership. Three of its key strategic questions are:

- How well do Norfolk's safeguarding arrangements protect children and young people from harm?
- What are the current and emerging risks and opportunities for safeguarding children and young people?
- How well is Norfolk delivering its priorities?

This plan has to date delivered:

A dashboard of indicators from all partners



A dashboard, built on a data collection system, with data input regularly from all key partners and available for stakeholders to support their own analyses, monitoring and learning

Quarterly and annual monitoring reports



Regular quarterly reports to the NSCP Partnership Group, identifying emerging issues and monitoring existing trends. In addition an annual report summarising dashboard and other data.

Specific analyses of priorities and issues



Capacity, skills and tools to undertake more detailed analysis of issues. This year this will include reviews of NSCP's priorities, and an evaluation of tools for understanding vulnerability including Adverse Childhood Experiences (ACEs).

The following pages provide some context to, and findings from, recent analysis. Specifically it sets out:

1. Overall levels of activity within the partnership – through a “week in the life of NSCP”.
2. Contextual data that helps us understand the things that contribute to the risk of poor outcomes, abuse and neglect for children and young people.
3. Changing patterns – outlining what Norfolk's data tells us about emerging trends and changes in child safeguarding and protection.
4. How Norfolk compares – looking at how Norfolk's contextual, safeguarding and child protection data compares to other similar areas.

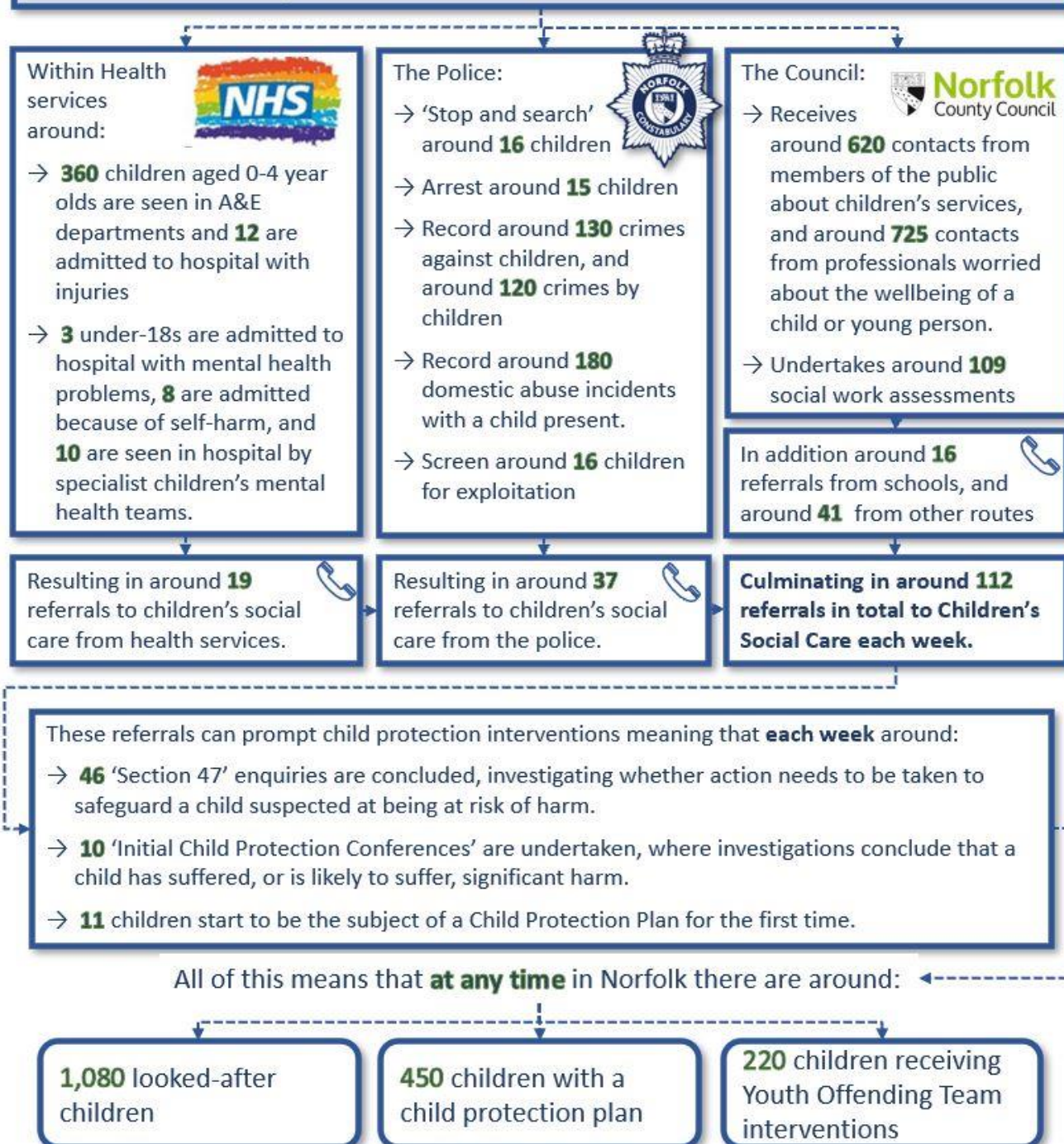
Finally, the section looks at the next steps SSAG will be taking to continue to embed a data-led approach to partnership working – including how the approach will inform and support the work of broader children and young people's partnerships through Norfolk's FLOURISH framework.

Using data to understand the extent and nature of the partnership's work

One of the simplest and most helpful things data and analysis can help with is to understand the scale and extent of activity levels. For NSCP this provides a baseline of activity, showing how many children and young people it supports, and through which pathways.

A week in the life of the Norfolk Safeguarding Children Partnership...

This section outlines the scale and nature of both the children and young people it supports, and the services and support it provides in a week. Looking at the most recent year's data (2021 for most indicators), it summarises key volumes of activity through key partners and pathways. It tells us that **in an average week**:



Note: as highlighted on the next page this data is from the most recent year which, for many indicators, has been impacted by the pandemic, so these figures may not be typical in the longer term.

The story behind Norfolk's safeguarding and child protection activity

The contextual data and evidence behind safeguarding risks

Understanding the broader context of children's lives is important when assessing safeguarding risks and outcomes. Whilst every child is different, and the things that drive poor outcomes are inevitably complex, the relationship between the likelihood of being vulnerable to abuse and neglect and other socioeconomic factors is well understood.

This link is described helpfully by the James Rowntree Foundation in their evidence review at <https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>. It is also observed in Norfolk, with significant differences between the most and least deprived areas in data around infant mortality, school readiness, obesity, A&E attendances, and a number of other indicators.

What are the big 'contextual' issues for Norfolk?

Overall Norfolk's children tend to have better or similar health and wellbeing outcomes to those experienced by children nationally. However, 3 contextual factors are particularly important in understanding Norfolk's recent child safeguarding and protection story:

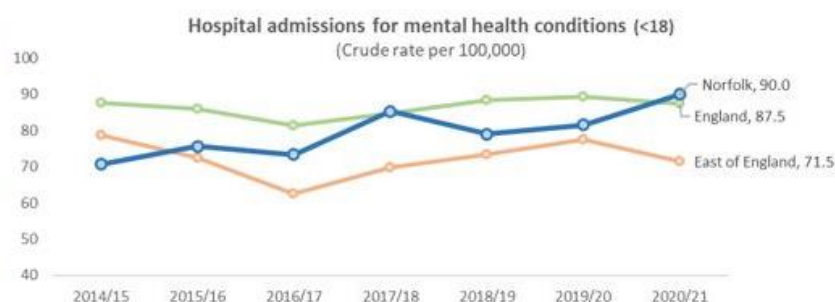
1



Mental health struggles

→ Several indicators suggest that rates of children with mental health problems in Norfolk are higher, and are growing faster, than regionally and nationally.

→ Local data and national studies show that children with mental health problems, or whose parents have mental health problems, are more likely to experience abuse and neglect, and more likely to require support from children's social care.



Money worries

- Children in Norfolk are more likely to experience poverty than children in statistically similar areas and regionally, and the proportion of children in low income families is growing faster than elsewhere.
- Norfolk's economic context is complicated, with significant urban and rural deprivation, and low social mobility (see next page).
- Children experiencing poverty are more likely to experience abuse and neglect.



3



Pandemic impact

Whilst Norfolk's experience of the Covid-19 pandemic was similar to elsewhere, it had a clear impact on Norfolk's safeguarding and child protection activity. In particular the UK's three lockdowns had an impact on referral routes and numbers, prompting significantly reduced overall referrals, but with increases in in some risks (for example around domestic abuse). A rise in activity since Autumn 2021 suggests a return to more 'normal' patterns, but it is not clear whether activity levels will return to pre-pandemic levels, or the establishment of a "new normal" at a higher or lower level.

The story... continued

Does where you live in Norfolk matter?

Socio-economic measures – for example employment rates and deprivation – vary from place to place. As outlined on the previous page, the relationship between poverty and child neglect and abuse is understood. Specifically, areas with higher levels of deprivation are more likely to have higher rates of abuse and neglect.

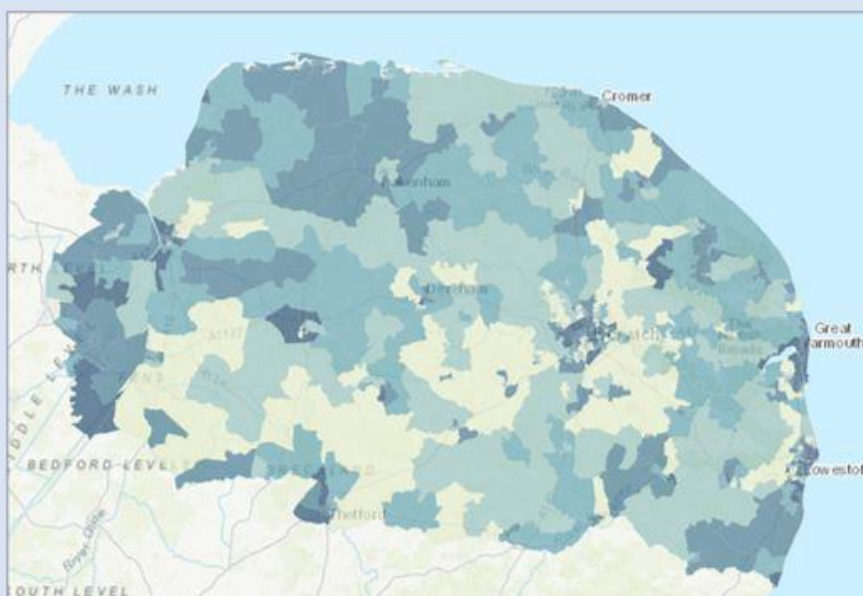
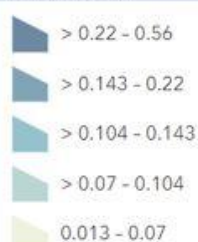
Every 3-4 years the government publishes an Index of Multiple Deprivation (IMD), which uses a range of indicators of deprivation (for example take-up of income support and Universal Credit, and access to services) to give areas a score to represent the level of deprivation. The score, between 0 and 1, represents the proportion of people who are income deprived – so a score of 0.15 would mean 15% of people in that area are deprived.

A subsection of the IMD is Income Deprivation Affecting Children, which measures the proportion of children who are in income deprived families. The map below shows this for Norfolk, and is broken down by 'lower super output area' (LSOA), the smallest geographical level most data is available at. The darkest areas show the highest levels of income deprivation affecting children – with between 22% and 56% of the children in those areas living in income-deprived families. A closer look at the data shows that 18 LSOAs have over 40% of children affected by income deprivation – with 14 of these around Great Yarmouth, and 4 in Norwich.

Income Deprivation Affecting Children Index (IDACI) Score, 2019

Note: higher IDACI scores, shown in the **darker areas**, indicate a **higher** number of children affected by deprivation based on a range of indicators.

IDACI Score



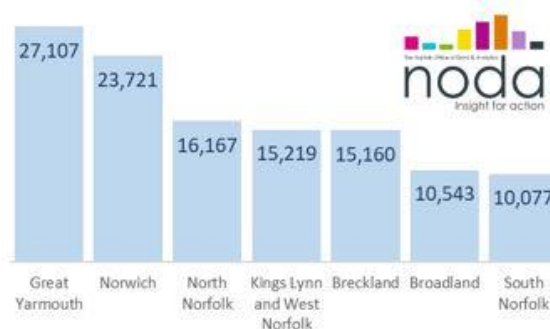
In addition to the more obvious urban areas, the map also identifies some notable rural areas with higher levels of deprivation, evidencing the complex nature of Norfolk's economic picture, and the challenging task of planning and targeting support. In particular, more work and analysis is required to explore the relationship between issues such as deprivation and child protection and safeguarding activity.

The Norfolk Office of Data and Analytics (NODA) has developed an index of vulnerability based on a range of indicators, and on people known to partners – including deprivation, access to free school meals, and digital exclusion. Over 29,000 children have one or more vulnerabilities in Norfolk.

The graph (right) shows the significant difference in the rate of vulnerable people aged 0-17 between different Norfolk districts. Again this shows Great Yarmouth and Norwich as the areas with the highest proportion of vulnerable young people.

The Strategic Safeguarding Analysis Group will work with NODA in the coming year to evaluate the use of other indicators of vulnerability, and mapping these against safeguarding and child neglect activity from different partners, to assess the extent to which data might be used to identify risks at area, family or individual level.

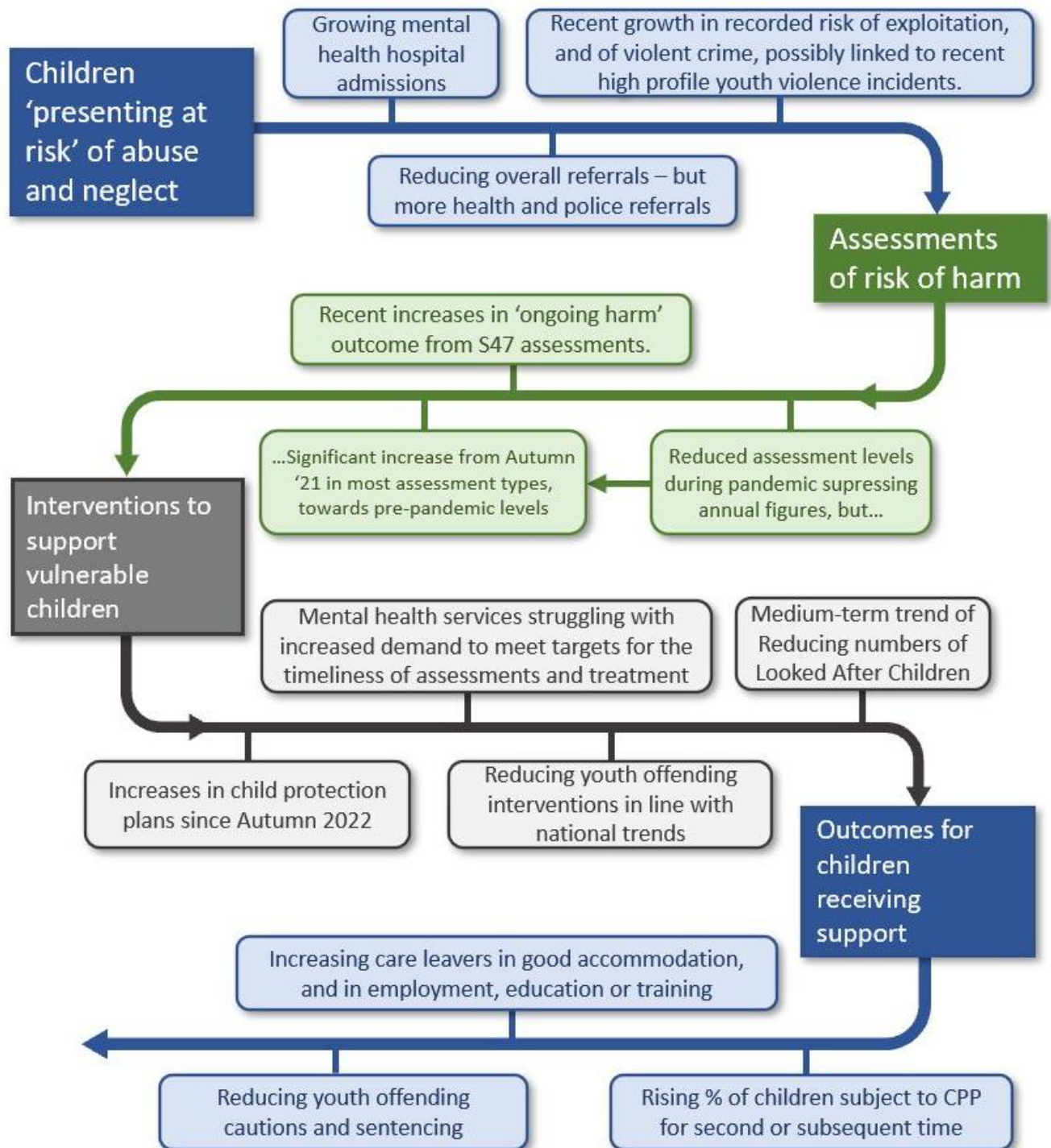
Individuals aged 0-17 with one or more vulnerabilities per 100,000 population 0-17



Norfolk's changing picture: emerging issues and trends

Whilst almost all of the 100+ indicators that the NSCP monitor change over time, a number of emerging issues have been identified through regular monitoring, usually by combining changes in the data with events, changes in policy and other 'soft' intelligence. Some of these are long-term trends, and others are emerging themes that may or may not continue over time, but are significant enough to warrant further analysis or consideration by the partnership.

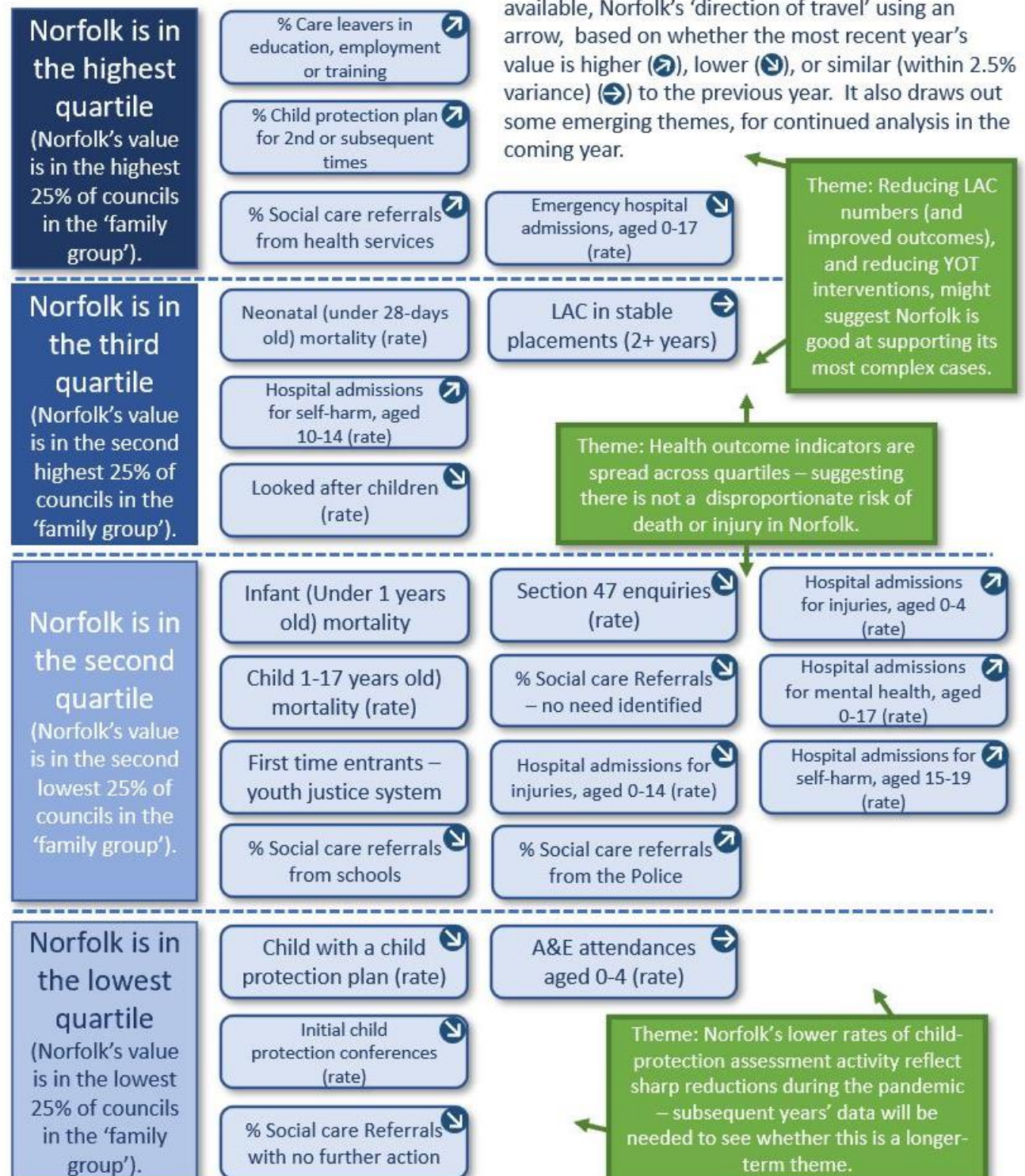
The diagram outlines these, grouping them along a logical pathway from 'Presenting risk' through to outcomes experienced by children and young people.



How Norfolk compares...

Benchmarking data is an important part of the analyses of Norfolk's safeguarding and child protection story. Understanding how other areas are doing – particularly those in Norfolk's 'family group' of statistically similar areas – can help us see where we may have unusually high or low numbers, and can suggest where we might improve and where we can be confident of arrangements.

The below diagram breaks some key indicators down into quartiles based on Norfolk's most recent annual value, and those of its statistical 'family group' of 11 similar areas. **Note: the quartile determination is based on the indicator value – so being in the highest or lowest quartile does not necessarily mean the best or worst quartile in performance terms.** The diagram also shows, where available, Norfolk's 'direction of travel' using an arrow, based on whether the most recent year's value is higher (↗), lower (↘), or similar (within 2.5% variance) (→) to the previous year. It also draws out some emerging themes, for continued analysis in the coming year.



What does this mean for our planning and next steps?

So what does all of this mean for safeguarding and child protection in Norfolk?

Overall the data suggests some important trends that may have an impact on the number of children requiring support, and on the kinds of support required. In no particular order, reflecting on the findings in this report, the following are likely to be important in planning of services and support in the coming year, and in work to monitor and analyse data:

- The proportion of referrals from health services and the Police: increases in both may reflect pandemic trends (when these services were in close contact with many vulnerable people), or may reflect real increases in risks identified.
- The 'resetting' of core safeguarding and child protection activity levels. As outlined, many areas saw reduced levels for much of 2020 and 2021, but these increased sharply towards pre-pandemic levels in Autumn 2022. Is this a return to 'pre-pandemic' levels, or a 'new normal' that will settle at a different level?
- Pressures on Mental Health services, and whether this has knock-on impacts on child protection activity.
- Planning and supporting early help services with data and analysis. Pressure on traditional services suggests that identifying the right localities, families and individuals to support with early help will be vital. There are complex data governance, practical and ethical challenges in this area, and it will be important to begin to make progress.
- The impact of serious violence and gang activity. A serious violent crime incident in February 2022 had a notable impact on recorded data, including increased stop-searches, and in wider identification of exploitation across the partnership. These impacts are well-understood by Norfolk Police – but what impact might this have on work and awareness across the partnership as evidenced through data?

Next steps...

The Strategic Safeguarding Analysis Group's intelligence plan sets out agreed actions in data and analytics for 2022/23, including:

- Continued quarterly monitoring of existing and emerging issues.
- Reviewing the data around NSCP's priorities on Protecting Babies, Neglect, and Vulnerable Adolescents.

A vital development for the coming year will be growing these data and analytical provisions to support the Norfolk Children and Young People's (CYPs) FLOURISH outcomes framework – a broader framework that covers wider outcomes for children in Norfolk.

Activities will include introducing a wider range of measures into existing dashboards, and developing reports to cover the key FLOURISH domains (see right).

We want Norfolk to be a county where every child can **flourish**:

family and friends

Children and young people are safe, connected and supported through positive relationships and networks

learning

Children and young people are achieving their full potential and developing skills which prepare them for life

oppportunity

Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents

understood

Children and young people feel listened to, understood and part of decision-making processes

resilience

Children and young people have the confidence and skills to make their own decisions and take on life's challenges

individual

Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness

safe and secure

Children and young people are supported to understand risk and make safe decisions by the actions that adults and children and young people themselves take to keep them safe and secure

healthy

Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives

4. Independent Scrutiny

Norfolk adheres to the principles of independent scrutiny as outlined in *Working Together 2018*, (Chapter 3 page 77) and has dedicated resources in place to fulfil this statutory function in our local safeguarding arrangements. The NSCP's scrutiny arrangements include a range of mechanisms, deployed to provide robust examination of performance and practice. This chapter focuses on actions and outcomes from:

- independent scrutiny undertaken by the independent scrutiny team
- multi-agency audit
- Section 11 self-assessment
- external inspections

Independent Scrutiny Team

The three statutory partners commissioned the independent scrutiny team to undertake four pieces of work looking at: a review of the NSCP subgroups and governance to feed into revisions for the local plan for Multi-Agency Safeguarding Arrangements; mental health; Early Help; and the multi-agency response to the identification of initial need and risk within Norfolk. Two of these have been completed; the Early Help scrutiny was stood down while the Local Authority completed their feasibility study on Family Hubs and there were concerns about duplication; the scrutiny on initial need and risk is in progress.

Review into NSCP governance arrangements

In summer 2021 the independent scrutiny team was commissioned to review the governance set out in Norfolk's plan for Multi Agency Safeguarding Arrangements (MASA), published in 2019. This review was conducted by the scrutiny team and involved observation of the three Statutory Partners meeting, Partnership Group and all statutory and priority subgroups. The report provided comment across each of these groups but focused predominantly on the role and function of the Partnership Group. NB At the time the scrutiny was undertaken, the Leadership Exchange and Learning Events written into the original MASA had not been fully realised as described due to Covid.

The outcome of this review was updating the Terms of Reference for Partnership Group, delivering Leadership Events for the wider partnership as originally planned and refreshing the MASA to ensure it was an accurate and current reflection of Norfolk's local arrangements.

Children and Young People's Mental Health

In October 2021 a proposal was made by the Independent Scrutiny team to undertake a time limited and bounded piece of work on the effectiveness of Children and Young People's Mental health provision in Norfolk in the context of safeguarding. The scope for this was agreed as follows:

- What is it like to be a child or young person in Norfolk living with unmet Mental Health needs, who has either not reached the threshold of receiving specialist intervention or is waiting for specialist intervention?
- To increase understanding of the multi-agency safeguarding response to these children and young people in relation to: identification of need; early intervention and support

- The purpose of the scrutiny would not be to review children's mental health services/provision or the specific needs of children with complex mental health concerns, work which is being undertaken elsewhere

The methodology adopted followed a similar approach as previously taken with Adolescent Neglect, i.e. a concise literature review, data analysis and focus groups. However, the work also began with a number of individual interviews with key senior service representatives, including commissioners, to provide an overview of the landscape. The following meetings and focus groups took place throughout December 2021 and January 2022:

- Interviews with 9 identified Service representatives (Health and health commissioners, Social Care, Voluntary Sector)
- 10 Focus Groups involving a total of 43 operational managers and front line practitioners from across the safeguarding partnership.
- Attendance at a meeting of young people from the various participation groups, discussing mental health.
- Discussions with Senior Data Analyst (Safeguarding Strategic Analysis Group – the NSCP Data Officer)

It became clear that the scope and resources available to the scrutineers within the remit of Independent Scrutiny could not do justice to the children and young people that the partnership serve, or provide confident, robustly evidenced recommendations, that would work in the context of the whole system.

Triangulating information and perceptions about services and responding to increasing requests to contribute was beginning to take us well out of the planned timeframe. The absence of a simple accessible map of the different services available and the continuing developments to those services has also proved time consuming for this piece of work and is itself an issue for practitioners. It has further become apparent that there are some bigger questions of principle and achievability, that need exploring by the partners before considering where to go from here.

Whilst this piece of work cannot be definitive, the hard answer to the first question in scope is probably that too many children are not having their needs met, despite the significant efforts of many. It is crucial that this is understood within a wider national context. For children accessing secondary services, both data and practice experience suggest that the increasingly acute and complex levels of distress on presentation, rather than an overall increase in numbers, is at the core of some of the current difficulties. The effectiveness of prevention and early intervention is harder to assess, but consistent feedback from the meetings with staff suggests this an area for concern.

Nevertheless, it is important to say unequivocally that the contributions of all concerned have demonstrated a real passion about improving children's wellbeing and mental health. The engagement with this process has been impressive and offers a strong sense of optimism for the future. There is no doubt that there is excellent work being done with individual children as well as in developing and improving systems and services. However, there are also significant vulnerabilities and pressures which continue to be difficult to resolve.

Key Issues and Emerging Themes

The following represent some of the key issues that have been highlighted:

- **When is mental health a safeguarding issue?** A key question that has emerged is how to define the link between safeguarding and mental health. Should all mental health presentations be considered as a potential safeguarding issue or is there some sort of 'threshold' linked to abuse or neglect? How this is understood impacts both on strategy and governance, as well as on the experience of individual children. One example being the relationship between Public Health and the Partnership.

Data analysis in relation to understanding the relationship between children's mental health and safeguarding is complex but can provide some basis for strategy and decision making. This was helpfully summed up by Jeremy Bone, Senior Analyst as follows:

"Our data suggests that children and young people with mental health problems are more likely to experience a safeguarding episode, and whilst we don't understand the nature of the relationship between the two factors (and strongly urge against assuming one causes the other), knowing this might prompt further analytical work, and improvements in the way we assess individuals' risks and circumstances when we know that mental health problems may be a factor".

- **Emotional wellbeing or Mental Health:** How well does the system understand the spectrum – to what degree is there a risk of medicalising normal emotional responses to stress? The implications of labelling children unnecessarily are a particular cause for concern.
- **Where are the normal, safe spaces where young people can find support,** learn to manage life stresses, regulate emotion etc. What replaces those crucial services lost during austerity (e.g. youth work), or affected by the pandemic? Whose responsibility is it to provide this? The simple answer to that is 'Everyone's' – but what role does the Partnership play in supporting this?
- There is a need to develop **professional confidence** in working at lower levels. Having conversations with children, offering care and kindness which can prevent escalation into more serious problems. How to do this given the reality of current pressures.
- What will be the **impact of the pandemic long term**, how to plan for possible permanent changes. What will be different, what may not have changed?
- **Waiting lists** were the most frequently referenced worries – the impact on children and families, the gaps that young people can fall through, the impact on practitioners. The focus that has been given to reducing waiting lists is impressive, but this is likely to continue to present a pressure.
- **How we communicate with children.** Are we over reliant on non-face-to-face means of supporting young people?
- Practitioners really value **joint working**, access to consultancy and multi-disciplinary approaches. How can this be developed further?
- Irrespective of the quality of the work, **short term interventions** are not the answer for many young people and can damage trust and confidence in some circumstances.

- More need for **family-based work** – supporting a child in the absence of support/change for the parent carer generally not effective. More focus on parental and environmental factors needing a holistic response.

Whilst the above gives a flavour of the problems being identified, it is not exhaustive. Tackling individual aspects of the system can only have limited impact because of the complex way in which children's needs, and the responses to those needs, impact and have knock on effects. A key pressure point starts with the high number of referrals into secondary services within Norfolk compared to the national picture. This then contributes significantly to a set of intersecting circles: waiting lists; inability to access services at the right time; limited early intervention (resources & professional skill/confidence); risks of unnecessary diagnoses/misdiagnosis; professional exhaustion and more. The results of all of which is too often that children end up moving round the system with inevitable additional pressures consequent for services.

Unpicking this, understanding fully how parts of the system impact on each other and what the implications are for funding and for holistic child focused practice presents a significant task.

The three statutory partners accepted that this report posed some difficult questions and went beyond safeguarding. This is also in the context that mental health is a national issue and the Norfolk Children and Young People's Strategic Alliance (CYPSA) is progressing its transformation agenda in this area. At the time of writing, it was agreed that the findings would be taken to CYPSA for them to agree any further scrutiny linked to safeguarding based on the themes above to tighten the parameters of enquiry.

Multi-Agency Audits and Monitoring

The NSCP's Multi-Agency Audit Group (MAAG) is chaired by the Head of NSCP Business Delivery and provides valuable information on how well the system is working in practice. In addition to commissioning and undertaking audits, the MAAG is also responsible for monitoring the Composite Action Plan to track the response to recommendations from across all scrutiny work and evidence impact on practice and improvements to the system.

Within the scope of this annual report, MAAG members struggled with capacity and agreed to focus on quality of audits rather than quantity. Over the last 12 months, MAAG completed an audit on child exploitation. At the time of writing an audit on pre-birth assessments is in progress. The MAAG is exploring ways to increase audit capacity.

Child Exploitation Audit

The methodology for the audit was developed using the Joint Targeted Area Inspections (JTAI) [framework](#) on the theme of child exploitation (updated February 2020). The MAAG also utilised the learning from Oxfordshire [Child Safeguarding Practice Review: Jacob "Untouchable Worlds": Protecting Children who are criminally exploited and harmed](#) (January 2021) and the City and Hackney [Serious Case Review Child C](#) (December 2020).

The scope of the audit was planned to include eight pre-selected cases of children, three screened as medium risk, three as high risk and two standard. The cases audited had a clear focus on identification of risk, front door arrangements, performance, impact and outcomes in respect to exploited children. The cases did not include siblings as separate cases but where there were siblings in the family, the auditors reviewed the whole family whilst maintaining the main focus on the identified child.

The audit of case files was carried out in October and November 2021. The parents of the child in the selected cases were contacted and invited to contribute to the audit. One mother and one father took up the offer and shared their perspective on the support they and their respective children received from the multi-agency partnership. Case workers were contacted and asked to consider inviting the young person to contribute to the audit. Two young people were identified and one of these contributed to the audit.

The audit report focused on:

- Levels of risk
- The voice of the child
- Communication and multi-agency working
- Contextual safeguarding
- Victim blaming language

The report concluded that there was clear evidence of good practice across the partnership and also the need to ensure greater consistency of practice in all the above areas. Early and advance planning will help to secure better outcomes and a smoother journey for young people as they are supported to strengthen their resilience and reduce their vulnerability to exploitation. Transitions by their very nature can be difficult to negotiate and services must focus on how to make these less stressful and more successful.

Two recommendations were made which are being taken forward by the Vulnerable Adolescent Group as one of the NSCP priority workstreams. The recommendations are:

1. The Vulnerable Adolescent Group (VAG) delivery plan includes the objective “Comprehensive multi-agency assessments identify risk within families and contextually, especially within extra-familial relationships, peer groups and potentially harmful environments.” The VAG should ensure that in the implementation of the delivery plan there is:
 - a) a focus that all potential partners are identified and included from the earliest opportunity and that safety plans are structured with a focus on outcomes.
 - b) sufficient attention is paid to assessment of peer groups and networks that vulnerable young people are part of or have belonging to.
2. [Good practice](#) guidance about avoiding victim blaming language should be promoted. Work should continue to address Recommendation 5 from the 2020 Norfolk Section 11 report: “Victim blaming language both written and verbal should be challenged at all times to support the necessary culture change and support given to the workforce to understand the necessity for the change.”

The MAAG will monitor the outcomes of these recommendations as part of NSCP priority progress reporting and through its Composite Action Plan which includes recommendations from all scrutiny activity and safeguarding practice reviews.

Section 11 and safeguarding self-assessments

Norfolk continues to be proud of its Section 11 process which has evolved over the years to move beyond compliance checks to a much more nuanced and sophisticated challenge and support process. Process development is overseen by a multi-agency steering group which is chaired by the Independent Safeguarding Practice Review Group Chair. In addition to completing a self-assessment tool, agencies are invited to challenge and support meetings to review their returns with a multi-agency panel and subsequently develop an action plan.

The 2021 – 22 Section 11 process followed the same format as reported in previous annual reports with self assessment tools completed and analysed and challenge and support panels reviewing the returns with the submitting agency. In total there were 47 Section 11 self-assessments completed and returned. There were 23 responses from statutory partners 11 from Medical Practices. with a further 13 received from the voluntary sector.

The process now also includes mid year action plan update meetings which provide an opportunity to reflect on actions taken and any barriers. As a result, the Section 11 report opened with a comprehensive summary of progress against the 13 recommendations made the previous year, of which over half were closed and the rest nearing completion.

The effort that goes into Section 11 from all partners is significant and should not be underestimated. The process in Norfolk is robust and provides valuable insight into the function of the partnership, in addition to this it provides reflection time for organisations to consider their practices over the year and to raise concerns that they may have

The Section 11 report concluded that in response to the challenges to the system working through the pandemic there is evidence of strained capacity for both individuals and organisations. However, there was also evidence of increased resilience and heightened attention to safeguarding across the partnership. Whilst there was acknowledgement of robust relationships at a senior level and positive partnership working being strengthened by the impact of the pandemic, a number of organisations felt that silo working had increased and work on developing relationships across the whole of the partnership at all levels needs to continue.

There were fewer recommendations this year than previous Section 11 reports in Norfolk over the last few years and this indicated a real sense of maturity and growing confidence within the partnership around safeguarding practices. Four recommendations were made in total:

1. The [Learning Events and Strategic Management Response to Protecting Babies From Non-Accidental Injury](#) report to be shared and promoted widely across the partnership.
2. All partners should complete the Norfolk trauma informed practice toolkit and contribute to the good practice learning events.
3. Learning from the independent scrutiny paper on neglect training and the impact on practice (2021) recommendation 5 should be promoted across the partnership.
4. The section 11 steering group to explore the potential for thematic challenge and support panels and propose changes to partnership group for consideration.

External Inspectorates

While no inspectorates had a focus on safeguarding this financial year, Norfolk Children's Services continue to have regular conversations with Ofsted. The feedback from the focused visit in October 2021 was encouraging. Headline messages were:

- Inspectors found that most children in Children's Services care are well looked after and receive good support for their emotional and mental health and education.

- They also highlighted the effective joint working between health and social care, and the partnership work with police in supporting those vulnerable to criminal exploitation.
- The overall feedback was very positive and confirmed that Children's Services know our children well, listen to them and help them to understand their experiences.
- This demonstrates significant progress since the last full inspection in 2017 and is testament to the dedication of those working across the system to support some of our most vulnerable children.
- Ofsted commented on Children's Services "coherent vision" to improve further. There is still more to do, which Children's Services are aware of. For example, they referenced some of the delays in assessments for specialist mental health and autism but were clear that where this happens multi-agency planning is helping to mitigate the impact.
- They also highlighted consistency in the quality and matching of placement information and the timeliness, rigour and recording of assessments of family and friends foster carers, as areas for further improvement. These comments mainly related to how information is recorded, which is an area of practice Children's Services will tighten even further.

A full inspection is anticipated in 2022 - 23 and the NSCP regularly updates the Library of Evidence. Both the Local Authority and the partnership are inspection ready and would welcome the opportunity to formally assess the progress made over recent years.

Within health, in April 2022 the CQC made a judgement that the Norfolk and Suffolk Foundation Trust was inadequate overall, but the child and mental health wards were judged as requires improvement within that. As noted above, mental health is an area of local and national concern, but with trauma informed and resilience oriented leadership and practice as an NSCP priority, the partnership aspires to have a whole workforce skilled up to support children and young people with their emotional health and wellbeing.

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service undertook an inspection of Norfolk Constabulary in the first half of 2022. The report will be published later in the year and relevant findings shared with the partnership.

5. Norfolk Safeguarding Priorities and Projects

The NSCP continues to work on its three priorities: neglect, child exploitation and protecting babies. Each priority area is led by one of the three statutory partners, Children's Services, Police and Health (Cambridgeshire Community Services/0-19 Healthy Child Programme provider), respectively. This ties in neatly to our governance arrangements and reinforces the message of joined up leadership. Strategies have been published against each area and are available on dedicated pages of the NSCP website. The Business Plan includes actions against each priority area.

In addition to the safeguarding specific priorities, the NSCP is committed to developing trauma informed and resilience oriented leadership and practice. This is followed through in a number of ways, for example, in Leadership Exchange and Learning Events, Section 11 self assessment, through policy review and development and in training.

Neglect

The NSCP Neglect Strategy identifies three clear strands of work: community engagement, contributory factors and the emotional impact of neglect. Strategy implementation is overseen by the Neglect Strategy Implementation Group (NSIG) which is chaired by Children's Services Director of Commissioning, Partnerships & Resources; each workstream has been allocated to senior leaders across the partnership, including Children's Services, Police, Health and the Voluntary Sector. This provides the most senior leadership to deliver against the outcome focussed action plan.

NSIG achievements	NSIG next steps
• <u>Community Engagement</u> and communications: an animation to focus on children's needs was co-produced with the help of CYP • <u>Understanding Contributory Factors</u>: a neglect assessment tool was developed and a cohort of professionals from health, social care and education were trained to pilot the process • <u>Emotional Impact of Neglect</u>: practitioners have access to opportunities to attend Reflective Practice Sessions and/or request Joint Agency Group Supervision to reflect on challenges in managing neglect cases • <u>Independent Scrutiny</u>: scrutiny undertaken in 2020 – 21 on the impact of learning about neglect resulted in a number of recommendations which are being taken forward in collaboration between NSIG and the Workforce Development Group	• Plans are in place to review the existing Neglect Identification Tool and co-produce a family friendly version with parents/carers and children. • Further community communication campaigns in development • Evaluation of the new assessment tool and roll out across the county with clear monitoring and feedback systems in place to measure impact on practice • Data profiling of neglect as an issue, using the dedicated data analyst resource now in place • Quality assuring revised training offer and planning for roadshows to pull together all NSIG's assets for workforce to access easily • Promotional communications material in development to support professionals working with neglect.

Child Exploitation: Vulnerable Adolescents

The Vulnerable Adolescent Group (VAG) is chaired by a Detective Superintendent. The VAG's focus is on extra-familial harm, with an emphasis on child exploitation (both sexual and criminal), serious youth violence and radicalisation. The NSCP's Strategy to Protect Vulnerable Adolescents from Extra-Familial Harm has four clear strands of work: Awareness Raising; Early Help and Identification; Safeguarding Exploited Young People; and Identifying and Disrupting Offenders.

The VAG also oversees a [Youth Endowment Fund project in Norfolk](#), working in partnership with Right to Succeed to target community interventions at ward level to reduce and prevent youth violence and criminality. After extensive data analysis, the Nelson Ward in Great Yarmouth Borough council was selected and a steering group with key stakeholder input was established in spring 2022.

In order to deliver against the strategy, the VAG is supported by:

- a Vulnerable Adolescent Partnership Forum, including the voluntary sector;
- an Exploitation Operational Oversight Forum responsible for a detailed data dashboard that is capable of drilling down to individual child level to monitor risk and impact of intervention;
- a Contextual Safeguarding Sub-Group to develop Norfolk's response to safeguarding in 'places & spaces'; and
- a Child Exploitation Training Sub-Group

The VAG also has strong links with the following groups, which sit outside of the NSCP structure, but which are fundamental to the system-wide approach to child exploitation:

- County Lines Strategic Board which reports on areas of drug supply, exploitation and emerging themes and trends associated with countylines
- The Children and Young People Strategic Alliance which has governance over the Youth Strategy
- The New Roads Board.

VAG achievements	VAG next steps
• <u>Awareness raising</u>: Tricky Friends video developed in collaboration with Adults Safeguarding Board and teacher pack in place for KS2 and KS3. Website updated with current resources and information. • <u>Early Help & Identification</u>: multi-agency CE screening process utilised for all CE referrals and monitored regularly by Exploitation Operational Oversight Forum. • <u>Safeguarding Exploited YP</u>: the Multi-Agency Child Exploitation (MACE) process ensures victims and families affected by exploitation are identified, referred and assessed.	• Strengthen awareness of contextual factors to ensure they are considered in all MACE Strategy Meetings, Child Planning Meetings and RAISE meetings. • Create and monitor a process that captures feedback from exploited CYP and ensures it is acted upon. • Ensure links between CYP mental health and risks of exploitation are assessed early. • Monitor multi-agency training framework in collaboration with Workforce Development Group.

VAG achievements	VAG next steps
• <u>Youth Endowment Fund:</u> Vulnerable Adolescent Group providing governance around YEF Neighbourhood Fund with data analysis completed and locality identified. • <u>MA audit:</u> some evidence of good, joined up working. • <u>Multi-Agency Training Framework:</u> online training package developed for entire workforce and wider community. In depth CE training day developed for key practitioners.	• Monitor and report on progress against interventions delivered through the YEF and disseminate learning and best practice across Norfolk. • Utilise learning from audit to review and improve practice to ensure CYP receive consistent response, with focus on avoiding victim blaming language. • Deliver a communication strategy in conjunction with the Countylines Strategic Group and deliver a campaign across Norfolk to raise awareness of child exploitation.

Protecting Babies

The Protecting Babies Steering Group (PBSG) is chaired by Cambridgeshire Community Services Head of CYP Services in Norfolk. The Protecting Babies Strategy has four strands of work: Non-Accidental Injury to babies (NAI); safer sleeping; concealed or denied pregnancy, including pre-birth assessments; and a communications campaign on All Babies Cry, which signposts parents of newborns to the [Just One Norfolk](#) website for resources and support.

In the summer of 2020, the PBSG led on a significant piece of work on NAI which involved three separate learning events focusing on babies born during lockdown, the risk factors of NAI and the legislative framework which impact on decision making alongside the role of the paediatrician in assessing harm. The [report](#) was shared widely at the time and has been disseminated again as an action from the 2021 – 2022 Section 11 recommendation. The learning from the report has also fed into the action plan sitting under the strategy.

PBSG achievements	PBSG next steps
• All Babies Cry communications campaign launched in summer 2021. 164 professionals attended 10 briefing sessions to upskill support families with newborns between Apr 21 – Feb 22. • Safer Sleeping videos developed in consultation with parents and campaign launched December 2021. (See comms, below) • Learning events focusing on babies who suffered from Non Accidental Injury (NAI) in summer 2021. This included interviews with parents of babies born during lockdown. • Policy review: focus on medical examinations (bruising in babies) and risks associated with denied or concealed pregnancies	• Identified dedicated resource to develop father inclusive practice project from April 2022, in response to national CSPR <i>Myth of Invisible Men</i> (see below) • Data profile of safeguarding issues involving babies in progress including how we assess and measure presenting risk factors with vulnerable parents/carers • Policy relaunch and conference/workshop scheduled for July 2022 for professionals to advise how they have put learning into practice and identify any barriers to learning

PBSG achievements	PBSG next steps
Case review on parents who absconded from hospital with newborns where safeguarding concerns were known; findings being taken forward by Protecting Babies Steering Group	- Concealed pregnancies strategy to be finalised and launched, and updated medical examinations policy to be promoted across the partnership - Communication tools to be developed for parents who do not bring babies to medical appointments

Inclusive Father project

The Inclusive Father project was agreed in a local response to the National Child Safeguarding Practice Review [The Myth of Invisible Men](#), published September 2021, which outlined the pressing need to engage with fathers and father figures more effectively.

“It is the recommendation of this review that all local safeguarding partnerships respond comprehensively to these challenges and develop local strategies and action plans to support improved practice and effective service responses.”

This resonates with the repeated learning from local Serious Case Reviews, Safeguarding Practice Reviews and Norfolk report on Non-Accidental Injuries to infants. The NSCP agreed at Partnership Group October meeting to develop a strategic approach with the aim to implement a father inclusive strategy across the whole partnership to improve the engagement of fathers in Universal, Early Help and Specialist Children’s Services. This approach is being led by Dr Mark Osborn, the NSCP’s Safeguarding Intelligence and Performance Coordinator, and requires the engagement and participation from a wide range of organisations working with children, families and adults.

The project was launched officially in April 2022. The work developed within this project will be child centred and focused on improving the health, well-being and safety of the children of Norfolk. All work will be aligned to the eight FLOURISH principles developed by the Norfolk Children and Young People’s Strategic Alliance:

The project aims to implement a father inclusive strategy across the whole partnership to raise the visibility of fathers and improve the engagement of fathers in Universal, Early Help and Specialist Children’s Services. There are 9 objectives, extracted from the national report as follows:

1. Develop ante and post-natal health provision to fully include fathers and to include extra support to those who need it and increase their ability to early identify risk factors
2. Ensure a greater integration of children’s and adult service provision, especially adult mental health and substance misuse services
3. Integrate response to the Domestic Abuse Act 2021, how they will ensure a focus on the risks to babies and children and how they will work with perpetrators
4. Ensure that children’s social care lead on the development of practice that improves the engagement and assessment of men involved in children in need, child protection and children in care services
5. Develop leaving care services to ensure they address the need for preparation and support for parenthood
6. Promote father inclusive practices in all partner agencies and across the partnership
7. Investment in the voice of the father
8. Increase visibility of positive and inclusive messages and information to fathers
9. Evaluate impact, evidence and promote good practice

At the time of writing the project is still in its infancy, however, it has started at pace. An Advisory Group is in place, utilising local and national expertise and there is also a stakeholder group of fathers to help to guide the work. Public Health have agreed funding for a monthly media broadcast to support father engagement and promote public health messages. The SPR process also now includes the project lead so local reviews can be sense checked for father inclusive practice.

NSCP projects

Communication campaigns

The joint safeguarding communications officer, shared across children's and adults, took up post in October 2021. This has developed into a system critical post, building on the communications campaigns developed during Covid, as reported in the 2020 – 21 annual report. In October the Chartered Institute of Public Relations (CIPR) PRide Gold award was given to Norfolk for the best Covid response communications and a Silver award for the *See it, Hear it, Say it* campaign.

The join up between adults and children's safeguarding messages is now built into the work programme, for example, developing the 'Tricky Friends' animation from a vulnerable adult campaign to incorporate messaged for young people at risk of exploitation.

The safeguarding communications officer has taken the lead in putting a communications strategy in place and ensuring that campaigns are monitored. The NSCP has focused on the priority areas and some examples of impact and reach are included below.

Neglect				
In Dec 2021 a campaign was launched called ' Feeling Safe and Loved ', featuring an animation and new resources on the JON website. The aim was to help parents understand the impact their actions can have on children, using the voice of children in Norfolk to show what small things parents can do to help them feel safe and loved.				
The animation and resources have been viewed over 4,000 times. A follow up project is being developed currently for release in Aug 2022 which focuses on Family Networking, raising the profile of the project among the general population in Norfolk. The aim is to encourage families and their connections to proactively plan their family network and take time to discuss how to support children in the best way. A second animation, and new information about family networking is being created in partnership with JON.				
Protecting Babies				
The two main communication campaigns were led by Norfolk's 0 – 19 Healthy Child Programme provider, Cambridgeshire Community Services, focusing on messages around All Babies Cry and Safer Sleeping. These were promoted on the Just One Norfolk website and activity on Facebook and Instagram between April 2021 and March 2022 was monitored.				
	ALL BABIES CRY		SAFER SLEEPING	
	Facebook	Instagram	Facebook	Instagram
Reach	19,990	3,839	36,896	3,099
Likes/reactions	127	644	74	137
No. of posts	32	23	23	22
Shares	68	n/a	56	n/a
Link Clicks	263	n/a	2,979	n/a

Vulnerable Adolescents:

The 'Tricky Friends' animation was further developed by the Education and Inclusion team to include lesson plans for Key Stages 2 and 3 as well as a webinar. These resources were incredibly well received by schools and provide a clear illustration of where the additional support can maximise impact. 120 colleagues attended the 'Tricky Friends' webinar. The majority fed back that they:

- felt the webinar has increased their ability to create a safe whole-school and class based environment for learning about Child Criminal Exploitation to be effective
- will use the 'Tricky Friends' resource to support effective RSHE teaching
- felt the webinar and resource will increase the impact of the animation

Great to be able to talk through the resource instead of it just landing through our letterbox. I'm hoping it will support staff tackle this important area and give them the confidence to share the appropriate material.

This has been incredibly helpful - well delivered, concise and totally relevant to our needs. [The] insight and expertise is always welcomed, and these practical resources are spot on. This hour will definitely have an immediate impact in our schools.

Joint Agency Group Supervision and Reflective Practice

The NSCP's [Joint Agency Group Supervision procedure](#) (JAGS) was introduced in 2020 and continues to be monitored to understand impact on practice. The procedure was developed to provide a safe forum for exploring complex or challenging cases where there is drift has been a recurrent theme in several SCRs/SPRs, including cases published recently. JAGS purpose is to empower and enable multi-agency professional networks by:

- promoting a better understanding of children's lived experiences
- ensuring we take a trauma informed view
- increasing awareness of different perspectives, and
- promoting system wide learning.

The rollout of JAGS was evaluated and findings reported to Partnership Group in February 2022. The evaluation included a survey of JAGS participants and facilitators as well as 1-2-1 conversations. Overall, the procedure is viewed positively with many respondents reporting increased confidence and clarity in terms of their role and the impact that will have on the case. Further work needs to be done to ensure consistency in the process and plans are in place to develop promotional material to provide clarity and guidance for the workforce so that children can continue to benefit from a joined up approach.

The introduction of reflective practice sessions reported in 2020 – 21 has continued to develop. Norfolk continues to maximise its technology and online platforms to develop an offer which aims to both support the workforce to think reflectively about the child's lived experiences as well as build it into our overarching learning offer.

In 2021-22 reflective practice groups were established, with staggered starts within a 9-month period. 12 groups were facilitated lasting between 6-9 months, alongside 41

thematic reflective practice groups with the early years' workforce. This work was evaluated and the methodology included:

- Survey of participants from reflective practice groups with a return rate of 42%
- Survey of Reflective Practice Facilitator with a response rate of 60%
- Reflective Practice working group evaluation, with a response rate of 89 early years practitioners and managers and 59 LSCG members across two LSCG areas and 8 DWP colleagues
- Collation of feedback gathered from thematic early years reflective practice groups.

The evaluation concluded that reflective practice is welcomed by the workforce, demonstrated by the sign-up of participants and their subsequent attendance and engagement in groups. The model used to facilitate reflective practice discussion supports the workforce to respond to the emotional impact of their work, with emotional outcomes of participants feeling relieved, relaxed, happy and pleased.

Through working together the partnership can resource the facilitation of reflective practice groups from differing professional backgrounds, with contributions from health now being an opportunity due to the vaccination programme plateauing. However, the resource required to administrate and coordinate reflective practice groups is onerous and beyond the 'in-kind' offer made by system partners. Both thematic and pre-arranged bookable groups work well, although thematic groups setup appear to be more self-sufficient and sustainable. Sessional offers of reflective practice group sessions provide maximum flexibility and practitioners and managers appear to self-nominate or encourage others to attend as an on-going commitment is not required. These do require careful facilitation and can require further check ins or follow ups depending on who attends and the subjects raised.

Both JAGS and the reflective practice offer will continue to be monitored and developed in the next reporting year.

New Roads

Norfolk Children's Services have also engaged in excellent partnership working to introduce the New Roads service, which has been running for a year. The council launched New Roads after successfully obtaining £5 million of funding from the Department for Education Strengthening Families Protecting Children (SFPC) Programme. The model is based on the successful No Wrong Door model, developed by North Yorkshire County Council.

The service ensures young people get the help and support that they need through an integrated team that sticks with them. Based out of two hubs in Dereham and Norwich, it supports young people who need to live in the hub for a short time or are still living at home but likely to need to come into care in the near future. It also supports young people in care in foster placements.

New Roads offers each young person a dedicated key worker and gives them access to specialist support at the hub which includes:

- life coaches (clinical psychologists)
- communication support workers (speech and language therapists), and
- police liaison officers.

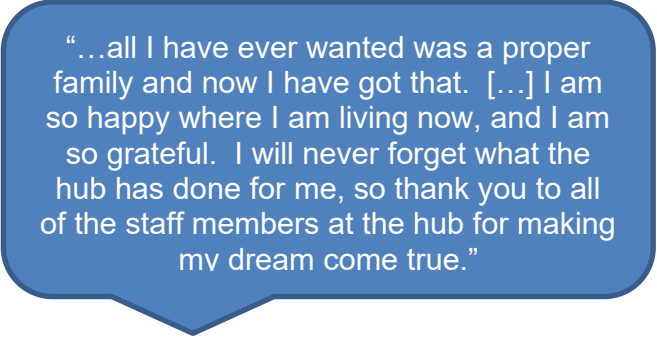
They receive support focused on their specific needs, which includes: support with rebuilding relationships, building resilience and self-esteem, managing life stage transitions, mental and physical health and education and training. The aim is to give young people

stability, reduce risk-taking behaviour and help to avoid the need for long-term residential care, as well as longer term costs to themselves, the wider system and communities.

Since its launch, New Roads has supported 170 young people aged between 12 and 17. It has:

- prevented 100 young people from coming into care, by enabling them to stay living with their families
- paved the way for 12 young people, who were previously in care, to go home to their families
- achieved a six per cent reduction in the number of 12 to 17 year-olds in care in Norfolk
- achieved a 72% decrease in arrests of young people supported for six months or more who were at risk of criminalisation

The success of the project is recognised and articulated by the young people themselves. As one young person said



“...all I have ever wanted was a proper family and now I have got that. [...] I am so happy where I am living now, and I am so grateful. I will never forget what the hub has done for me, so thank you to all of the staff members at the hub for making my dream come true.”

6. Learning from Safeguarding Practice Reviews and Rapid Reviews

The NSCP's multi-agency Safeguarding Practice Review Group (SPRG) is chaired by Sian Griffiths, one of the Independent Scrutiny Team. SPRG oversees all aspects of child Safeguarding Practice Reviews and annually refreshes its local guidance in line with national learning and local feedback. This chapter sets out activity against Rapid Reviews and SPRs, including publication of reviews; learning from Rapid Reviews and specific actions taken or planned in response to reviews published in the last 12 months; and a summary of dissemination of learning.

NB learning from child death is reported in a separate annual report produced jointly by the Norfolk and Suffolk Child Death Overview Panels.

SPR and Rapid Review activity

Between July 2021 and June 2022, the NSCP published one SPR, Case AJ, in March 2022. Two SPRs were commissioned in this same period following Rapid Review meetings. The Local Authority submitted two further Serious Incident Notifications (SIN) within this period, triggering Rapid Reviews, but not proceeding to SPR.

Four referrals were made to SPRG from other agencies – the Child Death Review Team, Education, the Youth Offending Team and the Fire and Rescue Service – where the presenting issues and potential learning were discussed. Two of these referrals involved the deaths of 18 year olds which inhibited learning in the absence of a legal framework to gather information. None of the cases were taken forward to a learning review.

A summary of cases and issues is included in the table below:

Type of activity	Presenting issue
SPR – AJ	Non-accidental injury to baby (published March 2022)
SPR - AK	<i>Death by overlay – neglect an issue (in progress)</i>
SPR – AL	<i>17 year old death, apparent suicide – pending inquest verdict (in progress)</i>
Rapid Review	Non-accidental injury to infant under 2
Rapid Review	Death of premature baby following home birth – pre birth assessment identified risks and plan in place
Referral: non SIN	Premature baby death
Referral: non SIN	SEN pupil with LADO involvement
Referral: non SIN	Serious youth violence
Referral: non SIN	Neglect and home environment issues
Total number of cases looked at 2021 - 2022 (July – June)	• 5 on babies (2 x NAI, 2 x premature babies, 1 x overlay) • 4 on teenagers (1 x probable suicide, 1 x abuse by person in position of trust, 2 x 18 year olds)

The prevailing issues – babies at risk of harm, neglect and drift, and vulnerable adolescents - are linked to the NSCP priority areas to a greater or lesser degree and where recommendations have been made, these have been incorporated into the relevant strategies, i.e. Neglect and Protecting Babies.

The two SPRs currently in commission appear very different on the surface:

- Case AL involves a six week old baby who died from overlay while his mother was under the influence of drugs and alcohol.
- Case AK involves a 17 year old suicide with a history of familial mental health issues and parental substance misuse.

The common denominators for these cases are recognising neglect, the impact of Covid, and to a greater or lesser degree, the way we work with fathers and understand their role and influence within family dynamics.

In addition to local cases and referrals, Norfolk provided information on SPRs being conducted by three other local safeguarding children partnerships: Suffolk, Essex and Brighton & Hove.

SPRG continues to monitor and improve its internal processes, using feedback from the National Child Safeguarding Practice Review Panel to refine the systems. The National Panel agreed all decisions made and feedback has helped us improve the way we draw out the key issues from SPRG discussions, including the key points that we agreed on and, where a decision was reached to proceed to a local SPR, the key lines of enquiry emerging.

Feedback from the National Panel

"We noted that this was a clear Rapid Review (RR) that had a good grip of the issues. We would like to commend you for how the shared learning has been disseminated and previous review actions tracked."

Learning from National CSPRs

Within the scope of this annual report, the National Panel published two national Child Safeguarding Practice Reviews: [The Myth of Invisible Men](#) (September 2021) and the review into the [Murders of Arthur Labinjo-Hughes and Star Hobson](#) (May 2022). Norfolk's response to the former is included in the Chapter on NSCP Priorities and Projects. We are still assessing the implications of the latter report but the findings and recommendations have been shared across the partnership.

Learning from Rapid Reviews

As noted above, many of the Rapid Reviews are captured in the ongoing work against the NSCP priorities. For example, the ongoing issues with managing risks to unborn and new born babies is incorporated into the pre-birth assessment audit scope and followed up through the Protecting Babies Steering Group. Immediate learning is fed back to the chairs of the relevant priority workstreams and plans are in place to include the members of the Neglect and Babies steering groups in learning events as part of the SPRs currently in commission.

The referrals from external agencies that did not trigger Rapid Reviews have been acted upon. For example, the cases of the two 18 year olds posed challenges around transition and raised questions about early help and prevention. The case of serious violence is being scrutinised by the Vulnerable Adolescent Group. Appropriate links are also made with the Safeguarding Adults Board to explore opportunities for joint working.

Dissemination of Learning from Serious Case Reviews

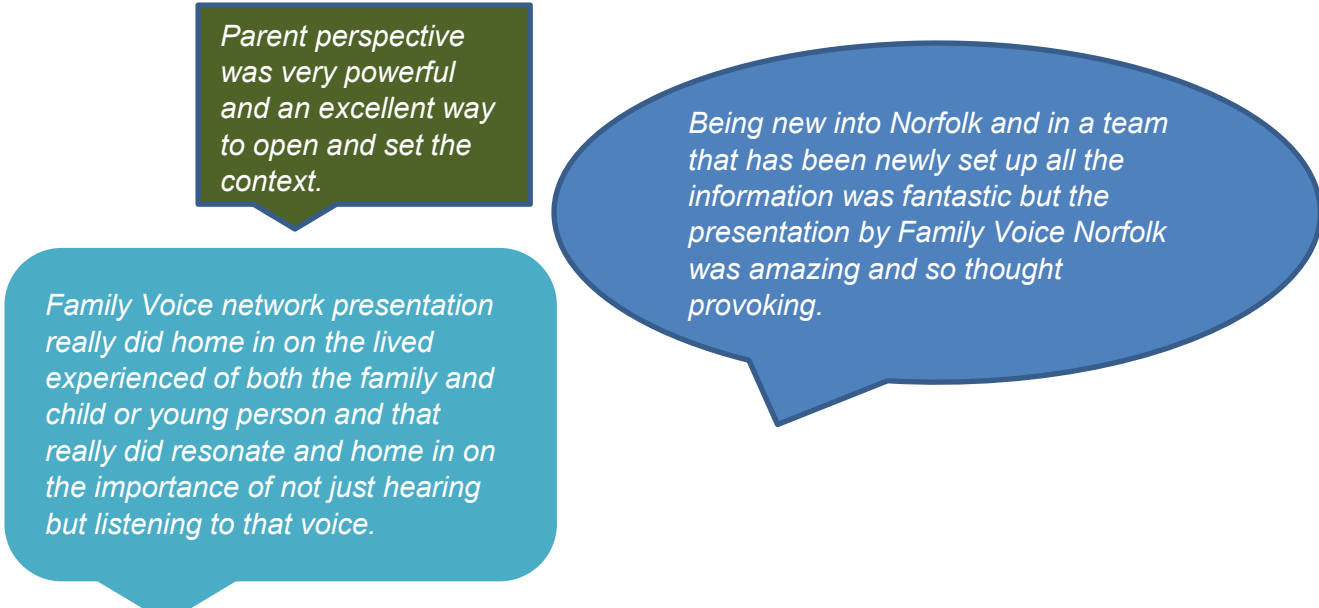
SPR activity has reduced in recent years which allowed resources to be diverted into implementing the learning. This reporting year we did not undertake any SPR roadshows as

such, however there was a retrospective look at learning from reviews where children with complex health and medical needs featured. While there were a number of successful initiatives, such as training events on managing cases of complex health needs, the introduction of the Joint Agency Group Supervision procedure and evidence that concerns around these cases were being escalated and resolved effectively, it was felt that more could be done. A major piece of work involved a series of learning events held between July and October 2021.

The aim of these learning events was to promote best practice around working with children and families where complex medical health needs presented. It incorporated both learning from historic reviews as well as cases brought to joint supervision and cases escalated to the Designated Safeguarding Children Team (Norfolk & Waveney ICB). The purpose was to establish what is working well and what we need to do differently to improve practice when working with children with complex health needs. It was also used as an opportunity to frame our thinking around trauma informed leadership and practice for both the workforce and families. The themes explored included:

- Diagnosis and misdiagnosis: impact on child's treatment and identity
- The effectiveness of plans and the safeguarding element within the plan(s)
- Working in silos, both within health and between health and partners
- The child's voice
- The impact of Covid-19
- The perspective of the parent/carer

One of the most powerful presentations was from a partner from Family Voice ¹Norfolk, who is also the mother of a child with complex needs. 114 professionals from across the partnership attended and feedback on this presentation was compelling:



Parent perspective was very powerful and an excellent way to open and set the context.

Family Voice network presentation really did home in on the lived experienced of both the family and child or young person and that really did resonate and home in on the importance of not just hearing but listening to that voice.

Being new into Norfolk and in a team that has been newly set up all the information was fantastic but the presentation by Family Voice Norfolk was amazing and so thought provoking.

The events also included presentations from Starfish Learning Disability Child and Adolescent Mental Health Service and concluded with examples of best practice. All the

¹ Family Voice is a voluntary sector organisation made up of parents and carers of children and young people with special educational needs and/or disabilities (SEND) in Norfolk. Their aim is to improve services for their children and young people by ensuring that families' voices are heard by planners and decision-makers.

professionals who fed back gave concrete examples of how they would put the learning into practice and the evaluation report was shared with Partnership Group.

Scope for learning from what works well

The 2020 – 21 annual report set out a clear intention for undertaking a 'what works well' review to showcase good practice and have a positive learning model. Due to Covid pressures, partners did not have the capacity to commit to this piece of work. It continues to be discussed at SPRG and the ambition is to complete this activity in the next reporting year.

7. Training and Workforce Development

The NSCP's multi-agency Workforce Development Group (WDG) has an Independent Chair, Natasha Rennolds, one of the three members of the Independent Scrutiny Team.

Norfolk Safeguarding Children Partnership Multi-Agency Learning Offer

The NSCP continues to deliver an extensive programme of multi-agency learning opportunities. These have been delivered by In-Trac Training and Consultancy and also, increasingly, by local practitioners. Training has continued to be delivered online via Microsoft Teams and Zoom.

In the 2021-22 financial year, In-Trac delivered 35 training sessions and local practitioners delivered 131 sessions. This is a significant increase on previous years and is indicative of a local desire for NSCP to be seen as the 'home' of multi-agency safeguarding children training.

	No. of courses	Places available	Places Taken	% take up	Did Not Show
In-Trac	35	706	559	79.2%	114

(Comprehensive attendance data is not available for sessions delivered by partners as not all partners report attendance figures due to administration pressures.)

The In-Trac training courses on offer can be found on the NSCP website. Partners and the NSCP training team supplemented the offer with learning sessions including:

- Restorative Approaches (10)
- Harmful Sexual Behaviour (28)
- Substance Misuse (5)
- Child Protection Conferences (4)
- Signs of Safety (6)
- Family Networking (5)
- LADO Process (2)
- All Babies Cry (10)
- Children's Advice and Duty Service briefings (4)
- Early Help Assessment and Planning (23)
- Reducing Parental Conflict (18)
- Responding to Children with Complex Health Needs (3)
- Working with Central and Eastern European Migrant Families (2)

In addition, there were two development sessions for Safeguarding Children Trainers.

Delegates who signed up but did not show or cancelled within seven working days were charged a fee.

Awards

The NSCP Workforce Development Group (WDG) was shortlisted for two awards in 2021. One from the Public Sector People Managers Association (PPMA) and one from the Local Government Chronicle (LGC). The focus of the submissions was the innovative work which the WDG has undertaken in developing a support framework for those designing and delivering safeguarding children training in Norfolk, and also the work undertaken on the online training Quality Assurance system. Although ultimately the WDG did not win it was fantastic for their work to be recognised.

Impact of training

A multi-agency working group of Workforce Development Group representatives are currently undertaking a project alongside the NSCP Safeguarding Intelligence &

Performance Co-ordinator and the Data Analyst officer to look at the impact of the multi-agency training. The initial focus is on the Voice of the Child and Domestic Abuse courses. Pre course questionnaires have been developed to benchmark delegates' knowledge and expectations prior to the courses. Follow ups will then be undertaken with the delegates at three and six month intervals to monitor how the training has been applied to practice.

Developing the Learning Offer

The last two years have provided some valuable learning for the Workforce Development Group (WDG); this is closely related to the significant changes made, which have provided valuable insights for the WDG. Some of these were unforeseen e.g. the pandemic, others were anticipated e.g. the full implementation of the Multi Agency Safeguarding Arrangements. Other changes still provided unique opportunities for development e.g. the strengthening of arrangements for the Children and Young People's Strategic Alliance (CYP SA). In pulling all the information together, a different landscape for learning and development has emerged and the WDG are proposing a different way forward. This is a timely response as it coincides with the need to recommission our external training provision.

The principles for moving forward aim to address how the partnership delivers multi-agency opportunities for the children's workforce and are based on the following:

- Access to learning should be varied, proportional and appropriate to the different levels of knowledge/skill need across agencies.
- The training offer to build on 'expertise' both local and national.
- The relationship between multi-agency and single-agency learning offers should be complementary, contain common threads and reflect the intended audience.
- Recognising and responding to the difference between knowledge based and practice-based opportunities.
- Assuring the quality of safeguarding training provision, as required by Working Together 2018.

The three statutory partners have agreed for the WDG to explore the development of a blended approach for training courses, utilising both online and offline environments. This includes developing a central multi-agency learning hub with access to self-directed learning as well as easy links to other training opportunities including the booking of courses. The learning hub will act as central point for all learning opportunities for the children's workforce to include joined up approaches for safeguarding, SEND and C&YP mental health. We will continue to provide a mix of delivery by partnership agencies and an external provider for both taught and independent learning opportunities.

Safer Programme

The NSCP's Safer Programme is a service provided by the NSCP Business Unit to meet the safeguarding procedural, policy and training needs of the voluntary, community and private sectors of Norfolk. Safer produces a standalone [Safer-Annual-Report-2021-Final-Version.pdf \(norfolkscb.org\)](https://www.norfolkscb.org/Safer-Annual-Report-2021-Final-Version.pdf)

Safer has seen several developments and innovations this year under the watch of the new Safer Co-Ordinator. These have included a revamp of the Members' Newsletter, a new Facebook group to build the Safer community and a new briefing session for District Councils covering both Adult and Child Safeguarding which has been developed alongside Norfolk Safeguarding Adults Board and District Councils.

8. Conclusions and Formal Summary Statement

This report provides an overview of the Norfolk Safeguarding Children Partnership's many achievements over the last 12 months. We have reason to be proud of the mature and successful relationships strategic leaders have established which underpin the way we work together to safeguard children and protect them from harm. This work has been recognised through national awards and nominations and we continue to approach systemic learning with energy and commitment to improving our services so we get things right for Norfolk children.

Our aim to be a trauma informed and resilience-oriented partnership continues to develop and we are committed to supporting and containing the workforce so they can focus on the children, their lived experience and improving the outcomes for families.

This is not to say that we are complacent in any way nor are we naïve about the challenges that lie ahead. We anticipate that the cost of living increases are going to hit families hard across the country and will have a direct impact on our work to protect children. We are also mindful of the changing policy landscape and the implications that will have on our local safeguarding system.

While this report records many achievements, we also recognise the work that still needs to be done. Our challenges and ambitions as we move into 2021 – 22 include:

- Independent scrutiny on initial assessment of need and risk to children as well as local initiatives, such as our approach to Family Networking
- Utilising the performance intelligence, data and qualitative feedback to ensure we are targeting our resources correctly and addressing any gaps
- Developing our learning offer and measuring the impact of training on practice
- Continuing to promote and support the FLOURISH agenda
- Increasing the number of multi-agency audits completed
- Reviewing our Threshold Guide and ensuring all multi-agency policies adhere to national policy change
- Disseminating and implementing learning from local and national Safeguarding Practice Reviews
- Working directly with the children, young people and families of Norfolk to ensure that their voices are heard and they contribute directly to strengthening the safeguarding system
- Promoting equality and inclusion and celebrating diversity in Norfolk

The Norfolk Safeguarding Children Partnership is well placed to build on its strengths and meet the challenges set out above, with the commitment and resources that are in place. The NSCP's Business Unit is funded to support this work and ensure that organisational memory and good working relationships across the partnership continue into the future.

Report title: Norfolk Pharmaceutical Needs Assessment 2022

Date of meeting: 09 November 2022

Sponsor

(HWB member): Dr Louise Smith, Director of Public Health

Reason for the Report

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a legal requirement to reassess and revise the PNA within three years of its previous publication. A new PNA has recently been completed and needs HWB approval before it can be published.

Report summary

The PNA is a document which records the assessment of the need for NHS pharmaceutical services within Norfolk. As such, it sets out:

- A statement of the pharmaceutical services which are currently provided, together with when and where these are available.
- Details of planned or likely changes which may affect the future provision of pharmaceutical services.
- Any current or future gaps in pharmaceutical services, taking into account the pharmaceutical needs of the population.

The PNA has been produced through the PNA Steering Group on behalf of Norfolk HWB by Norfolk County Council (NCC) with authoring support from Soar Beyond Ltd.

The PNA found no gaps in provision either now or in the next three years for pharmaceutical services.

Recommendations

The HWB is asked to:

- a) Approve the PNA for publication as part of the Norfolk Joint Strategic Needs Assessment (JSNA).
- b) Note the concerns about difficulties people in some areas are experiencing, in relation to reliable opening hours of pharmacies and supply of medicines and recommend this is considered by Healthwatch Norfolk and the Health Overview and Scrutiny Committee (HOSC).

1. Background

1.1 Publication of the updated PNA will enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population.
- Gain a clearer picture of pharmaceutical services currently provided.
- Make appropriate decisions on applications for NHS pharmacy contracts.
- Commission appropriate and accessible services from community pharmacies.
- Clearly identify and address any local gaps in pharmaceutical services.
- Target services to reduce health inequalities within local health communities.

1.2 NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). This includes community pharmacists and dispensing doctors. NHSE must consider any applications for entry to the pharmaceutical list. The PNA forms the basis for NHSE to make determinations on such applications and it is therefore essential that the PNA is compiled in line with the regulations and that the PNA is accurately maintained and up to date.

1.3 The PNA should be read alongside other JSNA products on the Norfolk Insight website.

2. Norfolk Pharmaceutical Needs Assessment 2022

2.1 **Process:** The responsibility for producing the PNA for Norfolk was delegated to the PNA Steering Group (PNASG). The PNASG is made up of representatives from the following organisations:

- Norfolk Local Pharmaceutical Committee,
- Norfolk Local Medical Committee,
- Healthwatch Norfolk,
- Norfolk & Waveney Integrated Care Board (formerly CCG),
- NHS England,
- Norfolk County Council, Public Health.

2.2 The terms of reference for the PNASG are in appendix B of the PNA.

2.3 The funding required to research and produce the PNA was agreed and paid from the Public Health budget. An external company, Soar Beyond Ltd, was commissioned to provide expert guidance in authoring the document and ensuring that the PNA process was legally compliant. Soar Beyond Ltd was chosen due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

2.4 **Content:** The PNA uses data from a wide variety of sources to assess current and future needs. In addition to using NHSE, Norfolk & Waveney Integrated Care Board (N&WICB) and NCC databases, the PNA also incorporates the results from surveys undertaken with community pharmacies, dispensing GPs, and the public. A draft document was put out for public consultation for 60 days (20 June – 19 August 2022), a process which has resulted in the final version attached to this report. The PNA is necessarily a lengthy and at times technical document, it contains a wealth of information organised into the following sections:

- *Introduction* – including background, changes since the last PNA, the purpose and scope of the PNA, the development process, and the geographic localities to be used.
- *Local context for the PNA* – including relevant strategies and an assessment of Norfolk population characteristics and its health needs and behaviours.
- *Local NHS pharmaceutical services provision* – includes assessment of the location, opening hours and accessibility of pharmacies and dispensing GP practices.
- *Other services that may affect pharmaceutical services provision* – includes assessment of locally commissioned services, collection & delivery services, language services, services for less-abled people, electronic prescribing, GP extended hours and other providers services.
- *Findings from the public questionnaire* - includes people's views on visiting a pharmacy, choosing a pharmacy, usual mode of transport to a community pharmacy, time to get to a pharmacy, service provision from community pharmacies, and demographics of the survey respondents.
- *Analysis of health needs and pharmaceutical service provision* – includes an overview assessment of Norfolk as a whole and by district locality.

- *Conclusions* – assesses whether current and future provision will meet anticipated need.

2.5 Main findings

- Norfolk has 157 community pharmacies (as of 10 March 2022), for a population of around 914,039. In addition to the 157 community pharmacies, Norfolk has 55 dispensing GP practices providing pharmaceutical services. Combining these, Norfolk has an average of 23.2 community pharmacies and dispensing GP practices per 100,000 population, compared with 23.3 per 100,000 in England.
- Provision of current pharmaceutical services and Locally Commissioned Services are well distributed, serving all the main population centres.
- There is access to a range of services commissioned from pharmaceutical service providers.

2.6 **Conclusions:** Based on rigorous analysis of all available data, the PNA concludes that services are well distributed and there is excellent access to a range of services. No gaps have been identified in provision either now or in the next three years for pharmaceutical services in Norfolk.

2.7 While no gaps in pharmaceutical service provision have been identified, the PNA Steering group recognises that the health needs in Norfolk may change as the population increases and ages (Norfolk has an older population with a proportion of residents 65 years or older rising from 25% to 28% over the next 10 years). The PNA Steering group will continue to monitor developments and provide regular supplementary statements to the PNA to ensure that it remains up to date.

2.8 It is important to note that the PNA does not assess or review quality issues with regard to the provision of pharmacy services. However, there has been anecdotal evidence supplied in the public survey and from local health professionals regarding difficulties people in some areas are experiencing, in relation to reliable opening hours of pharmacies and supply of medicines. There may be benefit in undertaking further review of user experience and service delivery. This is an issue that we recommend is considered by Healthwatch Norfolk and the HOSC.

2.9 The full PNA and its appendices (Appendix A-I) are provided with this report.

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.



Pharmaceutical Needs Assessment 2022

Norfolk Health and Wellbeing Board

This PNA has been produced by Soar Beyond, contracted by Norfolk County Council. The production has been overseen by the PNA Steering Group for Norfolk Health and Wellbeing Board with authoring support from Soar Beyond Ltd. The information contained in this PNA is based on the data available at the time of writing in April 2022.

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Appendices

All appendices have been created as standalone documents and have been made available to download and view alongside the main PNA document.

Appendix A: List of pharmaceutical service providers in Norfolk HWB area

Appendix B: PNA Steering Group terms of reference

Appendix C: PNA project plan

Appendix D: Public questionnaire results

Appendix E: Pharmacy contractor questionnaire results

Appendix F: Dispensing practice questionnaire results

Appendix G: Alphabetical list of pharmaceutical service providers in Norfolk HWB area

Appendix H: Consultation plan and list of stakeholders

Appendix I: Summary of consultation responses

Executive summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. The HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment that may have an effect on the needs of pharmaceutical services. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through the PNA Steering Group on behalf of Norfolk HWB by Norfolk County Council with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Pharmaceutical service providers in Norfolk

Norfolk has 157 community pharmacies (as of 10 March 2022), for a population of around 914,039. In addition to the 157 community pharmacies, Norfolk has 55 dispensing GP practices providing pharmaceutical services. Combining these, Norfolk has an average of 23.2 community pharmacies and dispensing GP practices per 100,000 population, compared with 23.3 per 100,000 in England.

Conclusions

Provision of current pharmaceutical services and Locally Commissioned Services are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned from pharmaceutical service providers. As part of this assessment no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by the Norfolk HWB.

Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring
 AUR – Appliance Use Review
 BAME – Black, Asian and Minority Ethnic
 BMI – Body Mass Index
 BSA – Business Services Authority
 C-19 – COVID-19
 CCG – Clinical Commissioning Group
 CHD – Coronary Heart Disease
 COPD – Chronic Obstructive Pulmonary Disease
 CPCF – Community Pharmacy Contractual Framework
 CPCS – Community Pharmacist Consultation Service
 CVD – Cardiovascular Disease
 DAC – Dispensing Appliance Contractor
 DHSC – Department of Health and Social Care
 DMIRS – Digital Minor Illness Referral Service
 DMS – Discharge Medicines Service
 DRUM – Dispensing Review of Use of Medicines
 DSP – Distance-Selling Pharmacy
 DSQS – Dispensing Services Quality Scheme
 EHC – Emergency Hormonal Contraception
 EPS – Electronic Prescription Service
 ES – Essential Services
 GP – General Practitioner
 HIV – Human Immunodeficiency Virus
 HWB – Health and Wellbeing Board
 ICB – Integrated Care Board
 ICS – Integrated Care System
 IMD – Index of Multiple Deprivation
 JHWS – Joint Health and Wellbeing Strategy
 JSNA – Joint Strategic Needs Assessment
 LA – Local Authority

LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LTP – Long Term Plan
MSOA – Middle Super Output Area
MUR – Medicines Use Review
NCC – Norfolk County Council
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
NHSE – NHS England
NMS – New Medicine Service
NMSS – Norfolk Medicines Support Service
NRT – Nicotine Replacement Therapy
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
OST – Opioid Substitution Treatments
PCN – Primary Care Network
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PHSMT – Public Health Senior Management Team
PNA – Pharmaceutical Needs Assessment
POCT – Point of Care Testing
POM – Prescription-Only Medicines
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee
PWID – People Who Inject Drugs
SAC – Stoma Appliance Customisation
STI – Sexually Transmitted Infection
UKHSA – UK Health Security Agency
UTI – Urinary Tract Infection

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Norfolk was published in April 2018 and since then has been kept updated with accompanying supplementary statements.

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Norfolk fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs delayed during the COVID-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.2 National changes since the last PNA

- NHS Long Term Plan:² Published in January 2019, it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in [Section 2.1](#).
- CCGs are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
www.legislation.gov.uk/uksi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

standards, and improving the health of the population they serve. Norfolk and Waveney CCG is to be replaced by the Norfolk and Waveney Integrated Care Board (ICB) as part of the new Norfolk and Waveney Integrated Care System (ICS) in July 2022. It is anticipated that Norfolk and Waveney ICS will take on the responsibility for pharmaceutical services from NHS England (NHSE) and therefore some services commissioned from pharmacies by the previous CCG may, in the future, fall under the definition of “Enhanced Services”. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as ‘pharmaceutical services’.

- All pharmacies were required to become Level 1 Healthy Living Pharmacy by April 2020. A Healthy Living Pharmacy is a nationally recognised and accredited concept enabling pharmacies to help reduce health inequalities within the local community, by delivering high quality health and wellbeing services, promoting health and providing proactive health advice.
- Coronavirus pandemic: The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.³ During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁴ In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.⁵ The Enhanced Service is still currently commissioned.
- Remote access: From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁶
- Community Pharmacist Consultation Service (CPCS):⁷ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS urgent supply advanced

³ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁴ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁵ Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁶ PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

⁷ Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

scheme (NUMSAS) and local pilots of digital minor illness referral service (DMIRS). The first phase was to offer patients a consultation with a pharmacist on referral from NHS 111, integrated urgent clinical assessment services and in some cases from 999. From 1 November 2020, GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS Long Term Plan.

- Discharge Medicines Service (DMS): A new Essential Service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by the NHSE Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁸
- Medicines Use Reviews (MURs) were decommissioned on 31 March 2021. A number of additional services have been introduced, including adding additional eligible patients for the New Medicine Service (NMS).
- Pharmacy Quality Scheme (PQS): The PQS scheme is a voluntary scheme which forms part of the CPCF.⁹ It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE.

1.3 Purpose of the PNA

NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE to make determinations on such applications, it is therefore essential that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final

⁸ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁹ NHSE. Pharmacy Quality Scheme Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products.¹⁰ Information and JSNA products will be updated on the Norfolk Insight website, which is kept live as a rolling programme of documents and informs the Joint Health and Wellbeing Strategy (JHWS), which will take into account the findings of JSNA products.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE and the Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, it has referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

Norfolk and Waveney ICS will have two PNAs, with the Norfolk geography being covered within this PNA and Waveney being covered within the Suffolk County Council PNA.

1.4 Scope of the PNA

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those that are/may be commissioned under the provider's contract with NHSE. A detailed description of each provider type and the pharmaceutical services as defined in their contract with NHSE is set out below.

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

¹⁰ NCC. JSNA. www.norfolkinsight.org.uk/jsna/

What are Necessary Services?

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for pharmaceutical services within the PNA.¹¹

The HWB has agreed that all Essential Services are Necessary Services in Norfolk.

What is classed as relevant?

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are 'necessary', then the remaining services will be other relevant services.

For the purpose of this PNA, Advanced and Enhanced Services are therefore considered relevant.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

1.4.1 Community pharmacy contractors

Pharmacy contractors comprise both those located within Norfolk, as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore likely that patients within Norfolk will be receiving pharmaceutical services from a DSP outside Norfolk.

The CPCF, last agreed in 2019,¹² is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face to face on the premises, therefore provision is by mail order and/or wholly internet.

¹¹ DHSC. Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards. October 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

¹² DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. From 2018 to 2021, the average number of items dispensed per month from DSPs nationally has increased by 16%.

1.4.1.1 Essential Services

The HWB has agreed that all Essential Services are Necessary Services in Norfolk.

The Essential Services (ES) of the community pharmacy contract **must** be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, cardiovascular or respiratory.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, diet, physical activity and alcohol consumption. Campaigns are set nationally.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The

COVID-19 pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Norfolk JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS Trusts were able to refer inpatients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Norfolk.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate

referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

1.4.1.2 Advanced Services

The Advanced Services are all considered relevant for the purpose of this PNA.

There are several Advanced Services within the NHS CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Norfolk can be seen in [Section 3.2.2](#) and in [Section 6](#) by locality.

- A1: Appliance Use Review (AUR)
- A2: Stoma Appliance Customisation (SAC)
- A3: C-19 lateral flow device distribution service (stopped 1 April 2022)
- A4: Pandemic delivery service (stopped 5 March 2022 at 23:59)
- A5: Community Pharmacist Consultation Service (CPCS)
- A6: Flu vaccination service
- A7: Hepatitis C testing service
- A8: Hypertension case-finding service
- A9: New Medicine Service (NMS)
- A10: Smoking cessation Advanced Service

Although the Steering Group has determined that Advanced Services are relevant but not Necessary Services, Norfolk HWB would wish to support existing pharmaceutical service providers to make available Advanced Services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term condition management.

A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

A.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

A.3 and A.4 Services provided to give support during the COVID-19 pandemic

From 16 March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the **delivery of their prescriptions from community pharmacies**.

C-19 lateral flow device distribution service was a service that pharmacy contractors could choose to provide, as long as they met the necessary requirements, aiming to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government eased COVID-19 restrictions. Therefore, the pandemic delivery service was decommissioned on 6 March 2022. Since 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹³

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from general practice, CPCS, which has been available since 29 October 2019, takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service.

A.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, therefore increasing uptake across the population. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September to March.

¹³ Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Chronic Obstructive Pulmonary Disease (COPD) or Cardiovascular Disease (CVD), or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of Point of Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.8 Hypertension case-finding service

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

A.9 New Medicine Service (NMS)

The NMS provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions/medicines are covered by the service, as detailed below.

The service is split into three stages: 1. Patient engagement, 2. Intervention, and 3. Follow-up.

From 1 September 2021, the following conditions are covered by the service:

Asthma and COPD	Parkinson's disease
Diabetes (type 2)	Urinary incontinence/retention
Hypertension	Heart failure
Hypercholesterolaemia	Acute coronary syndromes
Osteoporosis	Atrial fibrillation
Gout	Long-term risks of venous thromboembolism/embolism
Glaucoma	Stroke/transient ischaemic attack
Epilepsy	Coronary heart disease

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.¹⁴

A.10 Smoking cessation Advanced Service

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

1.4.1.3 Enhanced Services

The Enhanced Services are all considered relevant for the purpose of this PNA.

COVID-19 vaccination

This has been added to the Enhanced Services provided from community pharmacies and commissioned by NHSE. On 21 January 2022 it was the one-year anniversary of providing C-19 vaccinations in Norfolk from community pharmacies.

The numbers of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022.

Infected insect bites

An insect bite Patient Group Direction (PGD) has been commissioned as an Enhanced Service by NHSE East. Details of pharmacies providing the service can be found in Appendix A.

The service is provided to any eligible patient who presents at a pharmacy within the Norfolk and Waveney area (currently extended as a pilot to the Cambridgeshire and Peterborough areas). They can access medication for the treatment of infected insect bites via community pharmacy. The service will be provided by those community pharmacies who have signed up to provide this service.

Easter Sunday and Christmas Day coverage

This has been commissioned by NHSE across Norfolk to ensure there is sufficient coverage on these days for residents when and if required.

1.4.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not

¹⁴ NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing doctors and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

1.4.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHSE and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

1.4.4 Pharmacy Access Scheme (PhAS) providers¹⁵

The Pharmacy Access Scheme (PhAS) has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.4.5 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at

¹⁵ DHSC. 2022 Pharmacy Access Scheme: guidance. 3 February 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

community pharmacies. Dispensing GP practices can provide such services to communities within areas known as controlled localities.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

1.4.6 Other providers in neighbouring HWB areas

There are three other HWB areas that border the Norfolk HWB area:

- Suffolk HWB
- Cambridgeshire HWB
- Lincolnshire HWB

In determining the needs of and pharmaceutical service provision to the population of the Norfolk, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.4.7 Other services and providers in Norfolk

As stated in [Section 1.4](#), for the purpose of this PNA ‘pharmaceutical services’ have been defined as those that are or may be commissioned under the provider’s contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Norfolk, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and CCGs.

1.5 Process for developing the PNA

A paper was received by Norfolk County Council Public Health Senior Management team (NCC PHSMT) on 13 January 2022, setting out recommendations for the production of a revised PNA by October 2022, in line with the requirements of the Health and Social Care Act 2012. NCC PHSMT has the responsibility for making operational decisions on behalf of Norfolk HWB for the development of the PNA.

It was agreed that the responsibility for the production of the PNA would be delegated to the PNA Steering Group and the funding required to research and produce the PNA was agreed. Soar Beyond Ltd was subsequently commissioned. Soar Beyond Ltd was chosen due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Steering group**

On 25 January 2022, Norfolk’s PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix C shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹⁶ and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group, which was circulated to:

- All pharmacy contractors in the Norfolk area with posters
- All GP surgeries in the Norfolk area with posters
- NCC websites
- All libraries in Norfolk to promote to the public via posters
- Healthwatch Norfolk, for onward distribution to its members and participation groups
- Parish councils, to promote to the public with posters
- Social media and websites
- Norfolk Residents' Panel via email
- Internal communication newsletters

A total of 1,522 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.

- **Step 4b: Pharmacy contractor questionnaire**

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses.

A total of 99 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with responses.

- **Step 4c: Dispensing practice questionnaire**

The Steering Group agreed a questionnaire to be distributed to all dispensing practices in the Norfolk area to inform the PNA. NHSE supported the distribution to gain responses from practices.

A total of 36 responses were received, A copy of the dispensing practice questionnaire can be found in Appendix F with responses.

- **Step 5: Mapping of services**

Details of services and service providers was collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE, being the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with

¹⁶ Norfolk PNA and subsequent supplementary statements. 2022. www.norfolksight.org.uk/jsna/document-library/health-needs-assessments/

the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE dated 2022 was used for this assessment.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations unless the changes had a significant impact on the conclusions. In the case of the latter the group was fully aware of the need to reassess.

The Steering Group supported the cascade and engagement exercise for the draft PNA to extend the reach during the consultation.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 20 June and 19 August 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix H. The draft PNA was also posted on Norfolk County Council's website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix I.

- **Step 9: Production of final PNA - future stage**

The collation and analysis of consultation responses was used by the project group to revise and finalise the PNA.

The final PNA was presented to the Norfolk HWB for approval and publication.

1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Norfolk geography would be defined.

The majority of health and social care data is available at district and local authority level and at this level provides reasonable statistical rigour. It was agreed that the district and borough council geographies would continue be used to define the localities of the Norfolk geography.

The localities are:

- Breckland
- Broadland
- Great Yarmouth
- King's Lynn and West Norfolk
- North Norfolk
- Norwich
- South Norfolk

Figure 1 shows all contractor locations within Norfolk.

There is some overlap of localities boundaries with Primary Care Networks (PCNs), see Figure 2. The Waveney area is covered separately in the Suffolk County Council PNA.

Figure 1: All pharmacies (including over-border fringe) dispensing GPs and dispensing GP branches

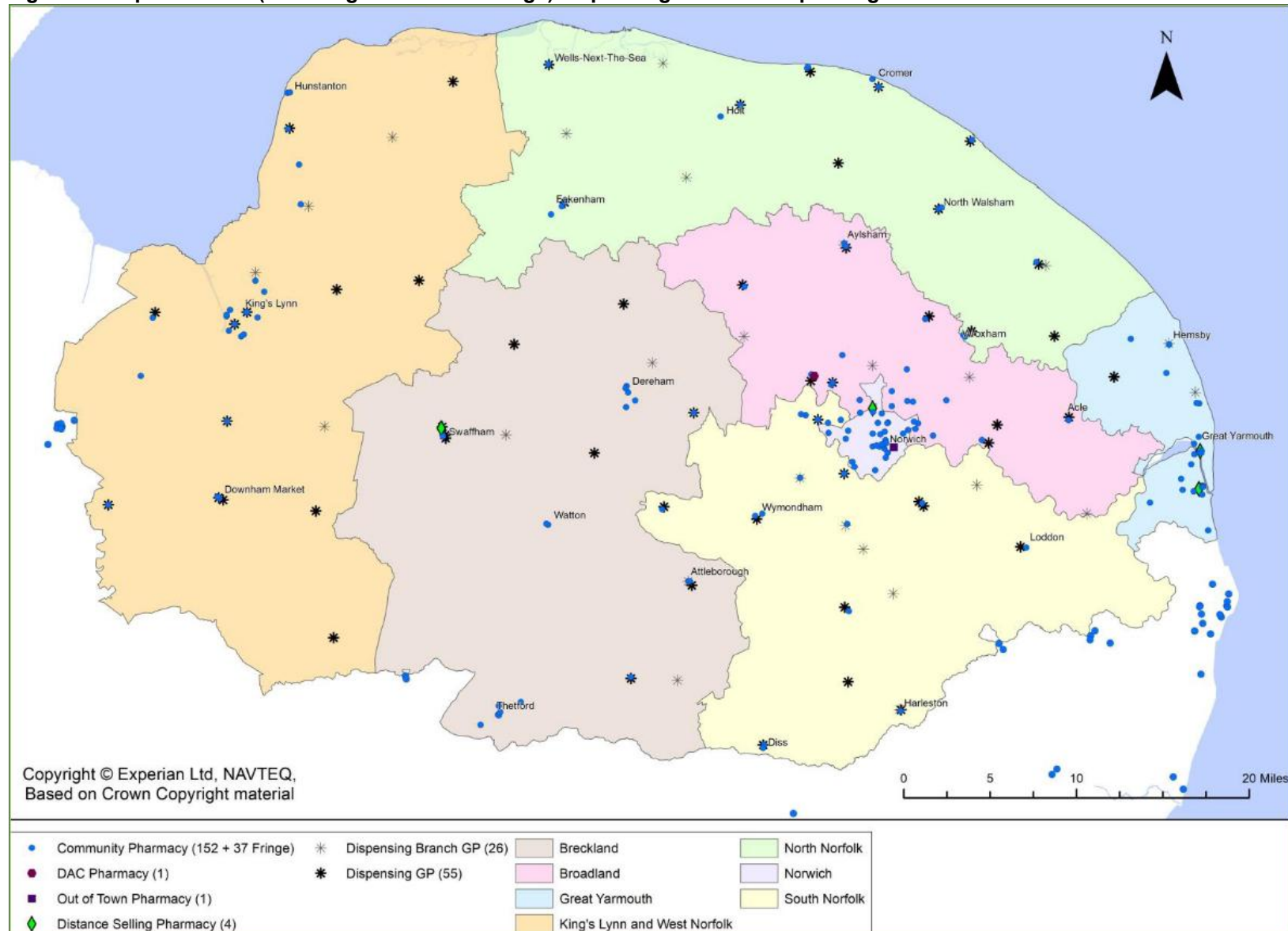
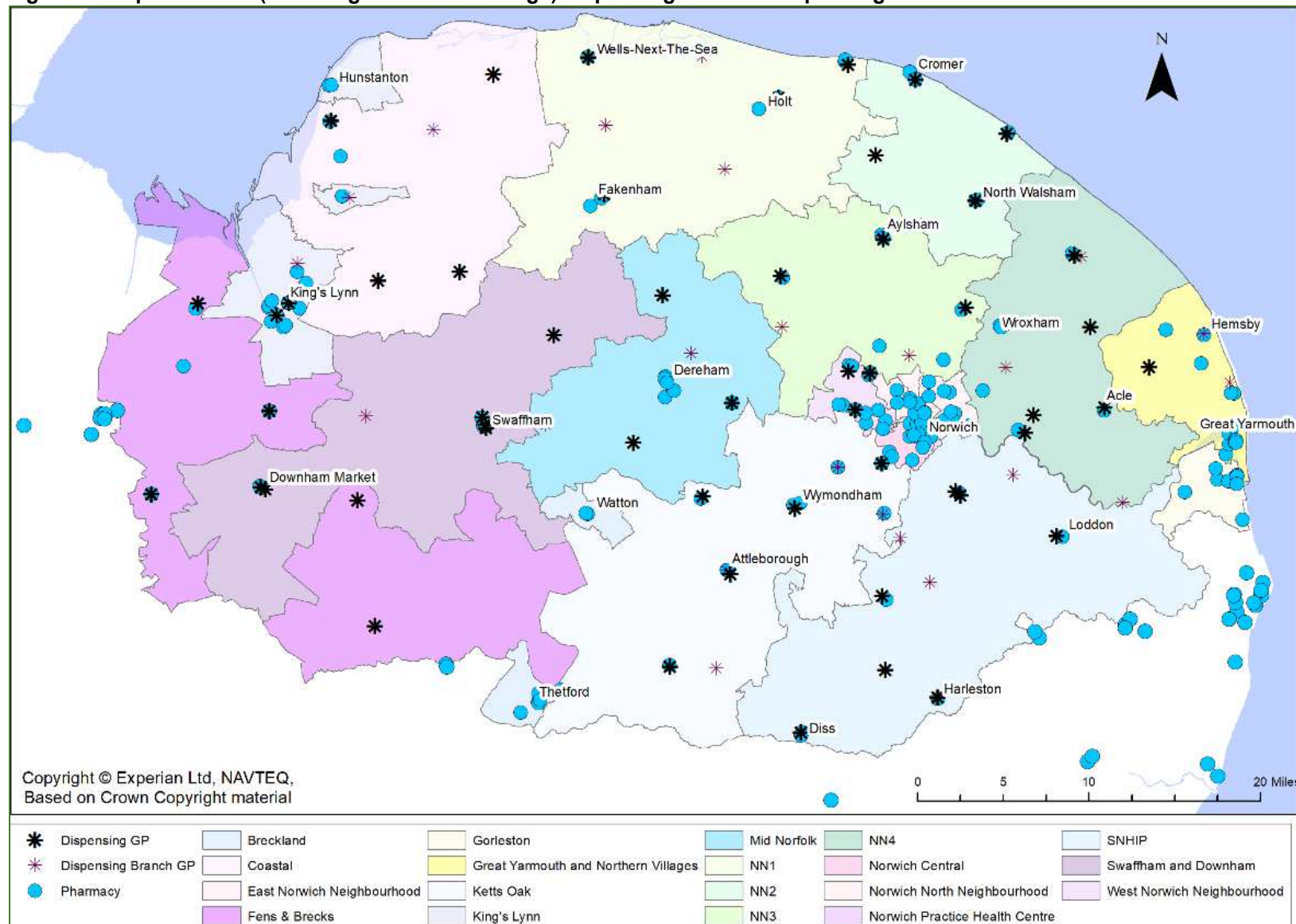


Figure 2: All pharmacies (including over-border fringe) dispensing GPs and dispensing GP branches across Norfolk PCNs



A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHSE (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), NCC and Norfolk and Waveney CCG.

Section 2: Local context for the PNA

2.1 NHS Long Term Plan¹⁷

NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Table 2: Priority clinical areas in the LTP include:

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	CVD
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
Hypertension	Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- **Section 4.21** states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies**, who support urgent care and promote patient self-care and self-management. The CPCS has been developed, which has been available since 31 October 2019 as an Advanced Service.
- **Section 1.12** identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- **Section 3.68** identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **Section 3.86** states ‘We will do more to support those with respiratory disease to receive and use the right medication’. Of NHS spend on asthma, 90% goes on

¹⁷ NHS Long Term Plan. www.longtermplan.nhs.uk/

medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

- **Section 6.17** identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Norfolk JSNA.¹⁸

The purpose of the JSNA is to accurately assess the health needs of a local population, to improve the physical and mental health and wellbeing of individuals and communities. The JSNA underpins the Health and Wellbeing Strategy. The HWB is responsible for both the JSNA and the JHWS.

A rolling programme of needs assessments, topic-based reports and data analysis all inform the overarching Norfolk JSNA. The Norfolk JSNA is not a single document: it is a suite of dynamic resources to inform commissioning of health and social care and provide strategic direction.

2.3 Joint Health and Wellbeing Strategy (JHWS)

The vision of Norfolk HWB is to enable people in Norfolk to live healthier, happier lives. The HWB wants to narrow the differences in healthy life expectancy between those living in the most deprived communities and those who are better off.

Norfolk's Joint Health and Wellbeing Strategy 2018-2022 (JHWS)¹⁹ sets the long-term strategic framework for improving health and wellbeing in Norfolk. The JHWS is currently being refreshed for the next reporting period.

The JSNA products inform the refresh of the JHWS, ensuring that the strategy is evidence-based and focused on the relevant key issues, including inequalities, demographic pressures and redesigning services to meet need and enhance opportunities for prevention.

In the most recent refresh of the JHWS (2018-22), the key priorities are:

- A single sustainable system – working together, leading the change and using our resources in the most effective way

¹⁸ NCC. JSNA. www.norfolkinsight.org.uk/jsna/

¹⁹ NCC. JHWS. www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/strategy

- Prioritising prevention – supporting people to be healthy, independent and resilient throughout life. NCC will offer help early to prevent and reduce demand for specialist services
- Tackling inequalities in communities – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime
- Integrating ways of working – collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them

2.4 Population characteristics

2.4.1 Overview

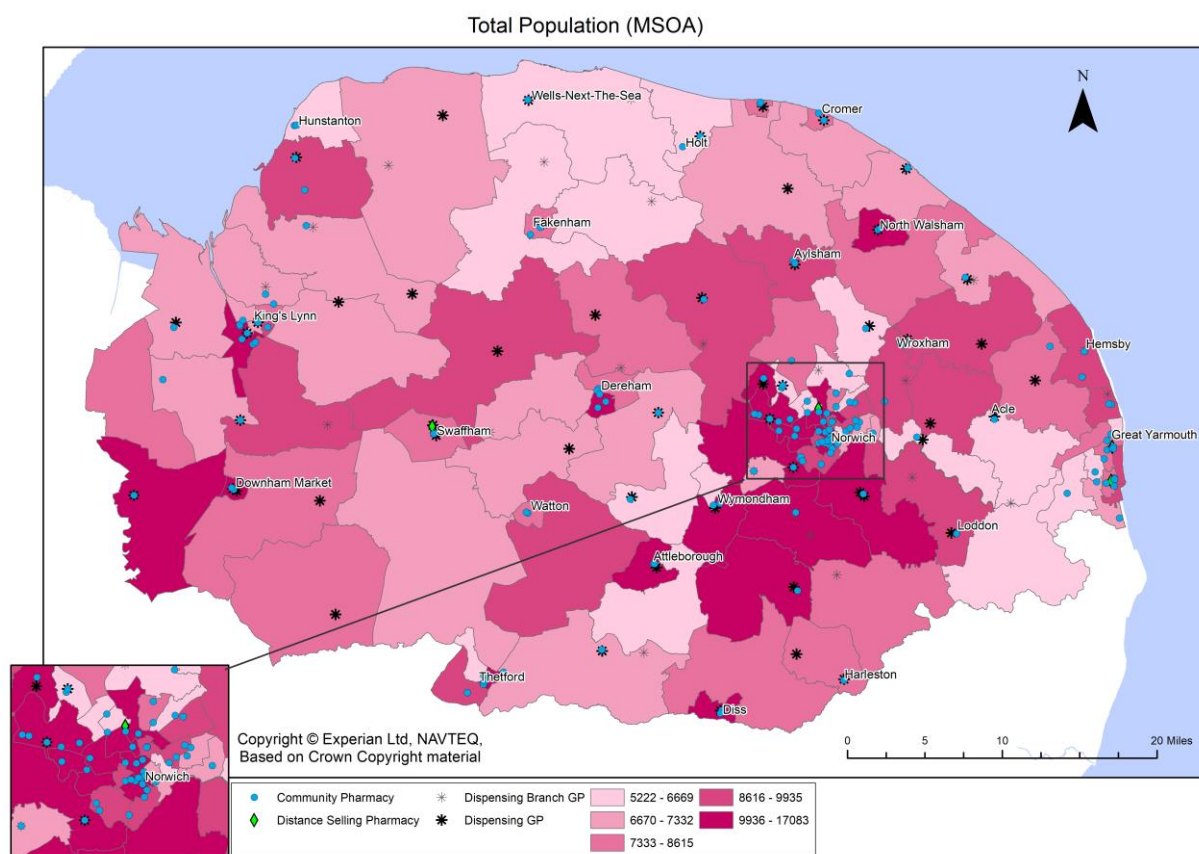
The current total population estimate for Norfolk is 914,039.

Table 3: Population change between previous PNA and most recent 2020 population estimates²⁰

District	2018	2020
Breckland	139,329	141,255
Broadland	129,464	131,931
Great Yarmouth	99,370	99,198
King's Lynn and West Norfolk	151,811	151,245
North Norfolk	104,552	105,167
Norwich	141,137	142,177
South Norfolk	138,017	143,066
Norfolk	903,680	914,039

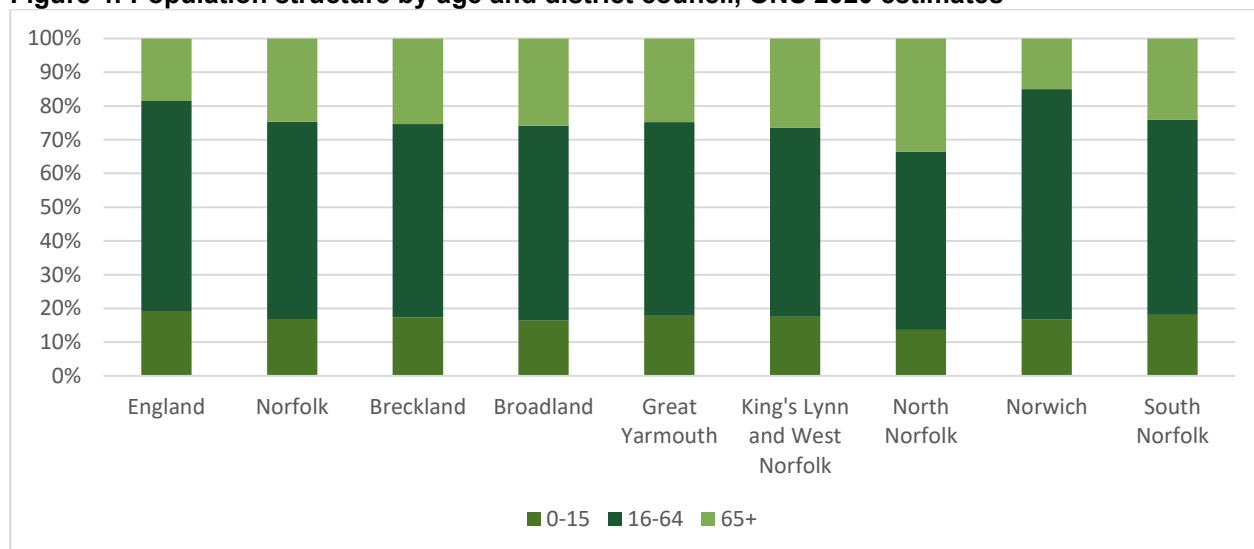
²⁰ ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid-2020. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

Figure 3: Population density



2.4.2 Age

Figure 4: Population structure by age and district council, ONS 2020 estimates



2.4.3 Predicted population growth

The population of Norfolk is predicted to grow by 3.7% from 914,039 to 947,968, slightly higher than the predicted growth for England, which is 2.7%.

Table 4: Population change estimate between most recent estimate and projected 2025 estimate²¹

Geography	2020	2025	Population increment
Breckland	141,255	148,093	4.8%
Broadland	131,931	136,967	3.8%
Great Yarmouth	99,198	101,708	2.5%
King's Lynn and West Norfolk	151,245	154,447	2.1%
North Norfolk	105,167	108,893	3.5%
Norwich	142,177	144,570	1.7%
South Norfolk	143,066	153,289	7.1%
Norfolk	914,039	947,968	3.7%
England	56,550,138	58,060,235	2.7%

Table 5: Population change estimate between most recent estimate and projected 2025 estimate by youngest and oldest age groups²²

Age band	Geography	2020	2025	Population increment
0–4	Breckland	7,124	7,192	1.0%
	Broadland	5,976	6,042	1.1%
	Great Yarmouth	5,186	4,758	-8.3%
	King's Lynn and West Norfolk	7,607	7,118	-6.4%
	North Norfolk	3,805	3,849	1.2%
	Norwich	7,385	7,311	-1.0%
	South Norfolk	7,118	7,441	4.5%
	Norfolk	44,201	43,712	-1.1%
	England	3,239,447	3,112,277	-3.9%
65+	Breckland	35,743	39,328	10.0%
	Broadland	34,093	37,080	8.8%
	Great Yarmouth	24,552	26,705	8.8%
	King's Lynn and West Norfolk	39,927	42,881	7.4%

²¹ Source: ONS

²² Source: ONS

Age band	Geography	2020	2025	Population increment
	North Norfolk	35,250	38,190	8.3%
	Norwich	21,369	22,652	6.0%
	South Norfolk	34,409	38,259	11.2%
	Norfolk	225,343	245,004	8.7%
	England	10,464,019	11,449,350	9.4%

Figure 5: Distribution across Norfolk of people aged 0–5 by MSOA

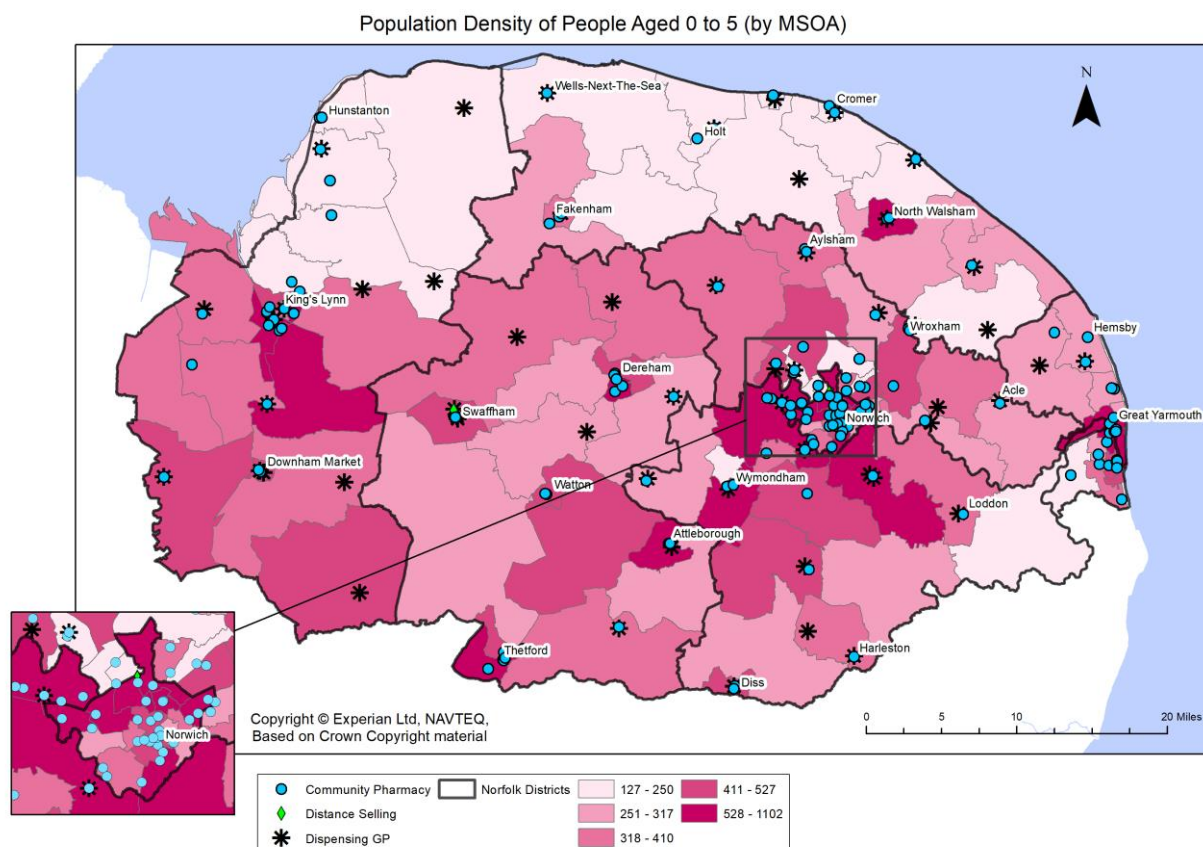


Figure 6: Distribution across Norfolk of people aged 60+ by MSOA

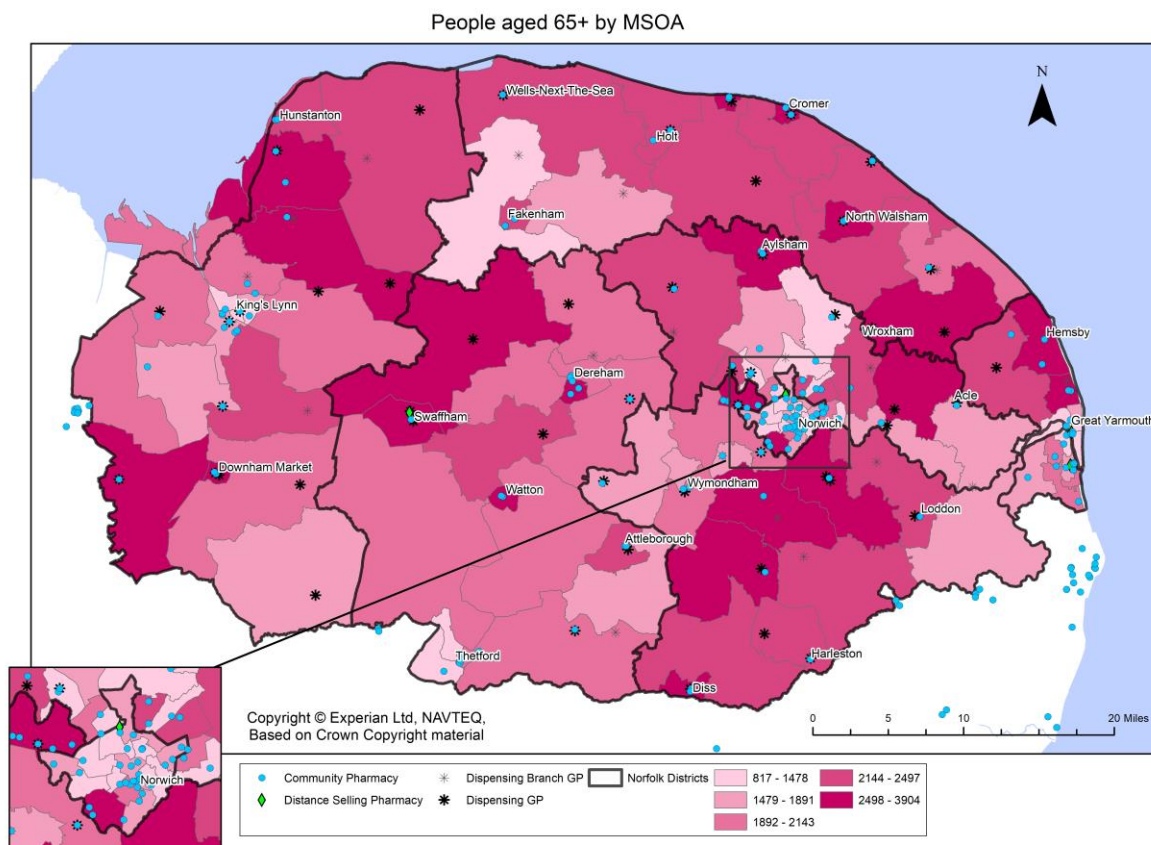
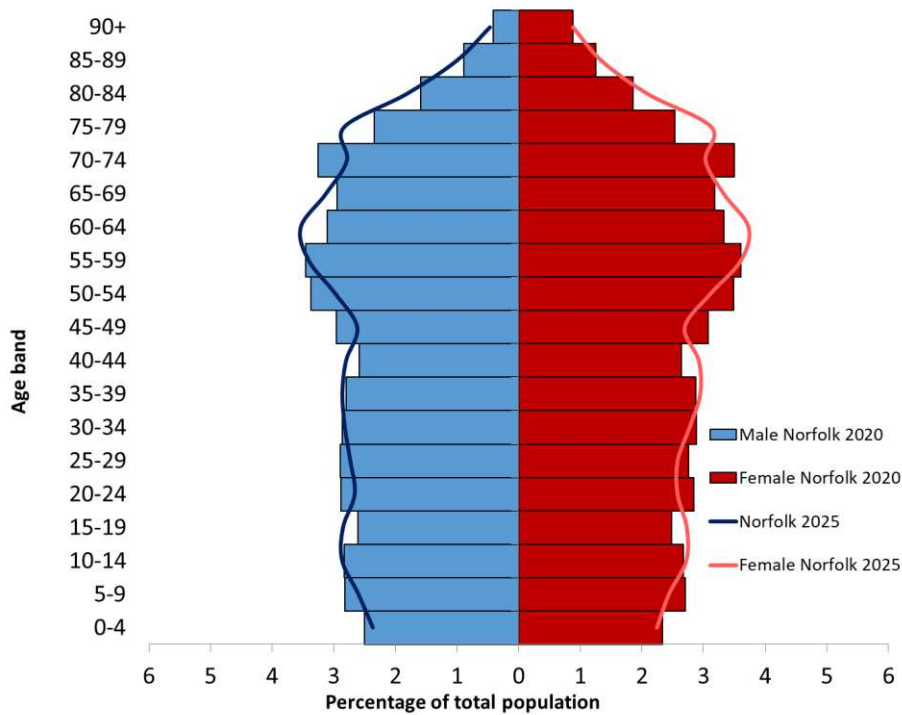
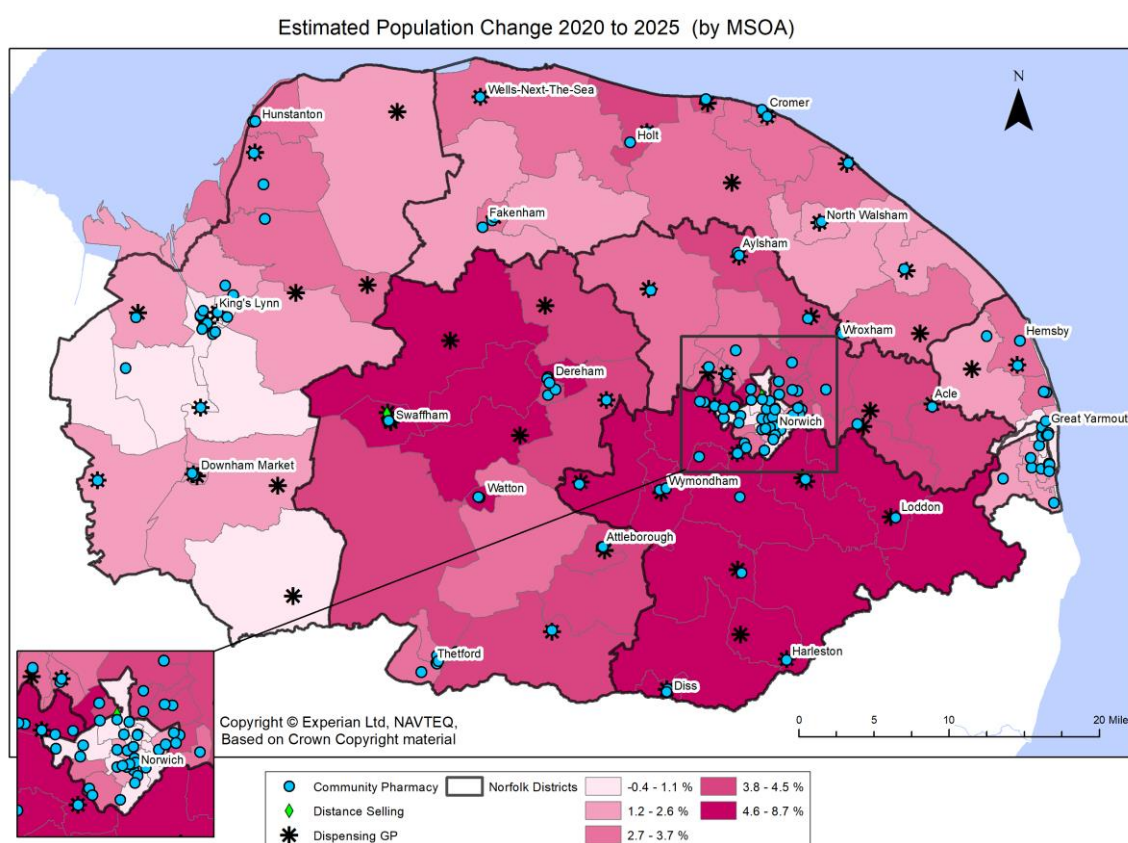


Figure 7: Population change estimate pyramid compared with projected 2025 estimate

Norfolk 2020 population compared with Norfolk 2025 population



The largest percentage changes between 2020 and 2025 are generally predicted to be in the over-70 groups, the greatest percentage change being an increase in the 75–79 age group. A reduction is expected in the 70–75 age group. The 60–64 and 55–59 groups are forecast to be the groups with the most people in them in 2025.

Figure 8: Estimated population change across all ages in Norfolk, 2020-25 by MSOA

These estimates are built by using the ONS lower tier local authority population projections and applying the proportional change in age band at the district level and to small areas.

2.4.3.1 Housing

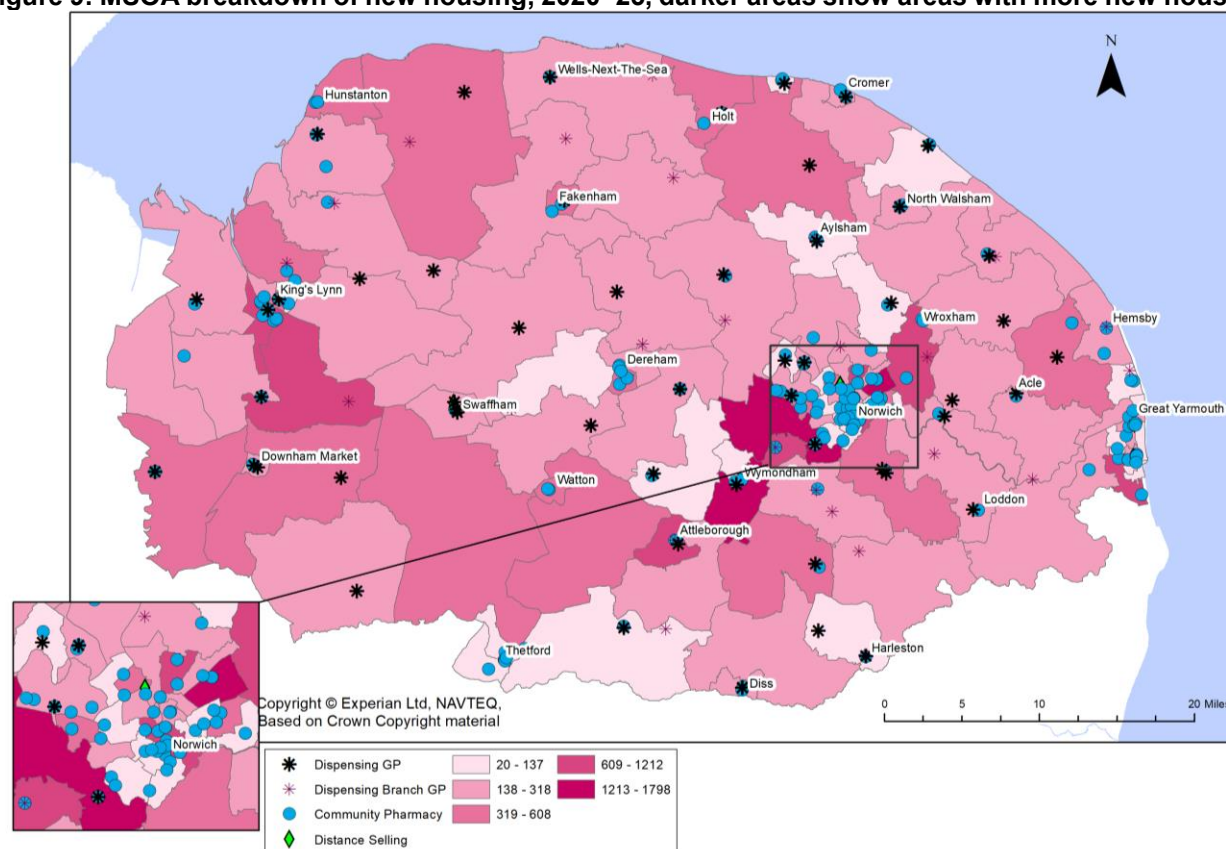
Table 6: Estimated new homes and population (based on ONS average household size of 2.4)²³

District name	Additional housing 2020–2025	Estimated associated population
Breckland	4,928	11,827
Broadland	6,814	16,354
Great Yarmouth	3,199	7,679
King's Lynn and West Norfolk	6,599	15,838
North Norfolk	3,376	8,102
Norwich	3,802	9,125
South Norfolk	6,458	15,499
Norfolk	35,176	84,423

²³ Housing projections based on the district council submissions to the Local Government Boundary Commission boundary review in March 2020.

The source of the dwelling projections is district council submissions to the Local Government Boundary Commission boundary review in March 2020.²⁴

Figure 9: MSOA breakdown of new housing, 2020–25, darker areas show areas with more new housing



2.4.4 Gypsy and Traveller information

Table 7: Count of caravans by district (authorised and unauthorised sites), July 2021²⁵

District	Number of caravans
Breckland	85
Broadland	32
Great Yarmouth	24
King's Lynn and West Norfolk	263
North Norfolk	0
Norwich	25
South Norfolk	113
Norfolk	542

²⁴ NCC. Norfolk Housing Monitoring Report: 2019/20. www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/policy-performance-and-partnerships/policies-and-strategies/monitoring-land-use/housing-monitoring-report.pdf

²⁵ Source: NCC

Table 8: Gypsy and Traveller sites in Norfolk²⁶

Residential sites	Number of pitches
The Splashes, Swaffham	23
Gapton Hall, Great Yarmouth	15
Saddlebow Caravan Park, King's Lynn	27
West Walton Court, Wisbech	16
Mile Cross, Norwich	21
Roundwell, Costessey	18
Brooks Green, Norwich	8

Short stay/transit sites	Number of pitches
Thetford short stay	8
Gapton Hall, Great Yarmouth	9
Cromer temporary stopping place	10
Fakenham temporary stopping place	10
Costessey short stay stopping place	6

These sites are provided by the local authorities in response to assessed needs for sites. However, there are a number of private sites in the area, where land has been purchased and a site established on the land. There are also temporary 'unauthorised' sites established for short periods from time to time. NCC own and manage two sites, while others are managed by district councils or housing providers. Mile Cross site is currently undergoing an extension to provide an additional 13 pitches.

2.4.5 GP-registered population

Norfolk has a GP-registered population of 963,602 people (NHS Digital January 2022). Norfolk has 948,549 patients registered at a GP located within the Norfolk boundary. (Some patients may be registered with a GP outside Norfolk or vice versa). It is estimated that 914,039 (ONS mid-2020 estimate) reside within the Norfolk boundary.

²⁶ Source: NCC data as at 21/02/2022

2.4.6 International migration

Table 9: Population migration in Norfolk (Source: ONS 2019-20)

	Long-term international migration 2019-20		Internal migration (within UK) 2019-20		Non-UK born population estimate (2020)	Non-British population estimate (2020)
	Inflow	Outflow	Inflow	Outflow		
Breckland	582	444	7,088	5,450	10,000	6,000
Broadland	173	83	7,088	5,563	7,000	4,000
Great Yarmouth	384	238	3,622	3,645	5,000	5,000
King's Lynn and West Norfolk	585	488	6,133	5,395	15,000	14,000
North Norfolk	312	111	5,283	4,219	6,000	2,000
Norwich	3,091	1,581	13,440	13,546	26,000	22,000
South Norfolk	295	181	8,867	6,522	9,000	5,000
Norfolk	5,422	3,126	31,891	24,710	78,000	58,000
England	553,116	322,002	90,650	110,943	8,702,000	5,422,000

2.4.7 Deprivation and life expectancy

Life expectancy is a measure of how long a person born in an area would be expected to live based on current observed rates of mortality. The gap in life expectancy between the best and worst areas helps us to understand how inequalities affect our populations and where the need for pharmacy services might be greater than others.

Figure 10: Life expectancy at birth for males, 2015-19, by MSOA

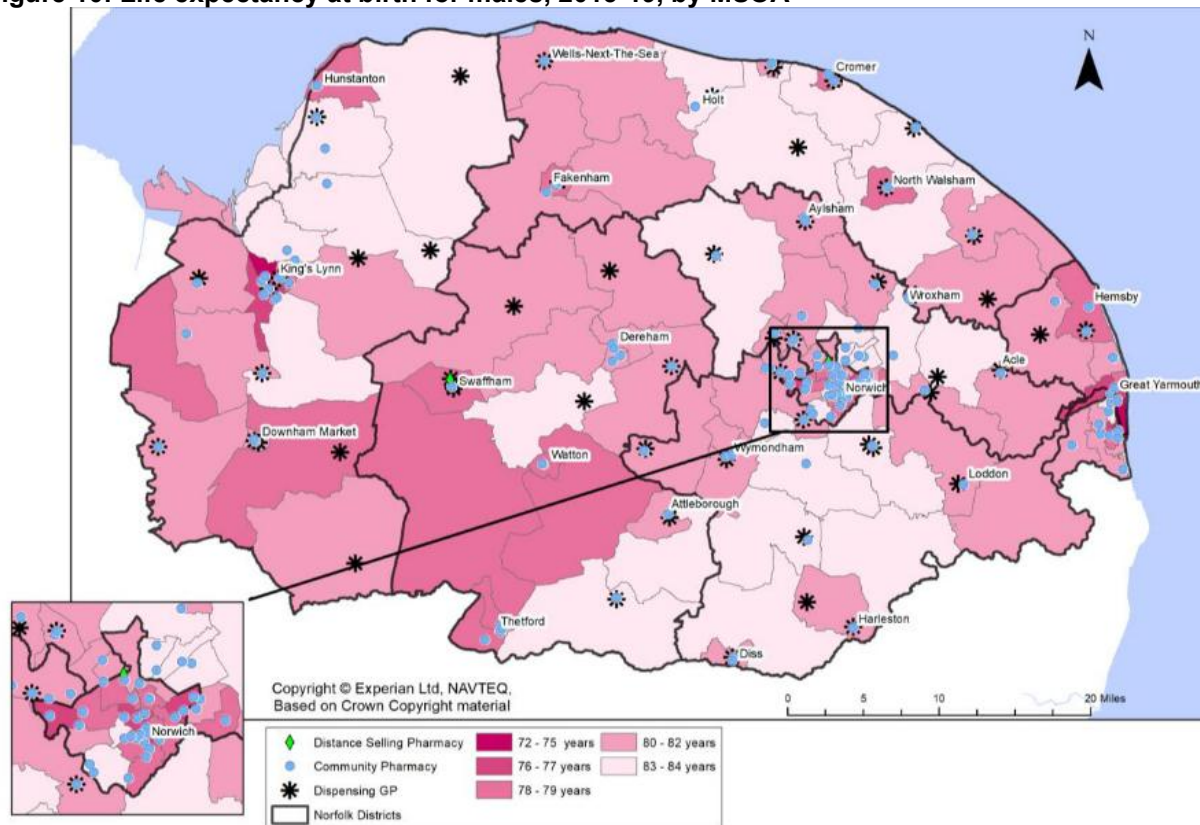


Figure 11: Life expectancy at birth for females, by MSOA

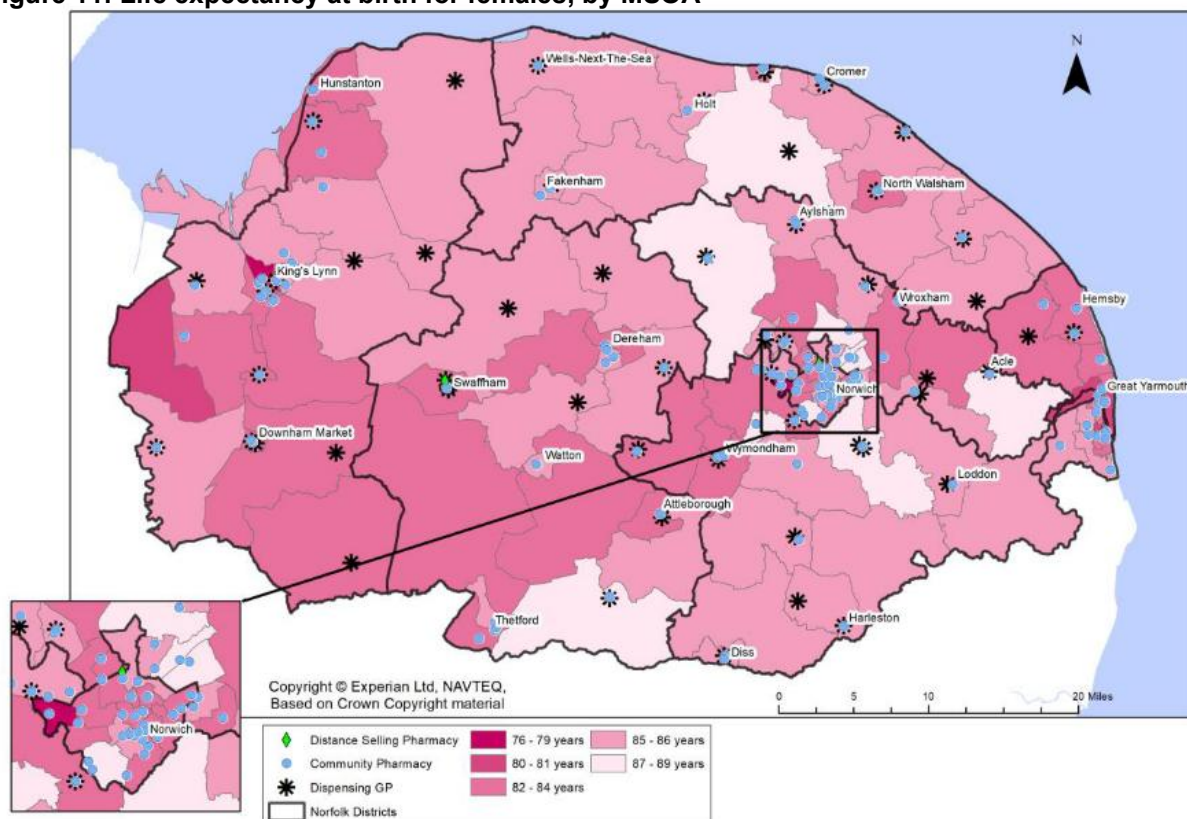


Table 10: Male and female life expectancy at birth in years for England and Norfolk, three year range 2018-20²⁷

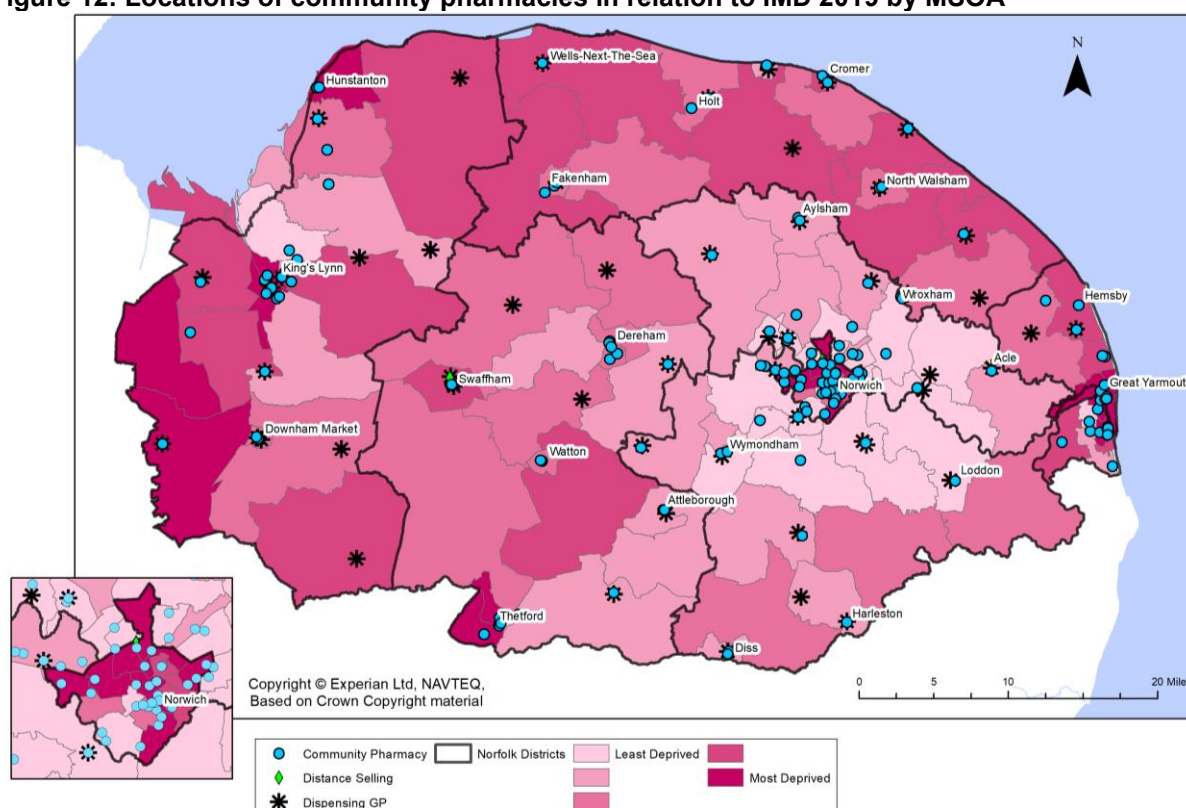
Area	Male	Female
England	79.4	83.1
Norfolk	80.0	83.9

Average life expectancy in Norfolk for men and women is slightly above the average for England (Table 10).

The life expectancy gap between the most deprived areas in Norfolk and the least deprived (using the 2019 Index of Multiple Deprivation (IMD)) is 9.7 years for men and 8 years for women.

As can be seen from Figures 10 to 11, life expectancy is reduced for both male and females in areas of high deprivation (compared with Figure 12, which maps the IMD for Norfolk in relation to the location of community pharmacies).

Deprivation is used as a surrogate measure for health need, so it is important to ensure that there is sufficient pharmacy provision in place to meet this. Examples of pharmacy services that can impact on life expectancy include stop smoking, signposting, health checks, NMS and MURs.

Figure 12: Locations of community pharmacies in relation to IMD 2019 by MSOA²⁸

²⁷ UKHSA, based on ONS mortality data

²⁸ Ministry of Housing, Communities & Local Government

2.4.8 Specific populations

2.4.8.1 Ethnicity

Based on the 2011 census, most Norfolk residents are White (96.4%, including 'White Other'). A small minority are Gypsy, Traveller or Irish Traveller (0.1%) and 1.2% report being mixed or of multiple ethnic groups. The remaining 2.3% belong to Black, Asian, Minority Ethnic (BAME) groups. Table 11 shows that within these groups there are significant numbers of people with a first language other than English.

Table 11: First languages spoken in Norfolk other than English (census 2011)

First language	Number of speakers resident in Norfolk
Other European language (EU)	14,658
Portuguese	3,924
Russian	1,327
Arabic	798
African language	791
Spanish	720
French	591
Turkish	467
Other European language (non-EU)	388
Sign language	226
Other languages	135
Oceanic/Australian language	8
North/South American language	2
Caribbean Creole	2

Table 12: Ethnicity breakdown from the 2011 census (data obtained through NOMIS)

Locality	White	Gypsy/ Traveller/Irish Traveller	Mixed/multiple ethnic group	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	Black/African/ Caribbean/ Black British	Other ethnic group	Total
Breckland	126,912	204	1,562	295	81	101	202	361	596	177	130,491
Broadland	121,751	44	1,064	405	45	96	286	433	331	191	124,646
Great Yarmouth	94,152	63	1,159	446	116	18	189	435	439	260	97,277
King's Lynn and West Norfolk	143,154	255	1,372	668	134	51	386	624	561	246	147,451
North Norfolk	100,081	46	617	112	5	67	141	206	157	67	101,499
Norwich	120,248	127	3,039	1,684	255	540	1,679	1,686	2,147	1,107	132,512
South Norfolk	120,798	183	1,214	433	64	60	325	388	378	169	124,012
Norfolk	827,096	922	10,027	4,043	700	933	3,208	4,133	4,609	2,217	857,888

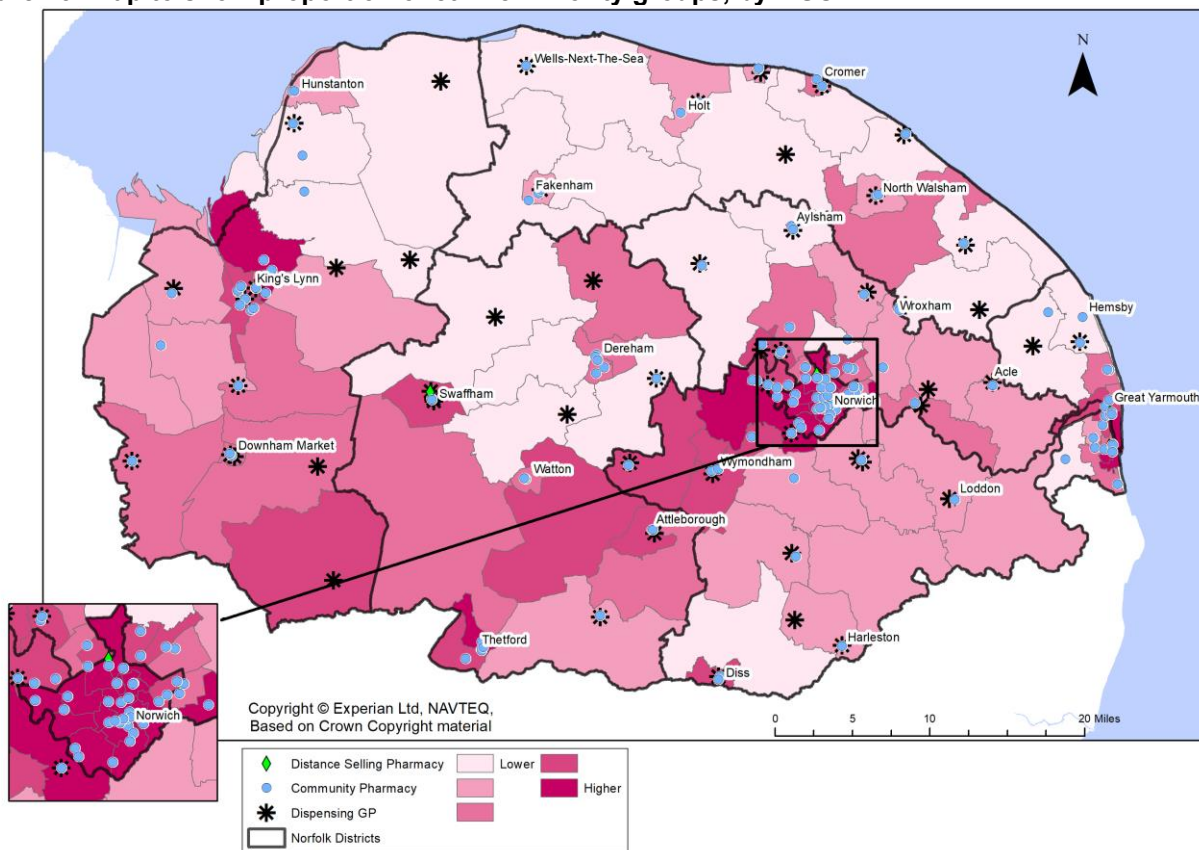
The ONS has produced more up-to-date ethnicity population estimates based on the Annual Population Survey; these are not classed as official statistics on population but can be used as an interim indicator of population change within local authority areas prior to release of the latest census statistics (due in the second half of 2022).

These estimates exclude unknowns but are broadly similar to other recent datasets such as NIMS GP practice register populations. The most diverse areas of Norfolk and Waveney are Norwich, Great Yarmouth and Breckland.

Table 13: Ethnicity across Norfolk based on Annual Population Survey 2019

Ethnic group (ONS 2019)	White British	All other White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
Breckland	89.70%	8.80%	0.00%	0.70%	0.00%	0.70%
Broadland	97.60%	0.80%	0.00%	1.60%	0.00%	0.00%
Great Yarmouth	87.90%	7.10%	1.00%	2.00%	0.00%	2.00%
King's Lynn and West Norfolk	90.10%	7.90%	0.00%	0.70%	1.30%	0.00%
North Norfolk	98.10%	1.90%	0.00%	0.00%	0.00%	0.00%
Norwich	82.00%	7.20%	0.00%	6.50%	2.90%	1.40%
South Norfolk	90.20%	4.50%	2.30%	3.00%	0.00%	0.00%
Norfolk	90.10%	5.60%	0.60%	2.10%	0.80%	0.80%
England	78.70%	6.20%	1.80%	8.00%	3.50%	1.90%

Figure 13: Map to show proportion of ethnic minority groups, by MSOA



2.5 Long-term conditions

Many patients with a long-term condition will be receiving medication to help them manage their condition.

Figure 14: Prevalence of long-term conditions across Norfolk, by PCN

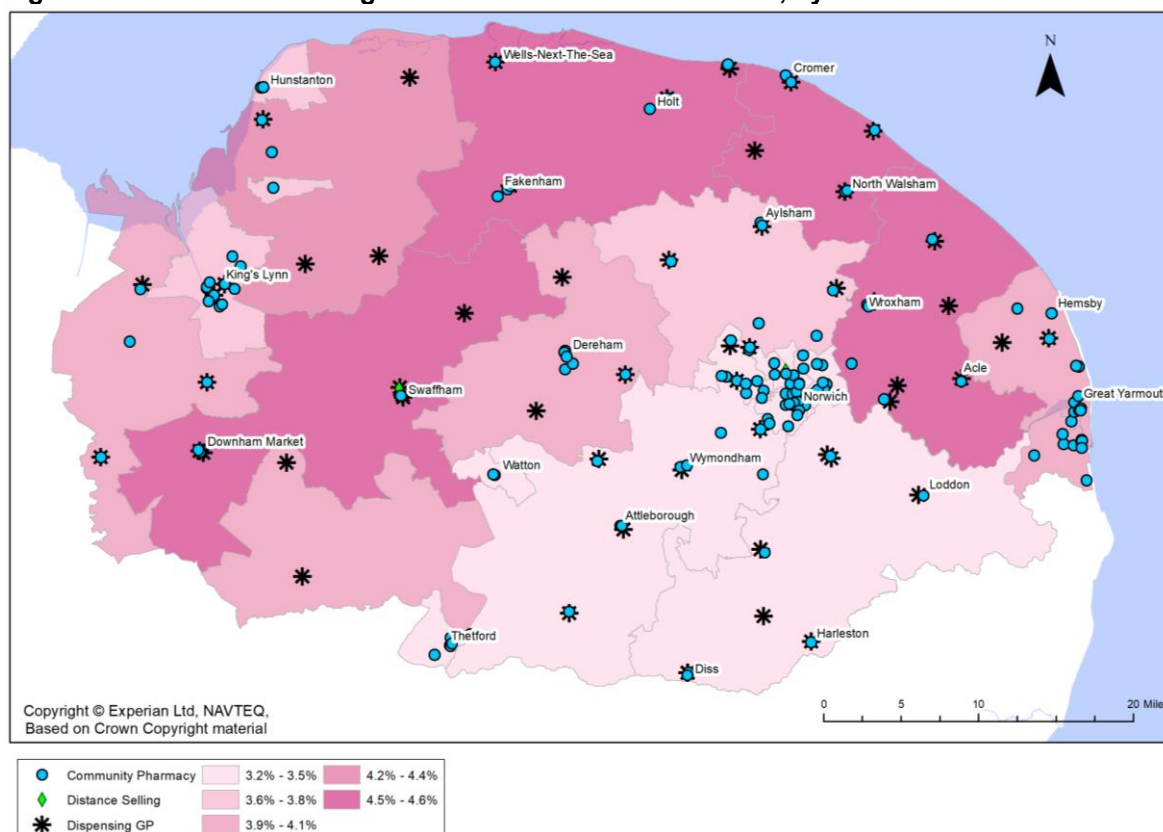


Table 14: Prevalence of long-term conditions at Norfolk GPs (2020-21)²⁹

Condition	Norfolk prevalence	England prevalence	Age filter
Atrial fibrillation	2.7%	2.0%	
Asthma	7.5%	6.4%	Ages 6+
Cancer	3.9%	3.2%	
CHD	3.6%	3.0%	
Chronic kidney disease	4.0%	4.0%	Ages 18+
COPD	2.3%	1.9%	
Dementia	0.9%	0.7%	
Depression after 4/2006	11.6%	12.3%	Ages 18+
Diabetes	7.5%	7.1%	Ages 17+
Epilepsy	0.9%	0.8%	Ages 18+
Heart failure	0.9%	0.9%	

²⁹ QOF. 2020-21. www.gpcontract.co.uk/

Condition	Norfolk prevalence	England prevalence	Age filter
Hypertension	16.0%	13.9%	
Learning disabilities	0.7%	0.5%	
Left ventricular systolic dysfunction	0.2%	0.4%	
Mental health	0.9%	0.9%	
Non-diabetic hyperglycaemia	7.0%	5.3%	Ages 18+
Obesity	7.1%	6.9%	Ages 18+
Osteoporosis	0.4%	0.8%	Ages 50+
Peripheral arterial disease	0.6%	0.6%	
High dependency and other long-term conditions group, palliative care	0.5%	0.5%	
Rheumatoid arthritis	1.0%	0.8%	Ages 16+
Stroke and transient ischaemic attacks	2.3%	1.8%	

Table 15: Prevalence of conditions by lower tier local authority area³⁰

Area	Rheumatoid arthritis: QOF prevalence (16+)	CHD: QOF prevalence (all ages)	Depression: recorded prevalence (aged 18+)	Hypertension: QOF prevalence (all ages)	Osteoporosis: QOF prevalence (50+)	Stroke: QOF prevalence (all ages)
Breckland	1.09	3.76	12.5	16.88	0.41	2.28
Broadland	1.1	3.47	11.31	16.28	0.52	2.23
Great Yarmouth	0.87	3.82	12.45	17.37	0.36	2.32
King's Lynn and West Norfolk	1.02	4.2	10.62	17.62	0.28	2.68
North Norfolk	1.27	4.86	11.38	20.21	0.48	3.09
Norwich	0.76	2.48	12.62	11.05	0.63	1.68
South Norfolk	0.93	3.34	10.38	15.04	0.41	2.17
Norfolk	0.99	3.63	11.62	16	0.43	2.3
England	0.77	3.05	12.29	13.93	0.76	1.8

³⁰ Quality Outcomes Framework 2020/2021

Table 16: Prevalence by PCN (Data is recorded at an organisational level (GP level) so cannot be accurately mapped to residential area)

Condition	PCN														
	Breckland Surgeries	Fens & Brecks	Gorleston	Great Yarmouth & Northern Villages	Ketts Oak	King's Lynn	Mid Norfolk	North Norfolk 1	North Norfolk 2	North Norfolk 3	North Norfolk 4	Norwich	South Norfolk Hip	Swaffham & Downham Market	West Norfolk Coastal
Atrial fibrillation	2.3%	3.2%	2.4%	2.4%	2.5%	2.7%	3.0%	4.1%	3.8%	3.0%	3.4%	1.8%	2.8%	3.5%	4.1%
Asthma	6.2%	7.9%	7.4%	7.2%	7.4%	7.2%	7.9%	8.4%	8.9%	8.1%	8.3%	7.1%	7.1%	7.8%	8.0%
Cancer	3.1%	4.2%	4.0%	3.3%	4.0%	3.4%	4.1%	5.4%	5.2%	4.8%	5.0%	3.0%	4.3%	5.0%	5.3%
CHD	3.2%	4.3%	3.8%	3.8%	3.3%	3.8%	3.8%	4.7%	5.0%	3.4%	4.2%	2.7%	3.5%	4.7%	5.1%
Chronic kidney disease	4.3%	4.0%	4.8%	3.8%	3.8%	3.5%	5.1%	5.4%	5.1%	4.7%	5.2%	2.8%	3.4%	5.3%	4.0%
COPD	2.3%	2.9%	3.2%	3.2%	1.4%	2.3%	2.0%	2.4%	3.1%	1.7%	2.5%	1.8%	1.8%	2.8%	2.9%
Dementia	0.8%	0.7%	1.1%	0.8%	0.8%	0.8%	1.2%	1.1%	1.2%	0.9%	1.3%	0.7%	0.8%	1.0%	1.0%
Depression after 4/2006	12.1%	10.8%	11.6%	13.0%	10.9%	10.3%	11.8%	8.9%	13.2%	10.7%	12.4%	12.6%	9.1%	13.2%	11.8%
Diabetes	7.2%	9.6%	8.7%	9.2%	6.6%	8.1%	7.9%	8.4%	9.0%	7.1%	8.0%	5.8%	7.0%	9.6%	8.4%
Epilepsy	0.8%	0.8%	1.1%	1.0%	0.8%	0.9%	0.9%	1.0%	1.1%	0.9%	0.9%	0.9%	0.8%	0.9%	0.7%
Heart failure	0.9%	1.2%	0.9%	0.9%	0.8%	0.8%	1.0%	1.1%	1.4%	0.9%	1.1%	0.7%	0.7%	1.1%	1.4%
Hypertension	14.7%	18.7%	17.0%	17.6%	14.3%	16.0%	17.7%	19.2%	20.5%	16.1%	20.1%	11.9%	16.0%	19.7%	20.8%
Learning disabilities	0.6%	0.6%	0.6%	0.8%	0.5%	0.8%	0.8%	0.6%	1.2%	0.6%	0.7%	0.8%	0.6%	0.5%	0.5%
Left ventricular systolic dysfunction	0.2%	0.3%	0.1%	0.1%	0.3%	0.4%	0.2%	0.4%	0.3%	0.1%	0.2%	0.2%	0.1%	0.3%	0.4%
Mental health	0.7%	0.6%	1.1%	1.2%	0.6%	0.8%	0.7%	1.0%	1.1%	0.8%	0.8%	1.2%	0.7%	0.7%	0.8%
Non-diabetic hyperglycaemia	3.4%	7.0%	6.5%	6.7%	8.0%	6.3%	9.5%	10.8%	10.0%	8.2%	8.5%	6.6%	4.6%	7.1%	6.1%
Obesity	8.9%	7.3%	6.6%	7.8%	6.0%	7.7%	7.6%	8.0%	6.2%	6.3%	8.7%	6.7%	5.6%	9.0%	6.7%
Osteoporosis	0.4%	0.2%	0.4%	0.3%	0.5%	0.3%	0.3%	0.4%	0.6%	0.6%	0.6%	0.5%	0.2%	0.7%	0.3%
Peripheral arterial disease	0.8%	0.7%	0.7%	0.9%	0.5%	0.6%	0.7%	0.8%	0.9%	0.5%	0.8%	0.5%	0.5%	0.7%	0.8%
Palliative care	0.4%	0.4%	0.6%	0.4%	0.4%	0.4%	0.5%	0.7%	0.7%	0.4%	0.5%	0.3%	1.0%	0.4%	0.4%
Rheumatoid arthritis	0.9%	1.1%	0.9%	0.8%	0.9%	0.9%	1.2%	1.1%	1.4%	1.1%	1.3%	0.8%	1.0%	1.3%	1.1%
Smoking	1.9%	2.6%	2.2%	2.4%	2.1%	2.4%	2.4%	3.3%	3.0%	2.3%	2.8%	1.7%	2.3%	3.0%	3.5%

2.5.1 Cardiovascular Disease (CVD)

Coronary Heart Disease (CHD) is a health condition associated with the thickening of the arteries. This condition can be associated with lifestyle habits and other conditions, such as smoking, high cholesterol, high blood pressure (hypertension) and diabetes.

Table 17: QOF prevalence of CHD, diabetes and hypertension

PCN	CHD	Diabetes	Hypertension
Breckland Surgeries	3.2%	7.2%	14.7%
Fens & Brecks	4.3%	9.6%	18.7%
Gorleston	3.8%	8.7%	17.0%
Great Yarmouth & Northern Villages	3.8%	9.2%	17.6%
Ketts Oak	3.3%	6.6%	14.3%
King's Lynn	3.8%	8.1%	16.0%
Mid Norfolk	3.8%	7.9%	17.7%
North Norfolk 1	4.7%	8.4%	19.2%
North Norfolk 2	5.0%	9.0%	20.5%
North Norfolk 3	3.4%	7.1%	16.1%
North Norfolk 4	4.2%	8.0%	20.1%
Norwich	2.7%	5.8%	11.9%
South Norfolk Hip	3.5%	7.0%	16.0%
Swaffham & Downham Market	4.7%	9.6%	19.7%
West Norfolk Coastal	5.1%	8.4%	20.8%

Figure 15: CHD prevalence across Norfolk

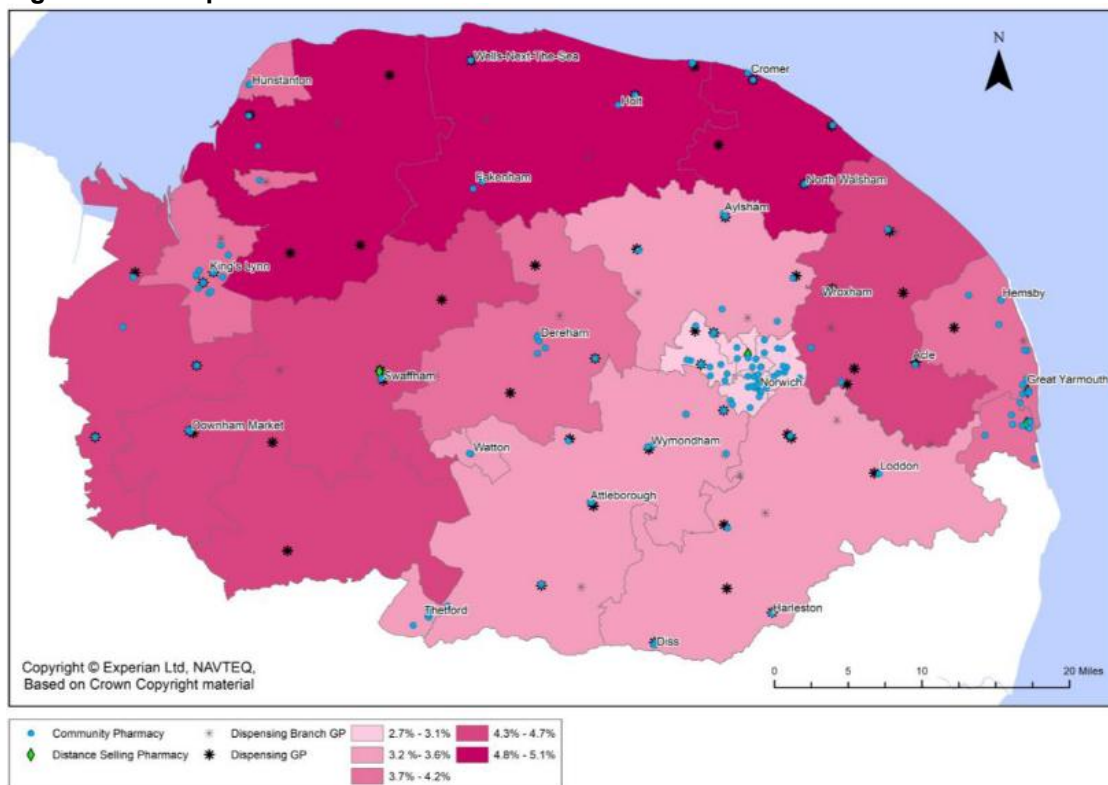


Figure 16: Hypertension prevalence across Norfolk

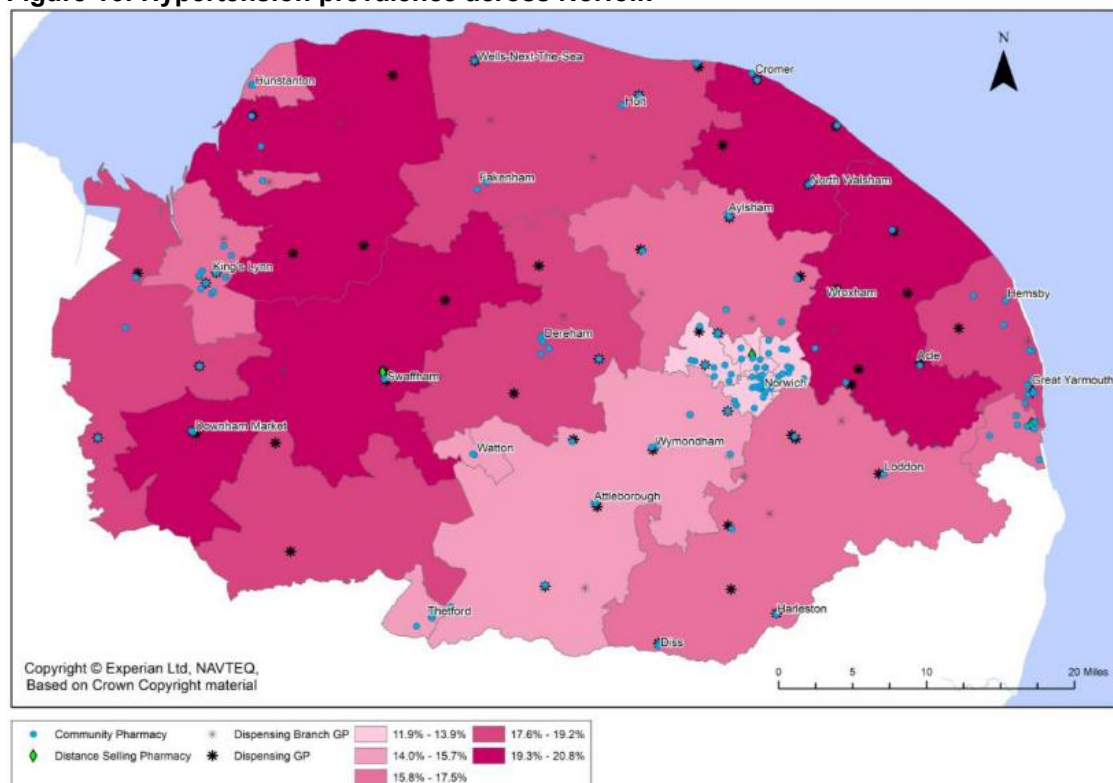
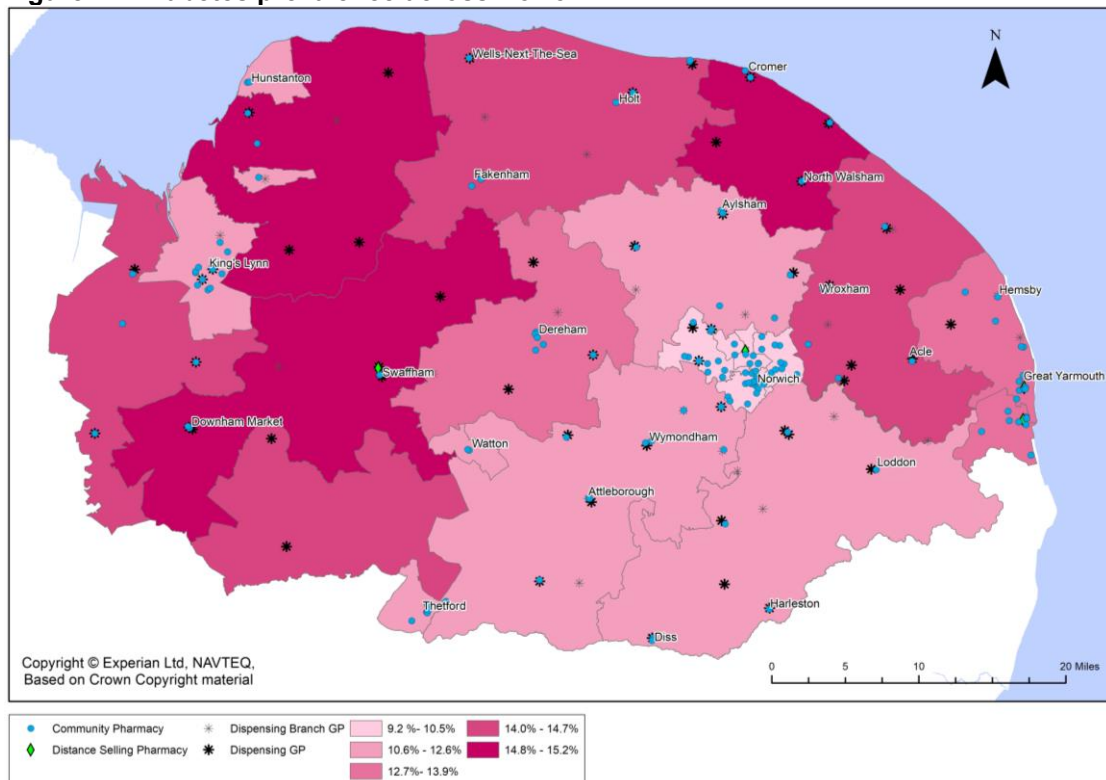
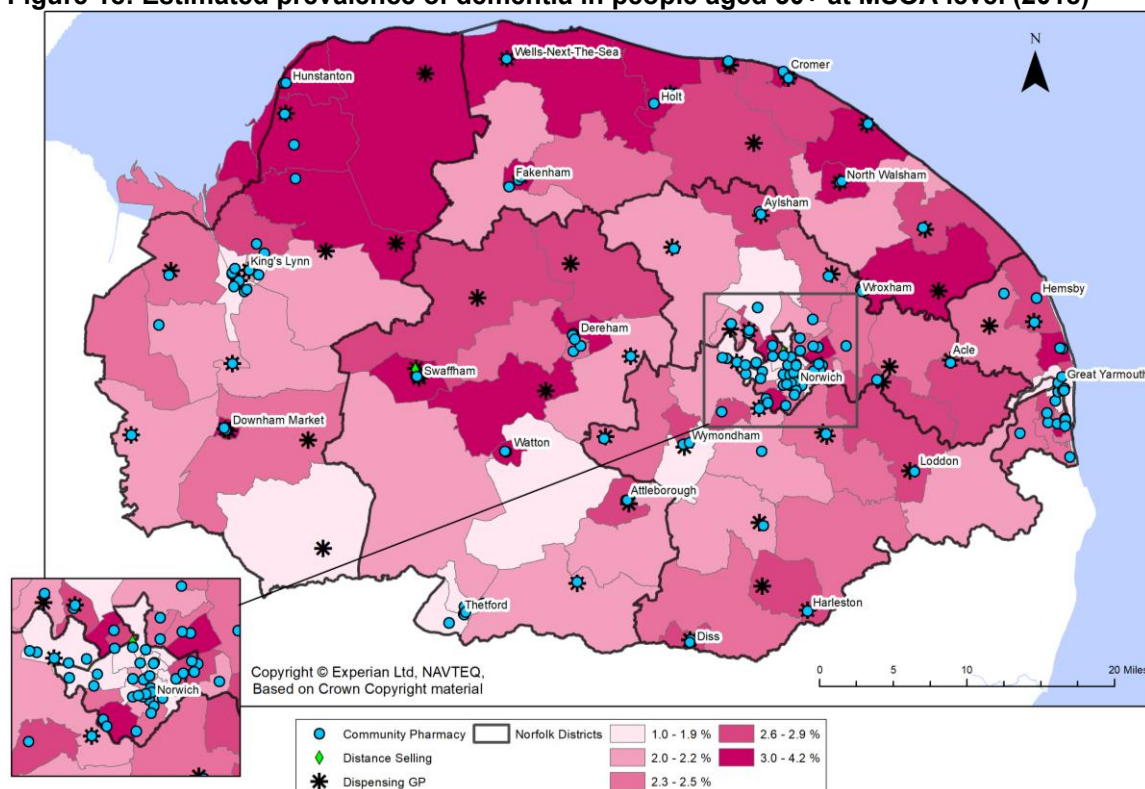


Figure 17: Diabetes prevalence across Norfolk



2.5.2 Dementia

Figure 18: Estimated prevalence of dementia in people aged 30+ at MSOA level (2018)³¹



The risk of dementia increases with age and the condition usually occurs in those aged over 65. There are different types of dementia, all linked with a decline in functions of the brain. Various mental and personality changes are associated with dementia and these include memory loss, mental agility, language, understanding and judgement. As the brain changes with dementia, it is not only mental and personality changes that occur but also physical changes in such areas as balance, eating, continence and mobility. These changes affect the ability to maintain independence and carry out everyday activities.

In 2020 in Norfolk, about 3.84% of the population has a dementia diagnosis recorded with their GP. This is lower than England, which has a prevalence of 3.97%.

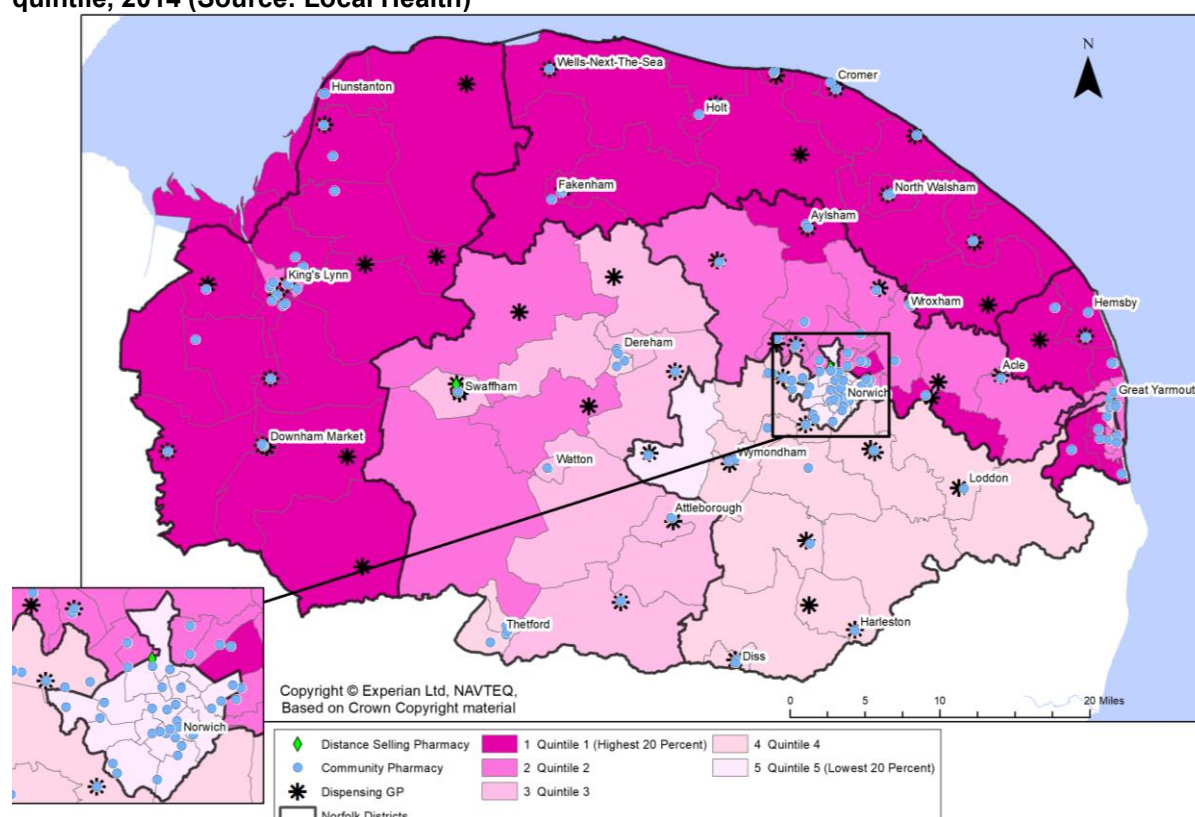
2.6 Health behaviours

2.6.1 Excess weight and obesity

People are classified as overweight when their BMI (body mass index) is over 25, and obese when their BMI is over 30. In Norfolk the prevalence of obesity in adults in 2019-20 was 62.3%. In children, the prevalence of overweight including obesity for ages 4–5 is 23.4%, and by ages 10–11 increases to 33%.

³¹ Source: NCC

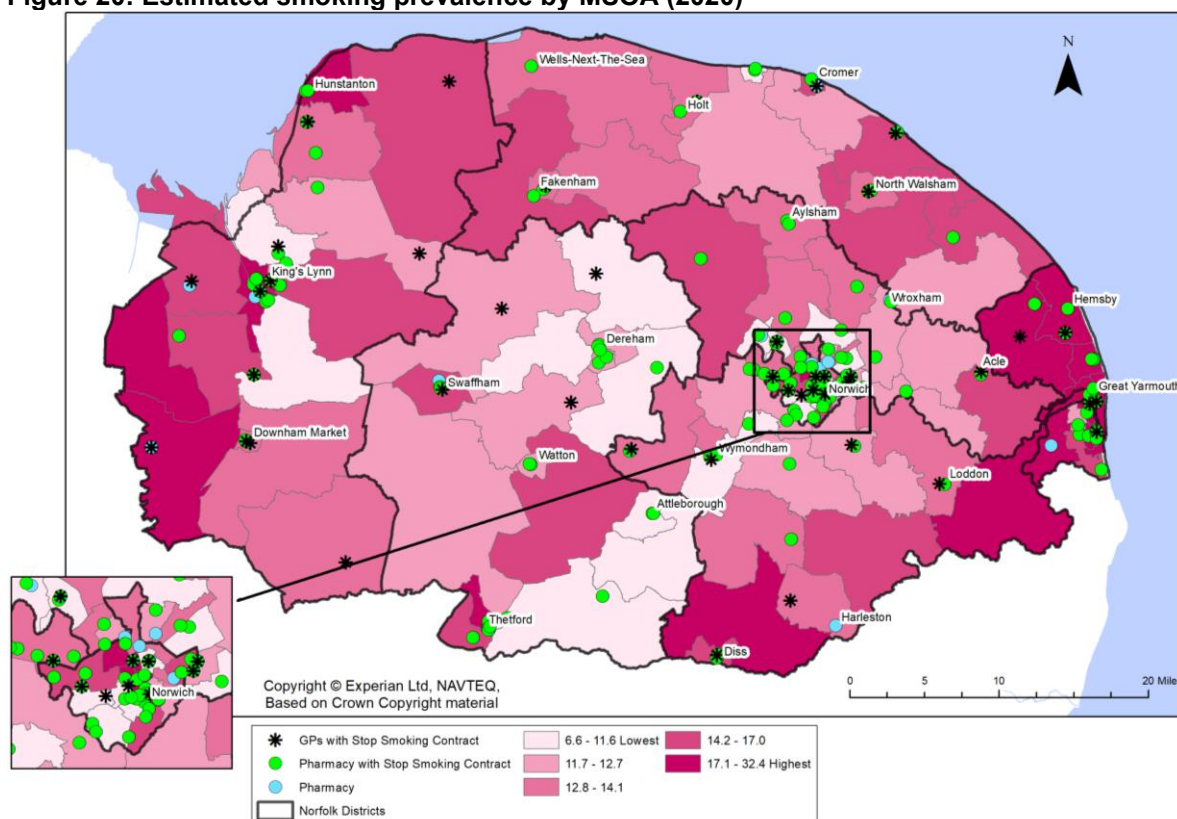
Figure 19: Estimated prevalence of obesity, including overweight, for those aged 16+ by national quintile, 2014 (Source: Local Health)



The prevalence of adults who are overweight or obese has remained stable in Norfolk with a prevalence estimated to be between 64.1% and 60.8% since 2015-16. It is currently reported to be at 64.1% in Norfolk during 2020-21, the same as the East of England value. Obesity can lead to high blood pressure and associated increase in CVD, as well as diabetes and reduced quality of life and ill health.

2.6.2 Smoking

Smoking remains the leading cause of preventable ill health and a number of long-term conditions, e.g. COPD and CVD (high blood pressure, CHD). Overall smoking prevalence is declining.

Figure 20: Estimated smoking prevalence by MSOA (2020)³²

2.6.3 Substance misuse

Substance misuse is defined as regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs, and alcohol.

A small proportion of the population use illegal drugs, and most do so at a level that causes low risk to their health. However, some will use drugs to a hazardous level, causing significant health problems as well as social problems affecting themselves, their friends, their families and wider communities.

For hospital admissions due to substance misuse, Norfolk has a significantly lower directly standardised rate per 100,000 people aged 15–24 than England. Norfolk has a rate of 66.8 compared with 84.7 in England during 2017/18–2019/20.

2.6.4 Alcohol-related harm

An alcohol problem is categorised depending on the level and pattern of alcohol consumption as follows:

- Hazardous drinking: drinking above safe drinking limits in a pattern that increases someone's risk of harm; the person has so far avoided significant alcohol-related problems

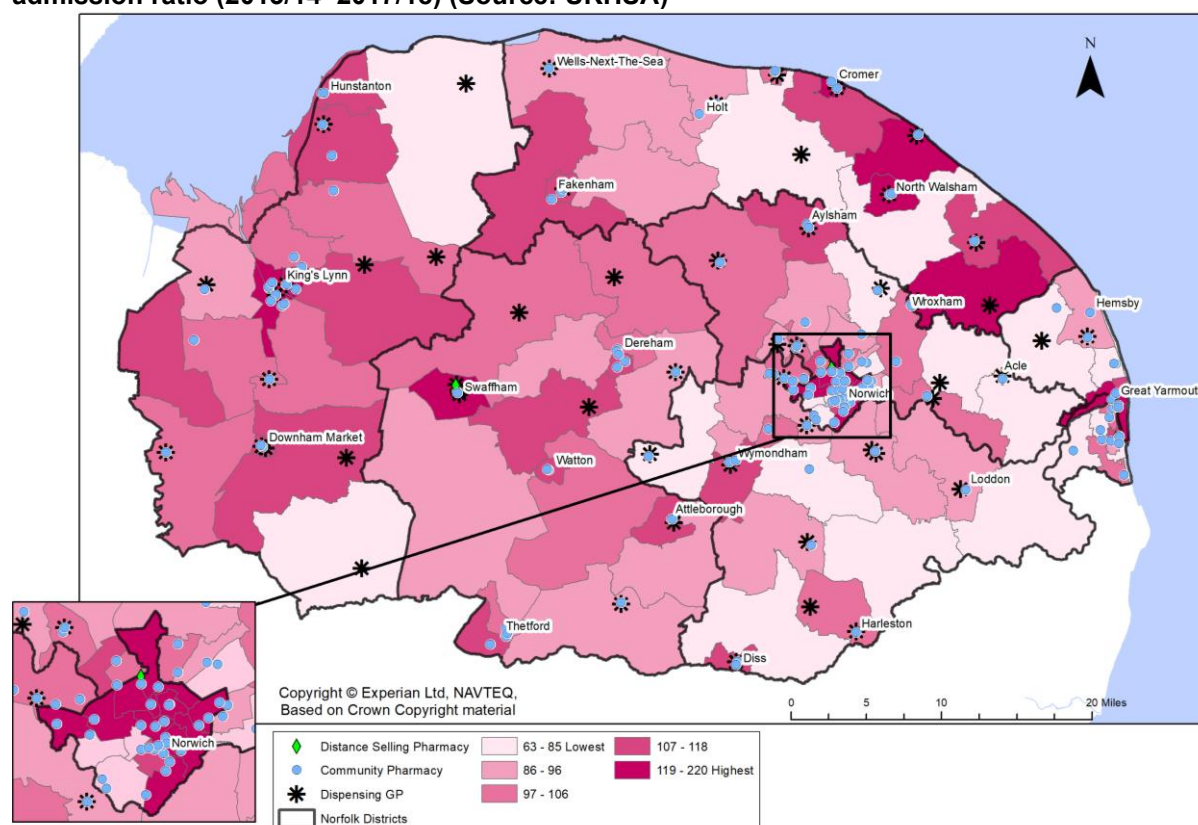
³² Source: NCC analysis

- Binge drinking: previously defined as more than 8 units for men or more than 6 units for women; current guidelines do not suggest a specific limit for single episode drinking
- Harmful drinking: drinking above safe levels (usually beyond those of hazardous drinking) with evidence of alcohol-related problems (e.g. accidents, depression or physical illness)
- Alcohol dependence is characterised by craving, tolerance, a preoccupation with alcohol and continued drinking despite harmful consequences

According to a 2016 survey, 57% adults drank alcohol in the last week, with 52% of these bingeing in the last week (as per the above definition).

In 2020-21 there were 247,972 hospital admissions for alcohol-related conditions in England. This is a decrease from previous years and may be a result of the restrictions in place during the COVID-19 pandemic.

Figure 21: Hospital admissions for alcohol-attributable conditions, MSOA level, standardised admission ratio (2013/14–2017/18) (Source: UKHSA)



Research has shown that a large proportion of A&E attendances between midnight and 5 am are related to alcohol. Alcohol-related injuries such as road traffic accidents, burns, poisonings, falls and drownings make up more than one-third of the disease burden attributable to alcohol consumption.

Excessive alcohol consumption increases the risks of conditions such as:

- Ischaemic and haemorrhagic stroke
- Certain cancers: mouth, throat, stomach, liver and breast
- Liver cirrhosis
- Depression
- Pancreatitis
- CHD and stroke

Excessive alcohol consumption can lead to ill health and loss of working days, and is linked to deprivation.

2.6.5 Sexual and reproductive health

Sexual and reproductive health includes the provision of advice and services around contraception and Sexually Transmitted Infections (STIs, such as chlamydia, gonorrhoea and HIV).

NICE guidance for contraceptive services for young people up to the age of 25 makes explicit mention to the provision of services through community pharmacies. GP surgeries and community pharmacies in Norfolk are contracted by NCC to provide a sexual health service that includes the provision of emergency contraception, chlamydia screening and treatment, and provision of condoms.

2.6.5.1 Chlamydia and gonorrhoea

The most-diagnosed STIs in England in 2020 were chlamydia (accounting for 51% of all new STI diagnoses) and gonorrhoea (18%). Behaviours that increase the risk of transmission of chlamydia also increase the risk of gonorrhoea transmission. Since the last PNA, gonorrhoea diagnosis rates have increased but are significantly lower than the national average.

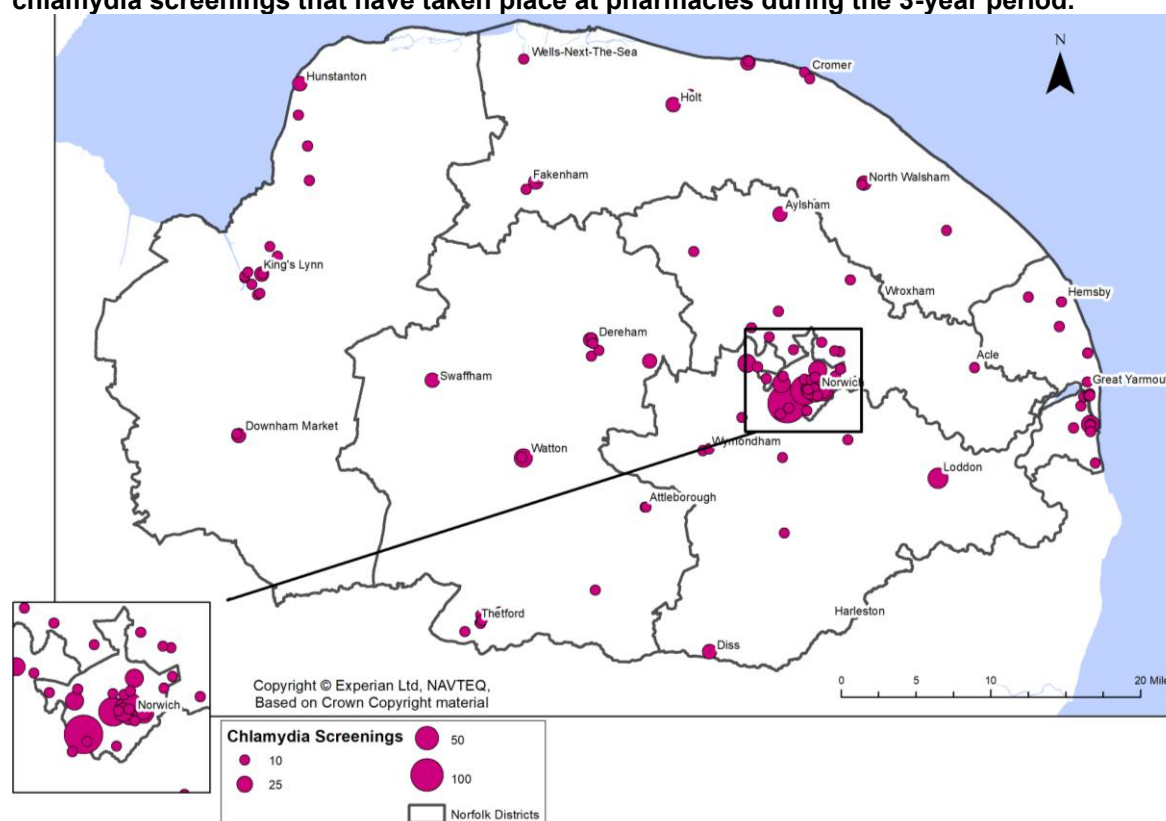
The chlamydia detection rate in Norfolk during 2020 was 1,468 per 100,000. Chlamydia screening for those aged 15–24 during 2020 was 18%, significantly higher than the national value of 14.3%. Table 18 reports the detection rates and screening proportion (chlamydia tests undertaken in 15–24-year-olds attending sexual health services as a proportion of the population) across districts, Norfolk, and England.

Table 18: Chlamydia detection rate per 100,000 and chlamydia screening proportion for those aged 15–24, 2020 (Source: OHID)

Area	Chlamydia detection rate per 100,000	Chlamydia screening proportion
Breckland	1,153	15.0
Broadland	1,443	17.9
Great Yarmouth	1,595	17.7
King's Lynn and West Norfolk	1,179	16.4
North Norfolk	1,216	15.9
Norwich	1,819	21.9
South Norfolk	1,428	16.3
Norfolk	1,468	18.0
England	1,408	14.3

Chlamydia detection across Norfolk in pharmacies is evenly split, with most positive tests in pharmacies coming from West Norwich near the university (Figure 22).

Figure 22: Chlamydia screening by pharmacy during 2019-21. Size of bubble reflects number of chlamydia screenings that have taken place at pharmacies during the 3-year period.



2.6.5.2 Teenage conceptions

The rate of conception per 1,000 females aged under 18 in 2019 in Norfolk is 17.2, which is statistically higher than the East of England rate (13.9) and higher than but statistically similar to the England rate (15.7). The trend has been decreasing since 2009 (source: Fingertips indicator 20401).

There are 147 pharmacies commissioned to provide emergency contraception, which are shown in Figure 23. Emergency contraception was provided 5,890 times in 2021, mainly for unprotected sexual intercourse or condom failure.

Teenage pregnancy rates across a five-year period remain low and are suppressed due to disclosure reasons relating to small numbers (Figure 23) however, areas with higher rates are also areas with higher deprivation. Women of a range of ages obtained emergency contraception through pharmacies (Figure 26), including women aged under 20, suggesting this service contributes to reducing rates of teenage pregnancy. Locations where emergency contraception is distributed correlate with areas that have higher chlamydia screenings.

Figure 23: Teenage pregnancies at MSOA level (2015/16–2019/20) showing the location of pharmacies and GP practices providing NHS sexual health services (Source: ONS and NHS England)

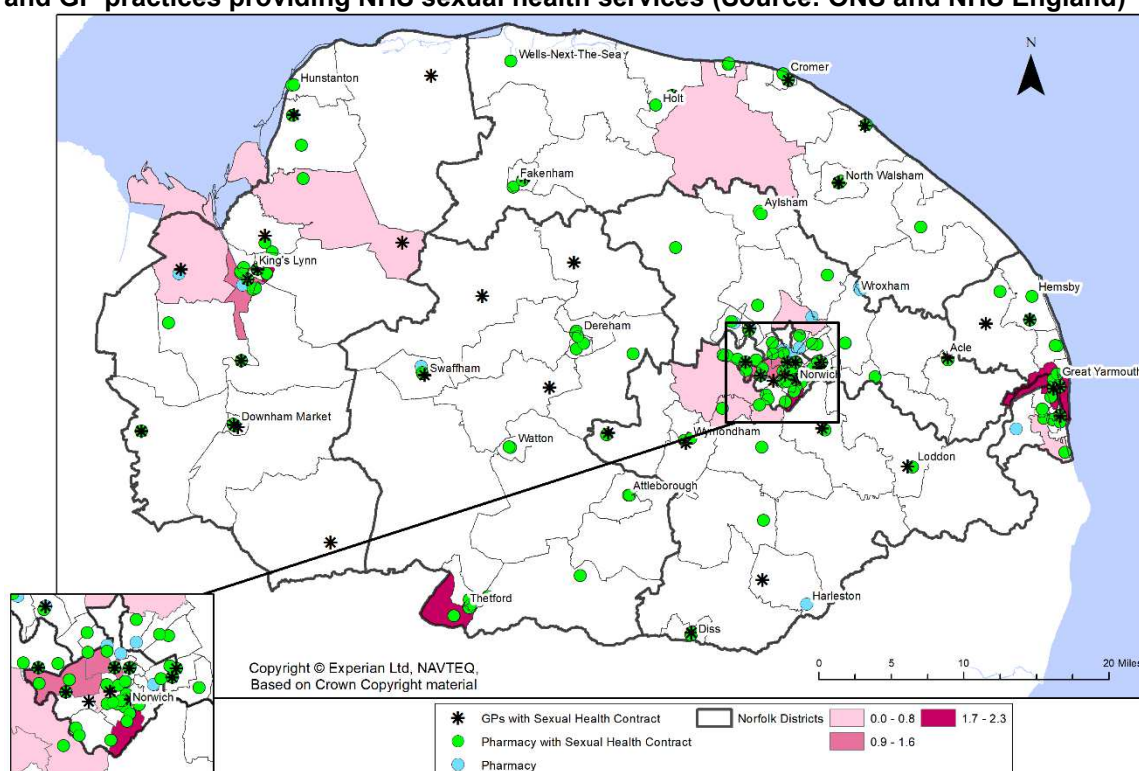


Figure 24: Prescribed emergency contraception (by ward), 2021

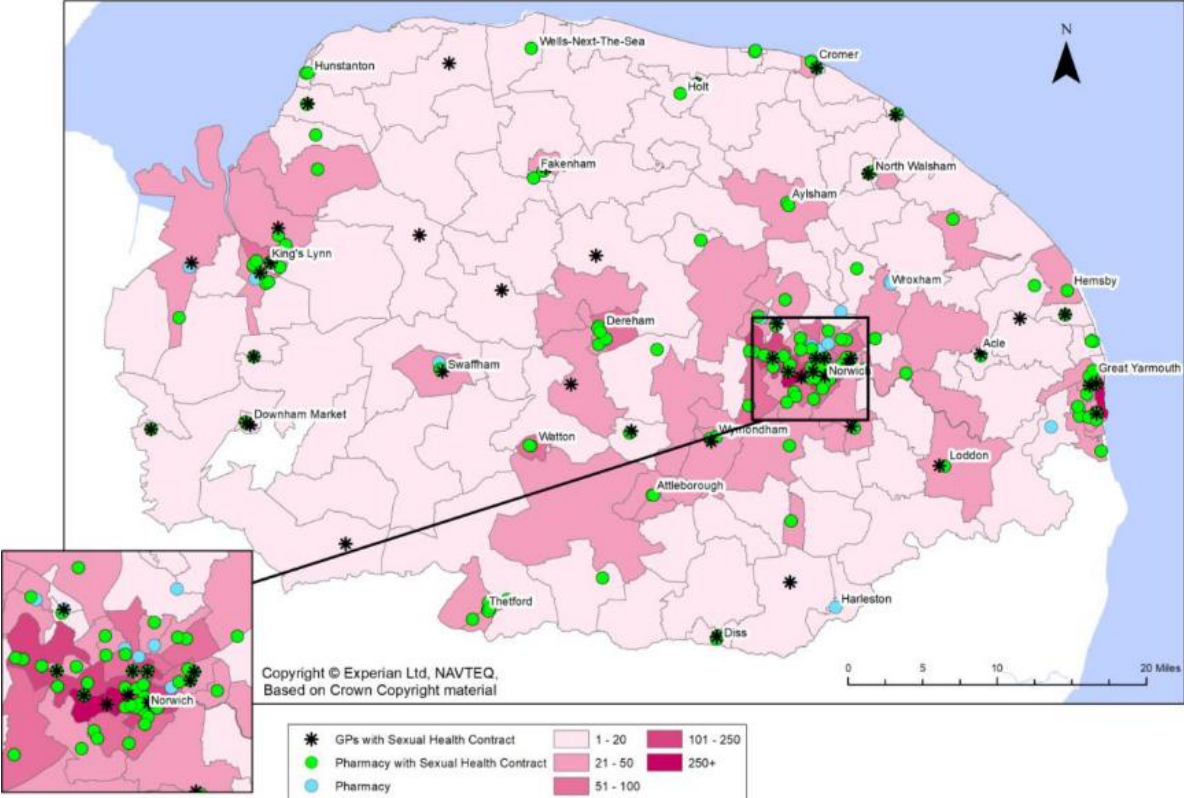
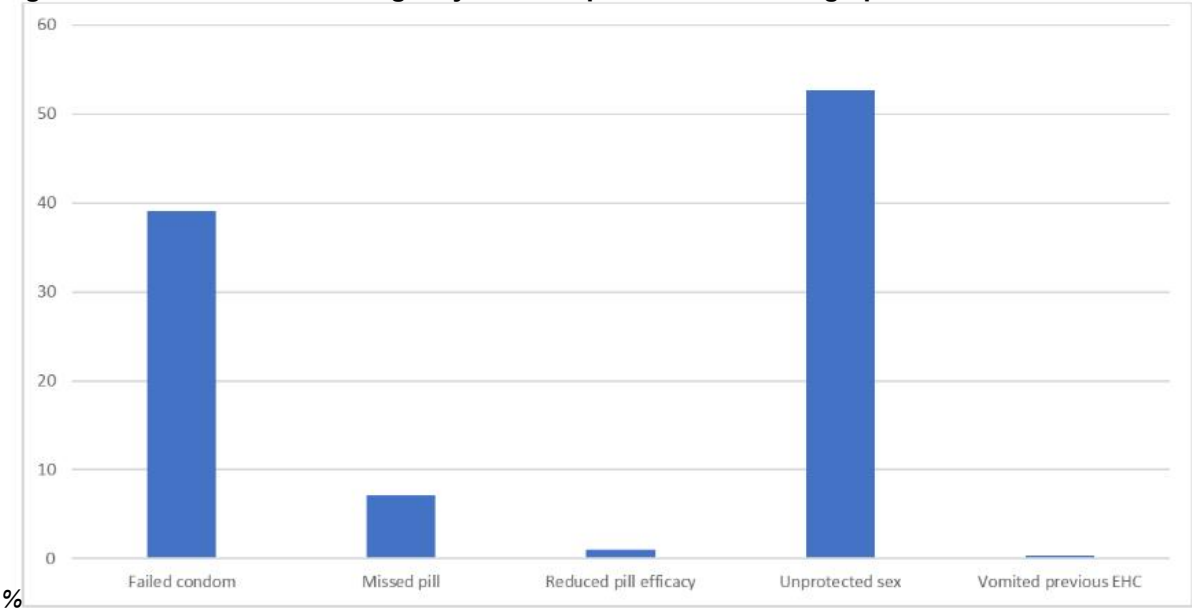
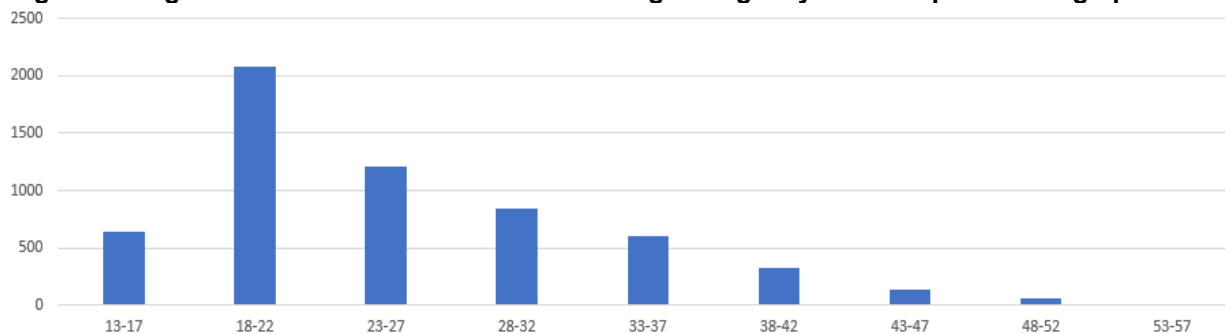


Figure 25: Indications for emergency contraception access through pharmacies³³



³³ Source: PharmOutcomes 2021.

Figure 26: Age distribution of individuals accessing emergency contraception through pharmacies³⁴

2.6.5.3 HIV testing

Late diagnosis of HIV results in worse outcomes for the individual (an increased risk of illness and death, and treatment is less effective). Earlier diagnosis prevents onward transmission as individuals are treated and more likely to use protection, both of which reduce the risk of infection. The rate of late HIV diagnoses is statistically higher in Norfolk than the average for England (53.1% compared with 42.4% of adult HIV diagnoses for 2018-20 (UKHSA)).

³⁴ Source: PharmOutcomes 2021.

Section 3: Local NHS pharmaceutical services provision

3.1 Overview

There is a total of 213 contractors in Norfolk.

Table 19: Contractor type and number in Norfolk

Type of Contractor	Number
40-hour community pharmacies	133
100-hour	19
Out of town	1
LPS	0
DSP	4
DAC	1
Dispensing GP practices	55
PhAS	30

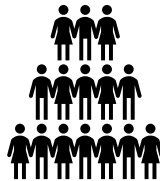
The total number of community pharmacies includes out of town and DSP where relevant. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

A list of community pharmacies in Norfolk and their opening hours can be found in Appendix A.

Figure 1 shows all contractor locations within Norfolk.

3.2 Community pharmacies

Figure 27: Summary

157 community pharmacies in Norfolk (including four DSPs) 	914,039 population of Norfolk 	17.2 community pharmacies per 100,000 population 

Correct as of 29 March 2022

There are 157 community pharmacies in Norfolk. Since the previous PNA, published in 2018, there has been a decrease in the number of pharmacies in Norfolk from 164 to 157. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2. However it should be noted that this increases when combined with dispensing GP practices present in Norfolk. See [Section 3.3](#).

Populations may also find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Cambridgeshire (16.3), Suffolk (17.7) and Lincolnshire (15.9).

Table 20 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Norfolk is well served with community pharmacies and is comparable to the East of England and national averages.

Table 20: Number of community pharmacies per 100,000 population

	Community pharmacies per 100,000 population		
	England	East of England	Norfolk
2020-21	20.6	19.4	17.2
2019-20	21.0	21.6	17.7
2018-19	21.2	20.4	18.3

Source: ONS Population 2018-2020

Table 21 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 21: Breakdown of average community pharmacies per 100,000 population

Locality	No of community pharmacies (March 2022)	Total population (ONS mid-year 2020)	Average number of community pharmacies per 100,000 population
Breckland	21	141,255	14.9
Broadland	20	131,931	15.2
Great Yarmouth	26	99,198	26.2
King's Lynn and West Norfolk	23	151,245	15.2
North Norfolk	18	105,167	17.1
Norwich	31	142,177	21.8
South Norfolk	18	143,066	12.6
Norfolk (2021)	157	914,039	17.2
East of England (2021)	1,216	6,269,161	19.4
England (2021)	11,636	56,760,975	20.6

* Data includes DSPs

[Section 1.4.1.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#).

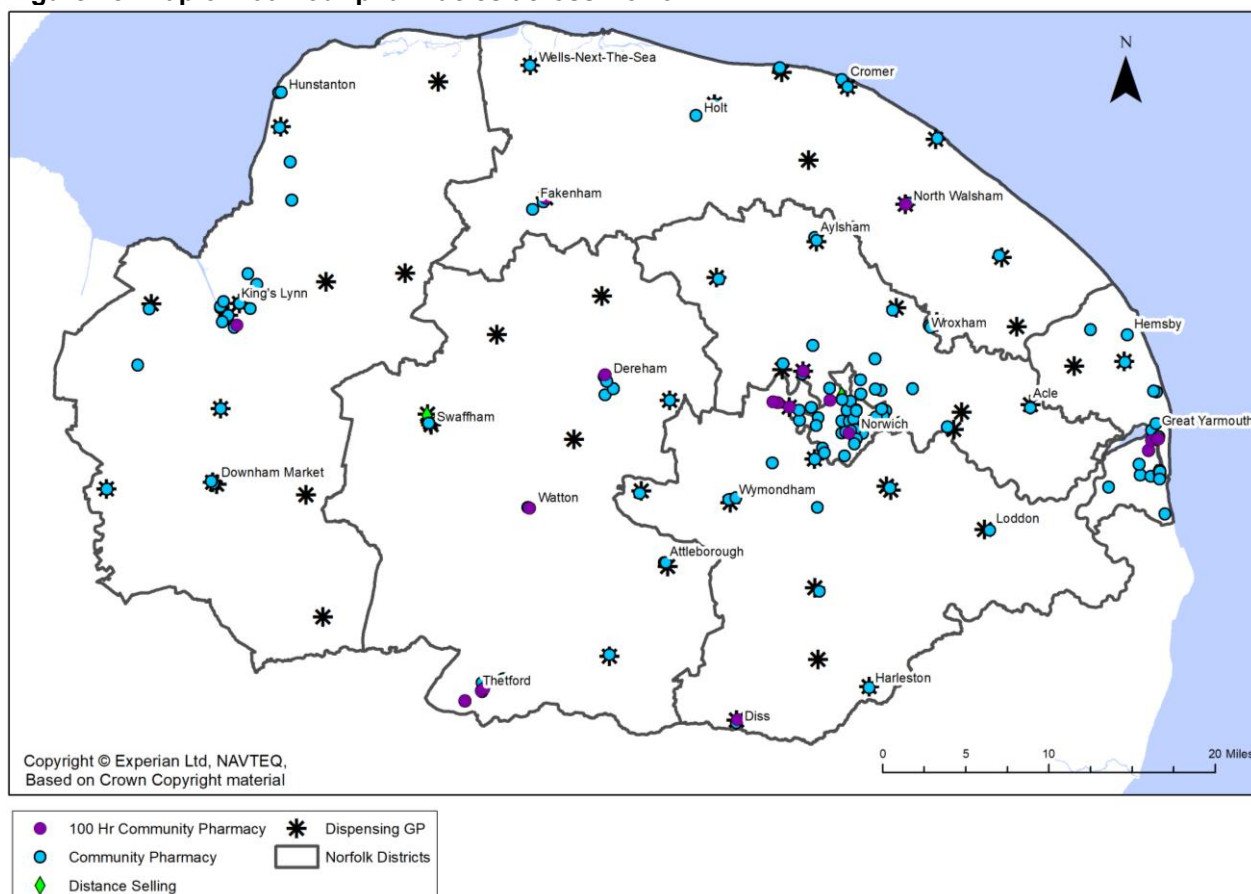
3.2.1 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 22 shows the percentage of Norfolk pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends. DSPs are not included in the table as their opening hours are not relevant in terms of service provision.

Table 22: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour community pharmacies
England (2020-21 data)	1,094 (9.4%)
East of England	121 (10.0%)
Norfolk	19 (12%)
Breckland	5 (25%)
Broadland	2 (10%)
Great Yarmouth	4 (17%)
King's Lynn and West Norfolk	1 (4%)
North Norfolk	2 (11%)
Norwich	1 (3%)
South Norfolk	4 (22%)

Figure 28: Map of 100-hour pharmacies across Norfolk

3.2.1.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A.

Table 23: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday (not including DSPs)

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Norfolk	18%	85%	22%
Breckland	40%	95%	35%
Broadland	20%	90%	20%
Great Yarmouth	17%	71%	25%
King's Lynn and West Norfolk	4%	78%	13%
North Norfolk	11%	83%	22%
Norwich	17%	90%	20%
South Norfolk	22%	94%	22%

Figure 29: Map of pharmacies open after 6.30 pm

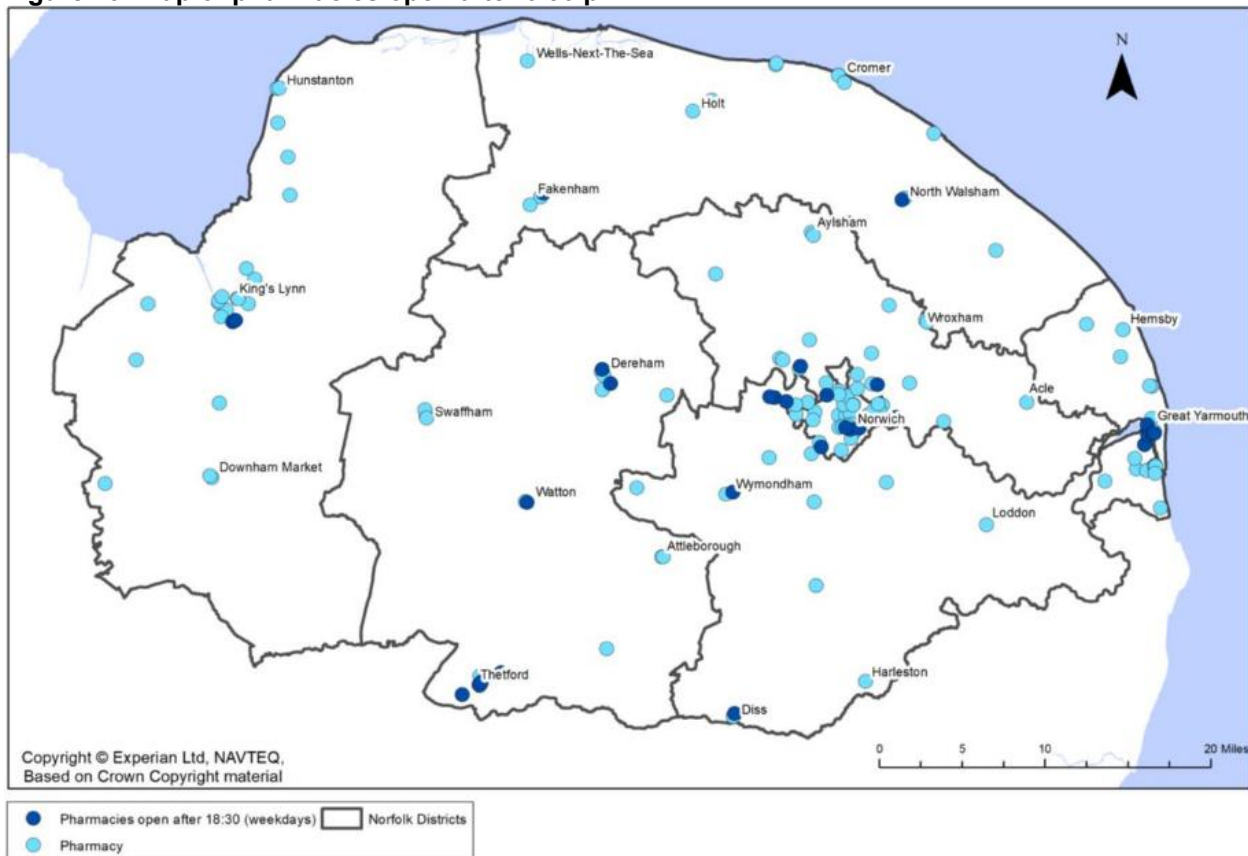
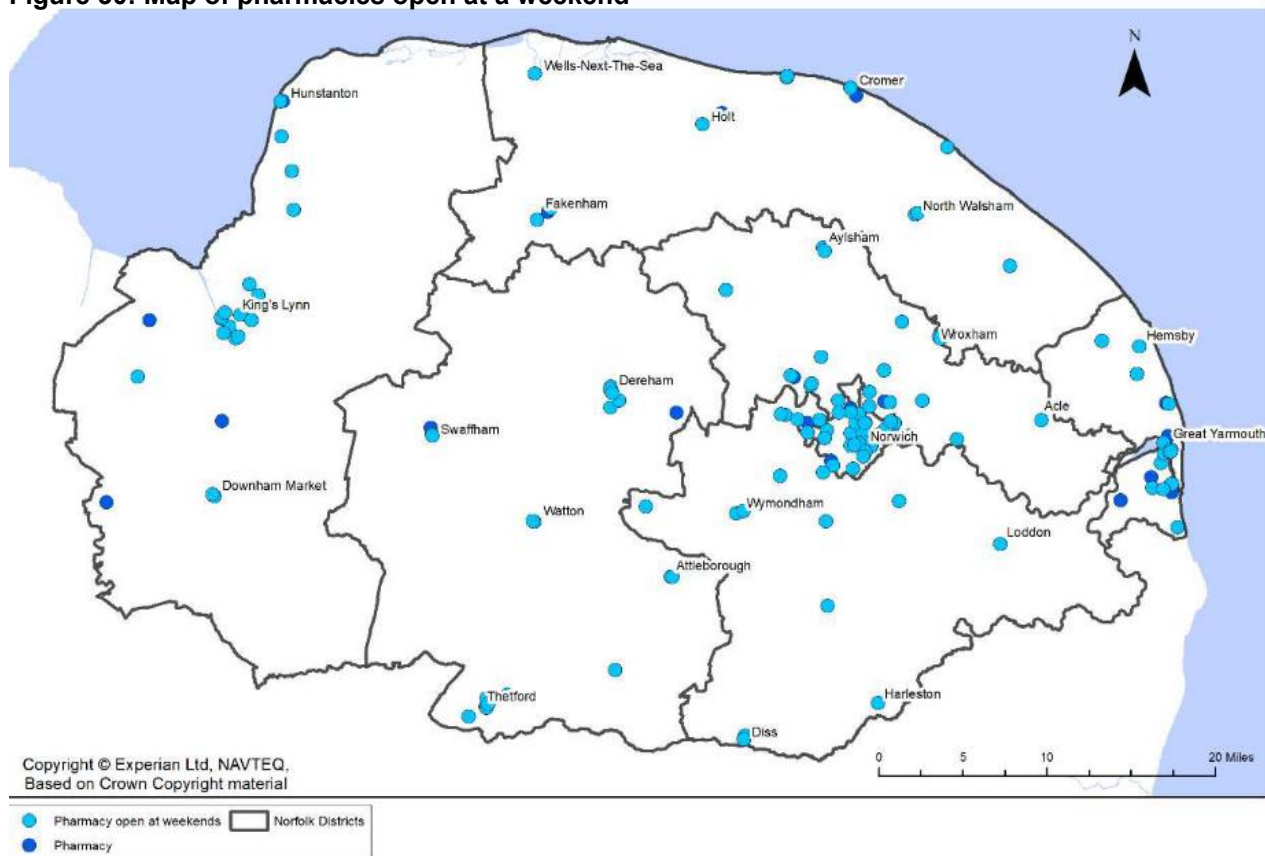


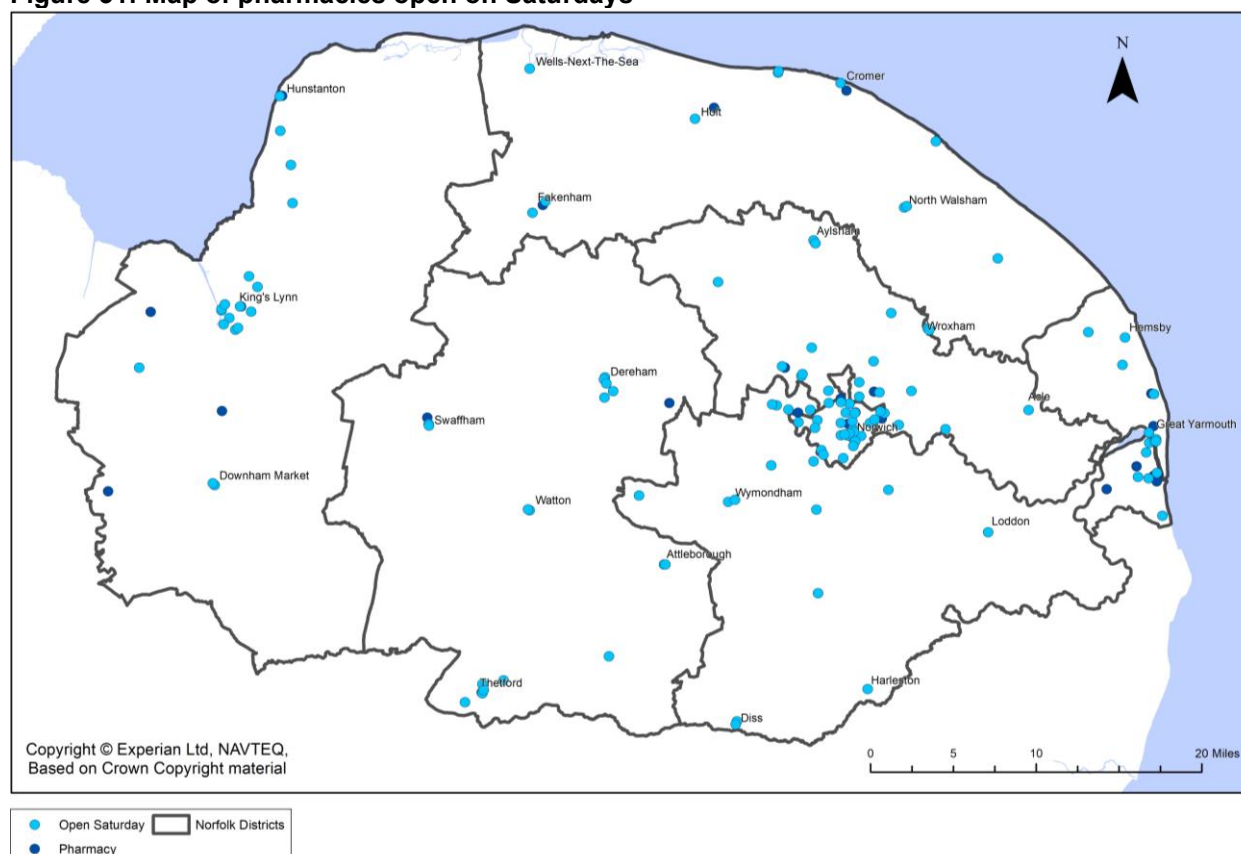
Figure 30: Map of pharmacies open at a weekend



3.2.1.2 Routine Saturday daytime access to community pharmacies

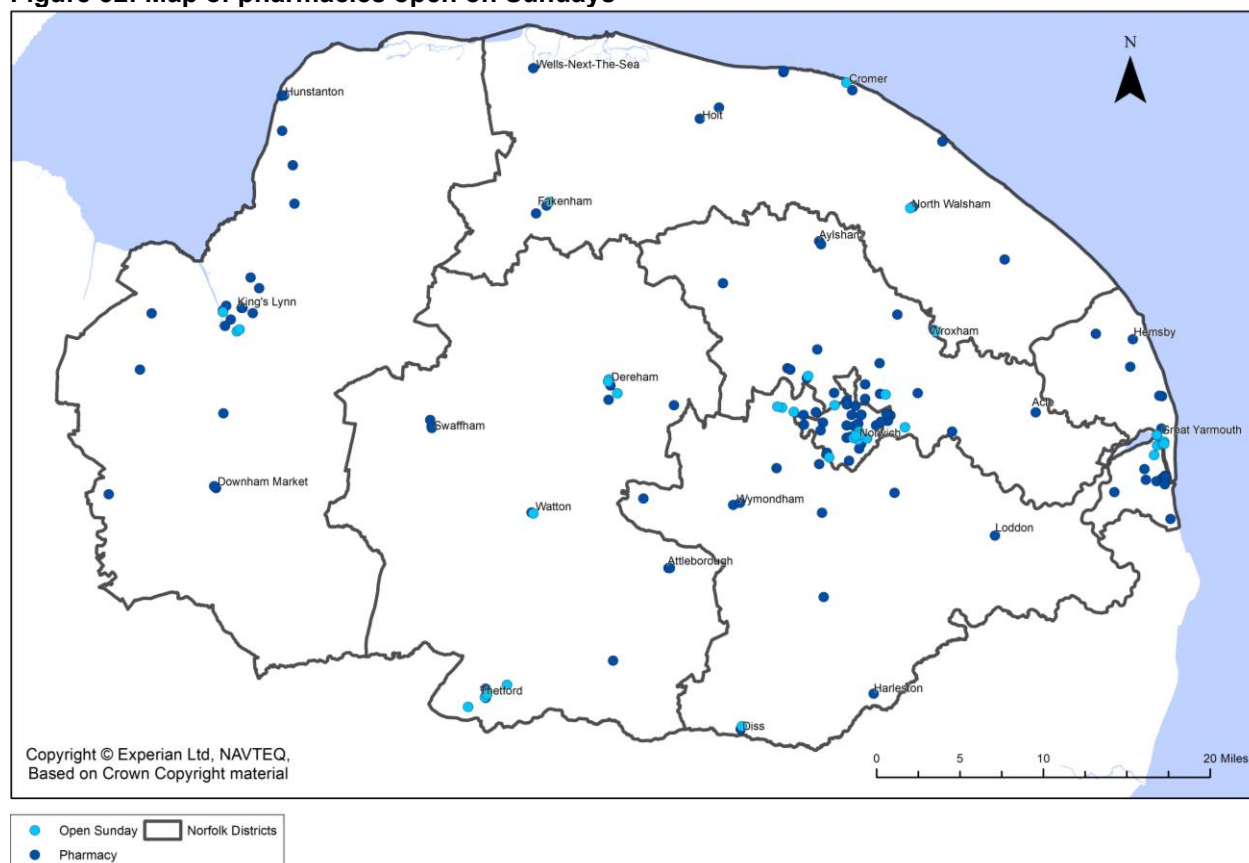
The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Norfolk, 85% are open on Saturdays, the majority of which are open into the late afternoon. Judging access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

Figure 31: Map of pharmacies open on Saturdays



3.2.1.3 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies are open on Sundays than any other day in Norfolk. Full details of all pharmacies open on a Sunday can be found in Appendix A.

Figure 32: Map of pharmacies open on Sundays

3.2.1.4 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. Pharmacies are also commonly open in high tourist seasons.

NHSE has commissioned an Enhanced Service to provide coverage over Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days.

3.2.2 Advanced Service provision

[Section 1.4.1.2](#) lists all Advanced Services that community pharmacies can sign up to provide under the pharmacy contract. As these services are discretionary and voluntary, not all providers will provide them all of the time.

The information in Table 24, provided from NHSE and the LPC, has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Note: Two Advanced Services have now stopped. Community pharmacy COVID-19 LFD distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59. The numbers have been included to demonstrate the positive uptake of service when commissioned.

Table 24: Percentage of community pharmacies signed up to provide Advanced Services in Norfolk (as of 30 April 2022)

Advanced Service	Percentage of community pharmacy signed up by locality (number of pharmacies)						
	Breckland (21)	Broadland (20)	Great Yarmouth (26)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (31)	South Norfolk (18)
NMS	86%	85%	100%	96%	94%	97%	94%
Community pharmacy seasonal influenza vaccination	81%	70%	77%	74%	67%	58%	78%
CPCS*	95%	80%	85%	87%	83%	77%	72%
Hypertension case-finding service	29%	55%	77%	26%	56%	23%	44%
Smoking cessation Advanced Service	10%	0%	15%	0%	11%	0%	17%
COVID-19 LFD distribution	95%	100%	96%	100%	94%	90%	100%
Pandemic delivery service	5%	25%	12%	0%	11%	6%	11%

*This includes CPCS and GP CPCS consultations

Based on the information provided, none of the community pharmacies in Norfolk have signed up to provide AUR (currently until 31 March 2022). However, it should be noted that for some of these services, such as AUR, pharmacies may still provide the service without signing up.

The number of contractors signed up to provide AUR is also very low regionally and nationally. There were only 65 community pharmacies or DAC providers nationally (1%) and five community pharmacy or DAC providers (0.4%) in the East of England in 2020-21. Appendix A lists those community pharmacies that have signed up to provide the services.

The new hypertension case-finding service started in October 2021 and the smoking cessation Advanced Service started on 10 March 2022, and therefore the number of pharmacies signed up is low at time of writing.

At time of writing, no pharmacies have signed up to the community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally).

It must be stressed that the impact of the COVID-19 pandemic will have affected the delivery and potential uptake of services in several ways:

- Workload was diverted to address the delivery of other priority services in managing the pandemic
- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic

- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

The majority of pharmacies signed up to provide COVID-19 lateral flow tests and some pharmacies provided the pandemic delivery service, however, the majority of pharmacies provide a free delivery service regardless of the pandemic.

3.2.3 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE ([Section 1.4](#)). Therefore, any Locally Commissioned Services commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

There are currently three Enhanced Services commissioned in Norfolk.

COVID-19 vaccination service

Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. There are currently 15 (10%) community pharmacies signed up to providing this service in Norfolk. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.2](#). A total of 2,909 vaccinations were recorded across all Norfolk and Waveney community pharmacy sites on 17 December 2021, compared with a weekly average of c4,000 across April and May 2022.

Infected insect bite service

An infected insect bite service provided via PGD. This is a very new service introduced in 2021 and currently six pharmacies are commissioned to provide this service in Norfolk. It is now being recommissioned with ongoing sign-up, therefore the current numbers may not reflect the true uptake during the lifetime of this PNA.

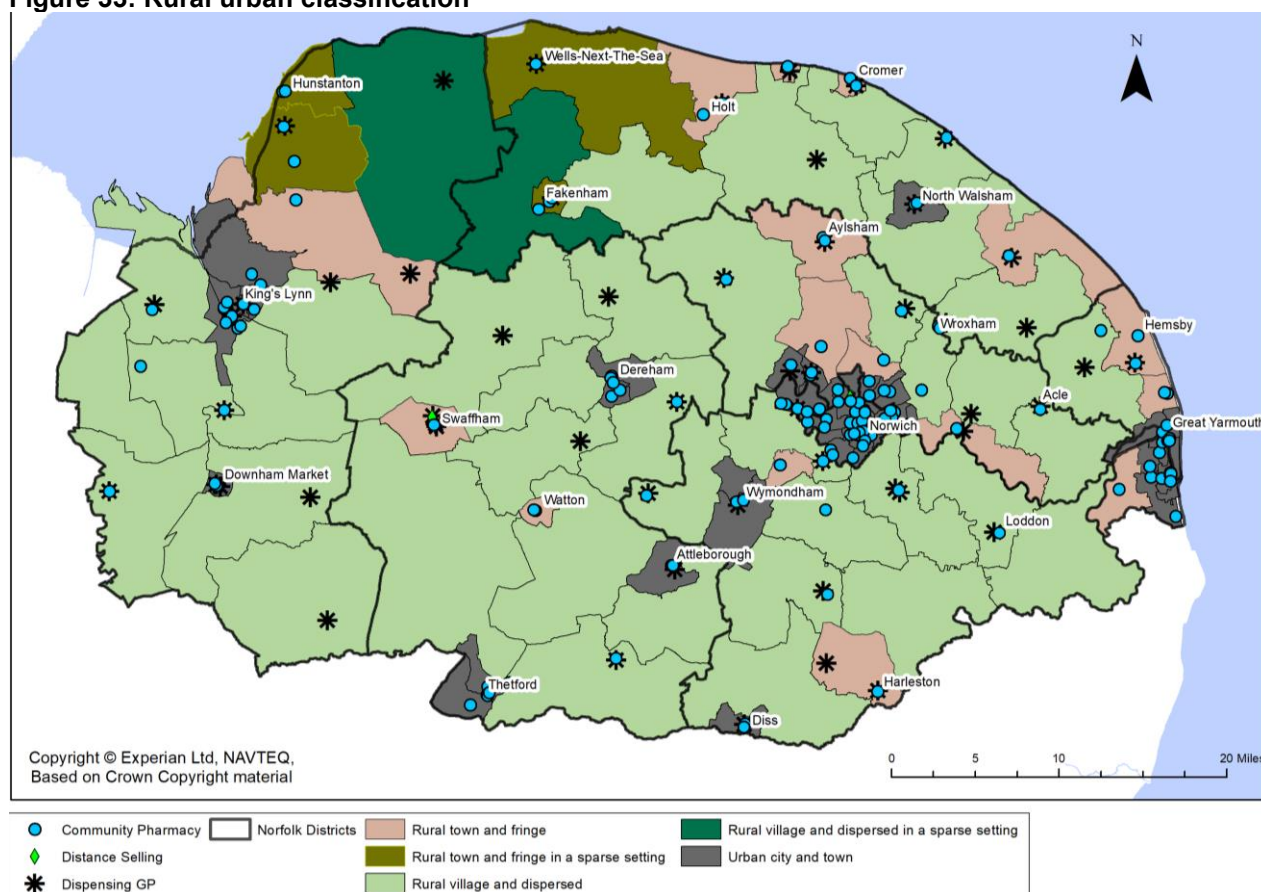
Easter Sunday and Christmas Day coverage

This service provides coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days. There was no information available on the number of pharmacies signed up in Norfolk from NHSE.

3.3 Dispensing GP practices

Norfolk is a rural county: 53% of its population is designated as rural, with only two districts, Great Yarmouth and Norwich, primarily urban.³⁵

³⁵ Norfolk Rural Development strategy 2013-20

Figure 33: Rural urban classification

In addition to the 157 community pharmacies (including 4 DSPs), Norfolk has 55 dispensing GP practices providing pharmaceutical services (reduced from 56 since the last PNA, in 2018). Combining these, Norfolk has an average of 23.2 community pharmacies and dispensing GP practices per 100,000 population. This has decreased from 24.6 in the 2018 PNA. The East of England average has also decreased to 19.4 from the previous 20.4 community pharmacies per 100,000 population.

Table 25 lists the number of dispensing GP practices in each locality. Full details can be found in Appendix A.

Table 25: Number of dispensing practices by localities

District	Main practice	Of which dispensing	Branch surgery	Of which dispensing
Breckland	16	9	8	6
Broadland	11	8	6	3
Great Yarmouth	7	1	8	2
King's Lynn and West Norfolk	17	13	9	4
North Norfolk	12	12	7	5
Norwich	16	0	7	0
South Norfolk	14	12	7	6
Total	93	55	52	26

There were 43 responses to the dispensing practice questionnaire (Appendix F). All respondents indicated that they were participating in the Dispensary Services Quality Scheme (DSQS) and 93% signed up to provide Dispensing Review of Use of Medicines (DRUMS).

3.4 Access to community pharmacies and dispensing GP practices

Community pharmacies in Norfolk are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.

A previously published article³⁶ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Norfolk and their opening hours can be found in Appendix A.

³⁶ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.4.1 Routine daytime access to community pharmacies and dispensing GP practice

Table 26: Travel times and distance from home to the nearest pharmacy in Norfolk

Car drive times off-peak		
Time	Population	Coverage (%)
5 minutes	720,560	78.8
10 minutes	896,859	98.1
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0
Car drive times peak time – rush hour		
Time	Population	Coverage (%)
5 minutes	657,883	72.0
10 minutes	882,003	96.5
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0
Walking travel times		
Time	Population	Coverage (%)
5 minutes	245,286	26.8
10 minutes	437,972	47.9
15 minutes	564,799	61.8
20 minutes	629,353	68.9
30 minutes	658,455	72.0
Public transport weekday morning travel times		
Time	Population	Coverage (%)
5 minutes	281,843	30.8
10 minutes	557,777	61.0
15 minutes	662,381	72.5
20 minutes	725,786	79.4
30 minutes	786,260	86.0
Public transport weekday afternoon travel times		
Time	Population	Coverage (%)
5 minutes	281,843	30.8
10 minutes	557,777	61.0
15 minutes	662,381	72.5
20 minutes	725,786	79.4
30 minutes	786,260	86.0

Public transport weekday evening travel times		
Time	Population	Coverage (%)
5 minutes	281,843	30.8
10 minutes	557,777	61.0
15 minutes	662,381	72.5
20 minutes	725,786	79.4
30 minutes	786,260	86.0
Distance		
Car distance		
Distance	Population	Coverage (%)
1 km	493,101	53.9
2 km	634,548	69.4
3 km	665,804	72.8
6 km	780,883	85.4
8 km	855,896	93.6
Walking distance		
Distance	Population	Coverage (%)
0.2 km	145,612	15.9
0.5 km	336,812	36.8
1 km	545,515	59.7
1.5 km	629,470	68.9
2 km	652,468	71.4

Source: SHAPE toolkit using ONS 2020 UTLA population estimate and LSOA population weighted centroid to make the catchment.

Table 27: Travel times and distance from home to the nearest pharmacy and dispensing GP practice in Norfolk

Car drive times off-peak		
Time	Population	Coverage (%)
5 minutes	770,151	84.3
10 minutes	914,039	100.0
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0
Car drive times peak time – rush hour		
Time	Population	Coverage (%)
5 minutes	697,962	76.4
10 minutes	912,479	99.8
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0

Walking travel times		
Time	Population	Coverage (%)
5 minutes	258,962	28.3
10 minutes	460,160	50.3
15 minutes	585,508	64.1
20 minutes	645,887	70.7
30 minutes	684,547	74.9
Public transport weekday morning travel times		
Time	Population	Coverage (%)
5 minutes	306,573	33.5
10 minutes	577,366	63.2
15 minutes	682,775	74.7
20 minutes	761,437	83.3
30 minutes	815,849	89.3
Public transport weekday afternoon travel times		
Time	Population	Coverage (%)
5 minutes	301,796	33.0
10 minutes	580,507	63.5
15 minutes	691,181	75.6
20 minutes	770,461	84.3
30 minutes	824,519	90.2
Public transport weekday evening travel times		
Time	Population	Coverage (%)
5 minutes	306,573	33.5
10 minutes	577,366	63.2
15 minutes	682,775	74.7
20 minutes	761,437	83.3
30 minutes	815,849	89.3
Distance		
Car distance		
Distance	Population	Coverage (%)
1 km	512,448	56.1
2 km	655,909	71.8
3 km	693,860	75.9
6 km	824,896	90.2
8 km	890,508	97.4
Walking distance		
Distance	Population	Coverage (%)
0.2 km	153,266	16.8

0.5 km	357,068	39.1
1 km	564,862	61.8
1.5 km	647,541	70.8
2 km	674,256	73.8

All times and distances reported are from home/resident locations.

Summary:

- 67.76% of the population live within 20-minute walk of a pharmacy and 70.7% of the population live within a 20-minute walk of a pharmacy or dispensing GP practice
- 71.4% can reach a pharmacy or dispensing GP practice with 2 km of walking
- 100% live within a 20-minute drive (off-peak and peak) of a pharmacy or dispensing GP practice
- 69.4% can drive to a pharmacy, and 71.4% to a pharmacy or dispensing GP practice within 2 km
- 79.4% live within 20-minute drive of a pharmacy by public transport on a weekday; approximately 83% live within a 20-minute drive of a pharmacy or dispensing GP practice by public transport on a weekday

The above demonstrates good access to community pharmacies and dispensing GP practices in Norfolk.

3.5 Dispensing Appliance Contractors (DACs)

There is one DAC in Norfolk, however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 96 responses to this question, and 94 of them reported that they provide stoma and/or incontinence appliances.

There is one DAC in Norfolk:

- Fittleworth Medical Ltd, 8 Longs Business Centre, Taverham, Norwich NR8 6QW

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Norfolk. There were 112 DACs in England in 2020-21. Of items prescribed in Norfolk, 0.83% were dispensed by DACs nationally between 1 April 2021 and 31 January 2022.

3.6 Distance-Selling Pharmacies (DSPs)

There are four DSPs in Norfolk, including one that has opened since the last 2018 PNA.

- One Pharmacy, 28 Curtis Road, Norwich NR6 6RB
- Online Chemist, 82 Middleton Road, Gorleston NR31 7AH
- PharmacyExprezz, 183A King Street, Great Yarmouth NR30 1LS
- Universal Pharmacy, Unit 25, Turbine Way, Ecotech Innovation Business Park, Swaffham PE37 7XD

Of items prescribed in Norfolk, 4.92% were dispensed by DSPs nationally between 1 April 2021 and 31 January 2022.

3.7 Local Pharmaceutical Service (LPS) providers

LPS providers are described in [Section 1.4.3](#).

There are no LPS pharmacies in Norfolk.

3.8 PhAS pharmacies

PhAS providers are described in [Section 1.4.4](#).

There are 30 PhAS pharmacies in Norfolk, which are listed in Appendix A.

3.9 Pharmaceutical service provision provided from outside Norfolk

Norfolk is bordered by three other HWB areas: Cambridgeshire, Suffolk and Lincolnshire. As previously mentioned, like East of England, Norfolk has good transport links even to the rural areas. As a result, it is anticipated that many residents in Norfolk will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

For some residents, the nearest provider of pharmaceutical services may be across the border in a neighbouring HWB area. Given the largely rural nature of Norfolk, many residents will be familiar with significant travel times, particularly in the evenings and at weekends, to access other services such as a supermarket.

It is not practical to list here all those pharmacies outside Norfolk by which Norfolk residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Norfolk area boundaries and are marked on Figure 1. Further analysis of cross-border provision is undertaken in [Section 6](#). To note: Waveney provision is covered by the Suffolk County Council PNA.

Section 4: Other services that may affect pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

The services commissioned in Norfolk are described below and where these are being provided are listed in Appendix A.

4.1 Locally Commissioned Services (LCS)

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHSE local teams. In Norfolk, most commissioned services are public health services and hence are commissioned by the Norfolk Public Health.

Appendix A provides a summary of Locally Commissioned Services (LCS) within Norfolk pharmacies and Sections 4.1 and 4.2 provide a description of those services.

LCS are included within this assessment where they affect the need for pharmaceutical services or where the further provision of these services would secure improvements or better access to pharmaceutical services.

4.1.1 Local authority–commissioned services provided by community pharmacies in Norfolk

NCC commissions seven services from community pharmacies:

4.1.1.1 NHS Health Checks programme

The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes**, **heart disease**, **kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

Research into the NHS Health Checks programme has established that outreach models, including delivery by pharmacies, increase access to NHS Health Checks – especially in areas of higher deprivation.

This service is currently provided by 110 pharmacies in Norfolk

NHS Health Checks are available from other providers including GP practices.

4.1.1.2 Sexual and reproductive health service

Sexual health includes the provision of advice and services around contraception and STIs (such as chlamydia, gonorrhoea and HIV).

Community pharmacies in Norfolk are contracted by NCC to provide a sexual health service that includes the provision of Emergency Hormonal Contraception (EHC), chlamydia screening and treatment, and provision of condoms.

As part of a local network, pharmacies provide rapid access to high quality contraceptive and sexual health services, namely:

- Provision, via a PGD, of EHC to clients aged 13 and over
- Provision of advice and signposting to termination of pregnancy services and estimation of gestation by last menstrual period as appropriate
- Opportunistic chlamydia screening of sexually active young people aged 15–24 and screening of partners regardless of age
 - Patients to be offered the opportunity to screen for chlamydia either annually or following a change of partner
- Provision of chlamydia treatment for young men and women aged 15–24 and their sexual partners (free to end user) under a PGD
- Administration and delivery of the C-Card scheme, as a registered outlet, including free condoms to those clients aged 13–24 who provide evidence that they are part of the C-Card scheme
- Provision of sexual health promotion and advice and signposting to local sexual health services, GP practices and other appropriate services

In Norfolk, 143 pharmacies provide sexual health services as of April 2022.

4.1.1.3 Healthy Start vitamins

Healthy Start is a national government scheme to improve the health of low-income pregnant women and their families by providing vouchers for milk, fruit, vegetables and vitamins. All pregnant women under 18 years, as well as women that are at least ten weeks pregnant or have a child under 4 and whose family is in receipt of certain benefits, qualify for Healthy Start.

In Norfolk, community pharmacies are the only distribution points where Healthy Start coupons can be exchanged for vitamins. The new service will allow the sale of Healthy Start vitamins in community pharmacies to pregnant women and families with children under 4 who do not meet the eligibility criteria for the national scheme.

The aim of the service is to increase the uptake of the national Healthy Start scheme and provide a low-cost offer to non-beneficiaries to encourage vitamin supplementation among pregnant women and children under 4.

All community pharmacies will be given the opportunity to opt into providing the extended scheme. Pharmacies that choose not to sell vitamins may start or continue to provide vitamins under the voucher scheme, i.e. either provide free Healthy Start vitamins for women and children in receipt of Healthy Start Scheme vouchers or sell the vitamins at the capped costs specified in the service-level agreement.

In the tables in [Section 6.2](#) (and Appendix A) there are two rows describing Healthy Start vitamins, i.e. those pharmacies providing them free under voucher (55% of pharmacies) and those selling vitamins in the low-cost scheme (27%).

4.1.1.4 Stop smoking

Smoking cessation services in Norfolk are commissioned by the Public Health Team at NCC. There are two parts to this service.

Level 1: Stop smoking service provision

The service involves multi-session interventions with a total potential client contact time of a minimum of 1.5 hours from pre-quit preparation to four weeks post-quit. This will involve offering weekly support to individuals committing to quitting smoking from their quit date until they have quit for four weeks or until they relapse, if this is less than four weeks after the quit date. Support offered may be initially face to face but can also include telephone support.

There are 144 pharmacies in Norfolk that provide this service as of April 2022.

Level 2: Supply of Nicotine Replacement Therapy (NRT)

Pharmacies are key providers of stop smoking services due to their opening hours, accessibility, and their ability to advise prospective quitters and supply Nicotine Replacement Therapy (NRT). Pharmacies are not the sole source of stop smoking support to the population, with GP practices, workplaces and community services all providing access to support for prospective quitters.

NRT is available to purchase through a range of retail outlets, including supermarkets and pharmacies. Evidence shows that the use of NRT is effective in helping smokers stop.

Since the publication of the last PNA, the Medicines and Healthcare Products Regulatory Agency has licensed some e-cigarettes. In 2021, NICE published draft recommendations on e-cigarettes. These state that people should be advised on where to find information on nicotine-containing e-cigarettes, that e-cigarettes are substantially less harmful than smoking, but that the long-term health effects of e-cigarettes are still uncertain.

The community pharmacies in Norfolk supply the NRT product in accordance with the directions of the adviser or appropriate senior clinical staff trained to issue NRT.

There are 145 pharmacies in Norfolk that provide this service as of April 2022.

4.1.1.5 Supervised consumption

From 1 April 2018, the delivery of supervised consumption and needle exchange services in Norfolk will be managed by CGL Norfolk. CGL contracts directly with pharmacies to provide needle exchange and substitute-prescribing.

The service is available from pharmacies to service users who are prescribed Opioid Substitution Treatments (OST) and other medication and will encompass supervised support and advice to service users in a safe environment. The practice is designed to

support service users to stop or stabilise their opiate use, thus enabling them to develop their personal goals.

Pharmacists and their team play a key role in supporting drug users in complying with their prescribed regime, therefore reducing the incidents of accidental deaths through overdose.

‘Supervised consumption’ is defined as the observed consumption, by the pharmacist or a suitably trained pharmacy technician, of prescribed OST and/or other medication where defined in the specification and where supervision has been requested by the prescriber.

There are 118 pharmacies providing supervised consumption services in Norfolk as of April 2022.

4.1.1.6 Needle exchange

From 1 April 2018, the delivery of supervised consumption and needle exchange services in Norfolk will be managed by CGL Norfolk.

The practice is designed to reduce harm to People Who Inject Drugs (PWIDs) and in turn reduce the prevalence of blood-borne viruses and bacterial infections. The safe disposal of used equipment will also benefit the wider community.

Pharmacists are well placed to be able to provide services as part of the local harm reduction strategy.

Offering people safe access to injecting equipment and a way to safely dispose of it reduces the sharing of needles and therefore the spread blood-borne viruses, protecting both drug users and the wider community.

There are 70 pharmacies providing this service in Norfolk as of April 2022.

4.1.1.7 Take-home naloxone

Naloxone is a drug that temporarily reverses the effects of an opiate overdose, allowing vital time for medical intervention.

Five pharmacies were initially contracted to pilot a take-home naloxone service that started in March 2017; there are currently 36 pharmacies providing the service (as of April 2022).

These services may also be provided from other providers, e.g. GP practices and community health services. A full list of services and community pharmacy providers can be found in Appendix A.

4.1.2 CCG-commissioned services

Norfolk and Waveney CCG commissions three services. CCGs are to be replaced by ICBs as part of ICSs. It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from 2023 from NHSE and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services. However at the time of writing these services still fall under ‘other’ services and are not considered as Enhanced Services.

4.1.2.1 Emergency supply

The purpose of the community pharmacy emergency supply service is to ensure that patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose.

In an emergency, a pharmacist can supply Prescription-Only Medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription, at the request of the patient.

This service will be available to all patients registered with a GP within the UK, i.e. no geographical restriction in the UK. This enables holidaymakers to be supplied with their medicines in these circumstances. This local service allows direct emergency supply without referral from GPs or 111, unlike CPCS and GP CPCS. There are no time restrictions on this service, providing all legal and professional considerations are met.

The CPCS does enable the emergency supply of medicines in similar circumstances, but this emergency supply service preceded the CPCS.

This service is available for all Norfolk pharmacies and can be used on ALL weekends and bank holidays and other times in exceptional circumstances.

All 157 community pharmacies can provide this service in Norfolk as of April 2022.

4.1.2.2 Palliative care

For adult palliative care patients who are actively deteriorating and are in the last weeks or days of life, it is good practice to provide anticipatory or subcutaneous medication in the home, for symptom control.

The aim of this service is to:

- Provide improved access to controlled medicines
- Enable prompt symptom relief at whatever time the patient develops distressing symptoms
- To provide data relating to usage, costs and wastage, by using an audit trail to follow the administration of medicines

The service is aimed at the supply of essential specialist and palliative care drugs, the demand for which may be urgent and/or unpredictable, and takes place during normal opening hours for the community pharmacy and commissioned extended hours, e.g. Sunday/public holiday rota.

The identified range and quantity of medicines are in addition to any demand requirement arising from the pharmacies' routine dispensing service.

The pharmacy contractor will stock a locally agreed list of essential care drugs, make a commitment to ensure those users of this service have prompt access to these medicines and dispense these in response to a prescription.

Fifteen pharmacies provide this service in Norfolk as of April 2022.

4.1.2.3 Norfolk Medicines Support Service (Section 75 commissioned)

Norfolk Medicines Support Service (NMSS) has been in operation since 2003. It is jointly funded between health and social care. The aim of the service is to put in place a pragmatic solution to assist a person to manage their medicines safely, effectively and as independently as possible.

The aim of the service is to avoid unnecessary hospital admissions for patients who may not be able to remain compliant with self-administration of medicines.

NMSS pharmacy technicians work independently undertaking assessments in patients' homes. Patients receive a home visit from a pharmacy technician who must be a registered pharmacy technician. They will assess the patient on all elements of their medicine management including, but not limited to:

- How their medicines are ordered and received
- Their understanding of the purpose of medicines prescribed
- Their understanding of the dose regime currently prescribed
- Storage of medicines
- Stockpiling of medicines
- The administration routine
- Adherence
- Reminders/assistance currently in place
- What level of care is currently in place, formal or otherwise
- Any side effects being experienced

Consideration is also given to the patient's living situation, mental and physical capacity, and any other factor that may contribute to medicines management or raise concern under safeguarding guidelines.

On completion of a patient assessment, the NMSS pharmacy technician will make recommendations regarding the patient's medicines management arrangements including any appropriate compliance intervention or administration assistive device. This can include, but is not limited to:

- PillPress – To aid removing tablets from plastic blisters
- HalerAid – To assist with dosing of Evohalers
- DropAid – To guide administration of eye drops
- Pill cutters – To aid self-administering patients with 'half a tablet' regimens
- Pill crushers – To aid crushing tablets to ease of taking – specified items only after clinical verification it will not hamper medicine's effect
- Pill-Bob – To aid with the opening of compliance aids
- Nomad Clear – Medicines compliance aid/multicompartment dosage system/domiciliary dosage system/dosette box – weekly trays with four times a day dosing option
- Nomad Duo – As above with twice-daily dosing options
- Nomad XL/Max – As Nomad Clear, with larger sections for complicated regimens or larger tablets

- Nomad cassette – A six-dose medicines compliance aid held in a hard, plastic container
- Pivotell carousel – A locked dosing system with an alarm and light reminder
- Reminder/tick-charts
- Large print labels
- MAR Charts – Only to be provided if care agency staff are administering medicines and must only be administered from original packs.

As part of the NHS medicines optimisation objectives, NMSS pharmacy technicians will also review patients' prescribed medication regimen and make recommendations to the GP, in partnership with the patient and/or medicines supplier. These can be administrative changes such as synchronising quantities, removing items no longer required from repeat or other amendments in accordance with local guidelines. Pharmacy technicians may make clinical recommendations such as highlighting side effects being experienced, suggesting reviews if understanding or compliance has become a clinical risk.

All activity relating to a patient referral will be recorded onto Blueteq IT system. This will include all communications, interventions or recommendations, and associated correspondence. Any recommendations made to the GP for amendment or removal are discussed with the patient before inclusion in the assessment.

Pharmacy technicians will also provide advice and counselling to patients regarding their medicines. This can include, but is not limited to, optimal times of day to minimise interactions with other medicines, storage, safety advice, administration and the accurate dosing of items such as liquids. Any advice provided will be reiterated in a letter to the patient for their reference.

All pharmacies in Norfolk are able to provide this service, including dispensing GP practices.

4.2 Collection and delivery services

From the pharmacy contractor questionnaire and dispensing GP practice questionnaire, up to 58% of community pharmacies and 71% of dispensing GP practices provide free home delivery services on request. Both groups often noted restrictions on areas and/or to which specific patient groups they offer free delivery. It should be noted that 96 (of 157) pharmacies and 42 (of 57) dispensing GP practices responded to this question.

Of pharmacies who responded, 92% offer to collect prescriptions from GP surgeries on behalf of their patients. This is a decrease from 99% of respondents willing to provide this service in 2018. The number may also have decreased due to the increase in the Electronic Prescription Service.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are four DSPs based in Norfolk, and 372 throughout England.

Free delivery of appliances is also offered by DACs. There is one DAC based in Norfolk, providing services nationally, and there are a further 110 throughout England.

4.3 Language services

All community pharmacies in Norfolk can access interpreting and translation services, which are commissioned by NHSE. The service involves interpreting, transcription and translation of spoken and non-spoken languages. These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.

The providers are DA Languages for spoken languages and Language Empire for non-spoken languages. A summary of availability for bookable appointments is below:

	Spoken	Non-spoken
Face to face	Between 08:00 and 18:00 Monday to Friday each week and on bank holidays and weekends.	Between 08:00 and 18:00 Monday to Friday each week and on bank holidays and weekends
Telephone and video interpretation	24 hours a day, 365 days a year	24 hours a day, 365 days a year

4.4 Services for less-abled people

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,³⁷ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. The low number of responses to the contractor questionnaire make any analysis regarding access for less-abled people difficult.

As one measure of accessibility the questionnaire identifies 19 respondents (1%) who identified wheelchair or mobility scooter as their method of travel to a pharmacy. The questionnaire found 38% of respondents identified a difficulty travelling to a pharmacy; 3% reported lack of disabled access/facilities.

4.5 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS. In the public questionnaire, 47% of respondents reported that they are aware that their GP can send prescriptions to their chosen pharmacy via an EPS.

4.6 GP practices providing extended hours

There are a number of GP practices in Norfolk that provide extended hours. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. There are 19 100-hour pharmacies in Norfolk, with the latest opening time until 23.00 on weekday. No dispensing GP practices are open on Sunday and one (of 55) is open on a Saturday morning. Details are found in Appendix A.

³⁷ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.7 Other services provided by dispensing GP practices

Although not listed as a pharmaceutical service within the Pharmaceutical Regulations 2013, Dispensing Review of Use of Medicines (DRUMs) may be provided by a dispensing GP practice that has opted to provide the Dispensing Services Quality Scheme (DSQS). The DSQS is an optional service commissioned by NHSE for dispensing GP practices to provide annually. A DRUM can be a face-to-face or a remote review with the patient to find out their compliance and agreement with their prescribed medicines and to help identify any problems that they may be having. In Norfolk, 21,996 DRUMs were provided between April 2021 and March 2022. From the dispensing GP practice questionnaire, of 43 respondents, 100% are signed up for the DSQS in Norfolk.

4.8 Other NHS commissioned providers

The following are providers of pharmacy services in Norfolk but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS Hospitals – pharmaceutical service provision is available to patients from the hospital:

- Norfolk and Norwich University Hospital, Colney Lane, Norwich NR4 7UY
- James Paget University Hospitals NHS Foundation Trust, Lowestoft Road, Gorleston, Great Yarmouth NR31 8LA
- Queen Elizabeth Hospital, Gayton Road, King's Lynn PE30 4ET

Prisons – in Norfolk there are three prisons:

- HMP Bure, Badersfield, Norwich: a Category C adult sex offender prison with capacity of 643
- HMP and YOI Norwich, Norwich: a Category B local prison that serves the courts of Norfolk and Suffolk and holds sentenced and remand prisoners with a capacity of 781
- HMP Wayland, Thetford, Norfolk: a Category C adult male training prison with a capacity of 963

Pharmacy services are built into the integrated prison healthcare contract. NHSE contracts with a prime provider who then either directly delivers or more commonly subcontracts pharmacy provision. Pharmaceutical services for all three prisons are via an in-house dispensing pharmacy at HMP Norwich. Mechanisms are in place for accessing critical and urgent medicines using FP10s or arrangements with local out-of-hours services.

Urgent care centres – residents of Norfolk have access to an urgent care centre:

- Norfolk and Norwich University Hospital, Colney Lane, Norwich NR4 7UY

4.9 Other providers

The following are services provided by NHS pharmaceutical providers in Norfolk, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services that may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- Patient group direction service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed and compiled by Norfolk PNA Steering Group. This was circulated to a range of stakeholders listed below:

- All pharmacy contractors in the Norfolk area with posters
- All GP surgeries in the Norfolk area with posters
- NCC websites
- All libraries in Norfolk to promote to the public via posters
- Healthwatch Norfolk, for onward distribution to its members and participation groups
- Parish councils to promote to the public with posters
- Social media and websites
- Norfolk Residents' Panel via email
- Internal communication newsletters

From the 1,522 responses received from the public questionnaire:

5.1 Visiting a pharmacy

- 89% have a regular or preferred local community pharmacy
- 74% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 4% (59 respondents) prefer to use an internet pharmacy to obtain prescription medicines
- 58% found it fairly/very easy to speak to their pharmacy team over the pandemic with 23% reporting that it was fairly or very difficult.

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents (extremely/very important)
Quality of service	94%
Convenience	93%
Accessibility	49%
Availability of medication	95%

5.3 Mode of transport to a community pharmacy

The main ways reported that patients access a pharmacy:

- 54% use a car
- 37% walk
- 3% use a bicycle
- 1% use wheelchair/mobility scooter
- 1% use public transport
- 2% report using a delivery service

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
99%	84%

There were 19 respondents who stated that it took longer than 30 minutes to get to a pharmacy:

- 68% report no difficulty in travelling to a pharmacy
- Of the 442 respondents reporting any difficulty:
 - 379 (86%) of them report difficulty in travelling to a pharmacy due to parking
 - 52 (12%) identify a lack of public transport
 - 58 (13%) suggest lack of disabled access or facilities including sight and hearing loss
 - 36 suggested that the pharmacy was too far away
 - Note: it was possible to give more than one answer to a question
- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy; over 89% of respondents suggest that the pharmacy is open on the most convenient day and 86% at the most convenient time

5.5 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (over 90%), with the exception of the Discharge Medicines Service (DMS) (24%). However due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware, due to a lack of need or perceived need.

Table 28 shows the awareness of respondents for a selection of services and a second column that identifies the percentage that would wish to see the service provided.

Table 28: Awareness of Advanced Services

Service	% of respondents who were aware	% of respondent who would wish to see provided
DMS	24%	63%
CPCS	20%	60%
Flu vaccination	79%	77%
NMS	30%	57%
Needle exchange	28%	49%
Stop smoking	44%	49%
Supervised consumption	28%	39%
Chlamydia testing/treatment	15%	41%
Condom distribution, emergency contraception	31%	54%
Access to palliative care medicines	16%	64%

Service	% of respondents who were aware	% of respondent who would wish to see provided
Hepatitis C testing	5%	35%
COVID-19 vaccination	43%	64%

It can be seen that there is a lack of awareness of some of the services that are currently provided, with the exception of flu vaccination. It should be noted that some services may not be advertised and rely on referrals, e.g. CPCS, so the numbers would be expected to be low. Respondents indicated that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a needle exchange service).

Only 5% of respondents were under 35; some of the LCS are specific to these age groups, e.g. sexual health services.

5.6 Demographics of the survey

Of 1,502 respondents who answered the question regarding ethnicity 1,443 (96%) responded that they were 'White', which is reflective of the results of the 2011 census.

A full copy of the results can be found as a separate document.

Table 29 provides some demographic analysis of respondents.

Table 29: Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)								
Male			Female			Prefer not to say		
24%			74%			2%		
Age (%)								
18–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Prefer not to say
0%	1%	4%	7%	15%	26%	12%	1%	2%
Illness or disability (%)?								
Yes					No			
37%					58%			

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

[Section 2](#) discusses the Norfolk JSNA, JHWS and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration. The priorities listed in [Section 2](#) can be supported by the provision of pharmaceutical services within the Norfolk.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there has been temporary changes to the service requirements within the NHS CPGF that were introduced during the COVID-19 pandemic.

The changes were agreed by the PSNC with NHSE and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services were temporary, and the Advanced Services that were introduced have now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be noted that demand for services has increased and the workforce is currently not up to 100% capacity.

There was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.³⁸

There was a Community Pharmacy Workforce Survey in 2021 commissioned by Health Education England (delivered by the Centre for Pharmacy Workforce Studies at the University of Manchester). The results showed that the East of England region (which includes Norfolk) contained 1,177 community pharmacies in total and that the vacancy rate for pharmacists was 11% (compared to the England average of 8%). The proportionally higher vacancy rate should be considered when assessing the delivery of services from community pharmacies.

³⁸ PSNC. PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

6.1.1 Norfolk health needs

Causes of ill health and health behaviours in Norfolk are discussed in detail in [Section 2.5](#) and [Section 2.6](#) of this document. [Section 6.2](#) describes some of these areas by locality, but the data is limited at this level.

Some of the key areas are as follows:

- Average life expectancy in Norfolk for men and women is slightly above the average for England
- The table below summarises the prevalence of some long-term conditions that are higher than average in Norfolk and compares them to the England averages

Table 30: Prevalence of long-term conditions

Condition	Norfolk prevalence	England prevalence
Atrial fibrillation	2.7%	2.0%
Asthma	7.5%	6.4%
Cancer	3.9%	3.2%
CHD	3.6%	3.0%
Stroke and transient ischaemic attacks	2.3%	1.8%
Obesity	7.1%	6.9%
Hypertension	16.0%	13.9%
Diabetes	7.5%	7.1%
COPD	2.3%	1.9%
Dementia	0.9%	0.7%

- Chlamydia screening for those aged 15–24 during 2020 was 18%, significantly higher than the national value of 14.3%
- The rate of late HIV diagnoses is statistically higher in Norfolk than the average for England (53.1% compared with 42.4% of adult HIV diagnoses for 2018-20)
- The rate of conception per 1,000 females aged under 18 in 2019 in Norfolk is 17.2, which is statistically higher than the East of England rate (13.9) and higher than but statistically similar to the England rate (15.7)
- For hospital admissions due to substance misuse, Norfolk has a significantly lower directly standardised rate per 100,000 people aged 15–24 than England

Deprivation is used as a surrogate measure for health need, so it is important to ensure that there is sufficient pharmacy provision in place to meet this. Examples of pharmacy services that can affect life expectancy include stop smoking, signposting, health checks and NMS.

Smoking remains the leading cause of preventable ill health and a number of long-term conditions, e.g. COPD and CVD (high blood pressure, CHD). Overall smoking prevalence is declining in Norfolk and nationally. Section 2.6.2 shows the variance in smoking rates across Norfolk.

6.1.2 Priorities from the NHS Long Term Plan

Table 31: LTP priorities that can be supported from community pharmacy

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	CVD
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
Hypertension	Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **Community Pharmacist Consultation Service (CPCS)** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

‘Pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients in taking their medicines to get the best from them, reducing waste and promoting self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available, including for respiratory conditions, diabetes and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

6.1.3 Norfolk Joint Health and Wellbeing Strategy (JHWS)

This is discussed in detail in Section 2 of this document. The following summarises the key priorities.

The most recent refresh of the JHWS (2018-22) contains the following principles:

- A single sustainable system – working together, leading the change and using our resources in the most effective way
- Prioritising prevention – supporting people to be healthy, independent and resilient throughout life. NCC will offer help early to prevent and reduce demand for specialist services
- Tackling inequalities in communities – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime
- Integrating ways of working – collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them

6.2 PNA localities

There are 157 community pharmacies (of which four are DSPs) within Norfolk. Individual pharmacy opening times are listed in Appendix A.

As described within [Section 1.6](#), the PNA Steering Group decided that the PNA should be divided into seven localities:

- Breckland
- Broadland
- Great Yarmouth
- King's Lynn and West Norfolk
- North Norfolk
- Norwich
- South Norfolk

Substantial health data is available at PCN level, which does not exactly match the PNA localities, resulting in the narrative by locality requiring some interpretation. Populations and their health needs vary widely between PCN areas and localities. This is illustrated and discussed in [Section 2.5](#), where there is a table included that shows disease prevalence by PCN area.

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services. The four DSPs are all open Monday to Friday 09:00–17:00 and closed on weekends

Table 32: Number and type of contractor per locality

Opening times	Number and type of contractor per locality (% of community pharmacies*)						
	Breckland (20)	Broadland (20)	Great Yarmouth (24)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (30)	South Norfolk (18)
After 18:30 weekday	8 (40%)	4 (20%)	4 (17%)	1 (4%)	2 (11%)	5 (17%)	4 (22%)
Saturday	19 (95%)	18 (90%)	17 (71%)	18 (78%)	15 (83%)	27 (90%)	17 (94%)
Sunday	7 (35%)	4 (20%)	6 (25%)	3 (13%)	4 (22%)	6 (20%)	4 (22%)
100-hour pharmacy	5 (25%)	2 (10%)	4 (17%)	1 (4%)	2 (11%)	1 (3%)	4 (22%)
PhAS	4 (20%)	10 (50%)	3 (13%)	4 (17%)	4 (22%)	1 (3%)	4 (22%)
Dispensing GP practices	9	8	1	13	12	0	12
DSP	1	0	2	0	0	1	0
DAC	0	1	0	0	0	0	0
Total dispensaries	30	29	27	36	30	31	30

Note: Total of 55 dispensing GP practices and 4 DSPs

*DSPs not included in % figures

Table 33: Pharmacies signed up to NHSE Advanced and Enhanced Services by locality

NHSE Advanced or Enhanced Service	Locality (number of community pharmacies and DSPs)						
	Breckland (21)	Broadland (20)	Great Yarmouth (26)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (31)	South Norfolk (18)
NMS	18 (86%)	17 (85%)	26 (100%)	22 (96%)	17 (94%)	30 (97%)	17 (94%)
CPCS	20(95%)	16 (80%)	22 (85%)	20 (87%)	15 (83%)	24 (77%)	13 (72%)
Flu vaccination	17 (81%)^	14 (70%)	20 (77%)	17 (74%)	12 (67%)	18 (58%)	14 (78%)
SAC	3 (14%)	5 (25%)	1 (4%)	1 (4%)	1 (6%)	3 (10%)	0
AUR	No data						
Hypertension case-finding service	6 (29%)	11 (55%)	20 (77%)	6 (26%)	10 (56%)	7 (23%)	8 (44%)
Smoking cessation Advanced Service	2 (10%)	0	4 (15%)	0	2 (11%)	0	3 (17%)
Hep C testing	No data						
C-19 vaccination*	3 (14%)^	4 (20%)	1 (4%)	2 (9%)	2 (11%)	2 (7%)	1 (6%)
Insect bite PGD*	0	2 (10%)	1 (4%)	0	2 (11%)	0	1 (6%)

*Enhanced. Note: DSPs provide Advanced and Enhanced Services

The smoking cessation Advanced Service started on 10 March 2022 nationally, and the Hepatitis C testing service has had very low uptake across England for a number of reasons, most importantly the COVID-19 pandemic. The infected insect bite Enhanced Service currently also has low uptake but this is due to it also being a new service introduced in 2021. Increased sign-up is anticipated as this is currently being recommissioned.

Table 34: Pharmacies signed up to Locally Commissioned Services (CCG and LA)

LCS	Locality (number of community pharmacies plus DSPs)						
	Breckland (21)	Broadland (20)	Great Yarmouth (26)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (31)	South Norfolk (18)
CCG							
NMSS	21 (100%)^	20 (100%)	25 (100%)^	23 (100%)	18 (100%)	31 (100%)^	18 (100%)
Palliative care	2 (10%)	1 (5%)	3 (12%)	2 (9%)	3 (17%)	2 (7%)	1 (6%)
Emergency supply	21 (100%)^	20 (100%)	26 (100%)^	23 (100%)	18 (100%)	31 (100%)^	18 (100%)
LA							
Sexual health	20 (95%)	17 (85%)	25 (96%)^	21 (91%)	16 (89%)	28 (90%)	10 (56%)
Health Checks	18 (86%)	17 (85%)	17 (65%)^	15 (65%)	12 (67%)	25 (81%)	10 (56%)
Healthy Start vitamins	6 (27%)	7 (35%)	4 (15%)	3 (13%)	2 (11%)	4 (13%)	1 (6%)
Healthy Start vitamins (free supply)	11 (52%)	10 (50%)	10 (39%)	11 (48%)	12 (67%)	20 (65%)	9 (50%)
Stop smoking service							
Level 1: Stop smoking	20 (95%)	19 (95%)	25 (96%)^	19 (83%)	16 (89%)	28 (90%)	17 (94%)
Level 2: NRT supply	20 (95%)	19 (95%)	25 (96%)^	19 (83%)	17 (94%)	28 (90%)	17 (94%)
Substance misuse							
Supervised consumption	13 (62%)	13(65%)	17 (65%)	21 (91%)	12 (67%)	27 (87%)	16 (89%)
Needle exchange	7 (33%)	6 (30%)	7 (27%)	12 (52%)	6 (33%)	22 (71%)	5 (28%)
Take-home naloxone	8 (38%)	5 (25%)	5 (19%)	5 (22%)	2 (11%)	8 (26%)	3 (17%)

[^]Provided by DSPs

Note: Information was provided by NCC and CCG, information is correct as of April 2022.

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision within each locality.

It should be noted that local service provision is still in the process of recovering from the pandemic and although contractors may have signed up to a service that is commissioned either centrally or locally, full recovery may take time.

6.2.1 Breckland

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.1.1 Necessary Services: current provision

Breckland has a population of 141,255.

There are 21 community pharmacies including one DSP in this locality and the estimated average number of community pharmacies per 100,000 population is 14.9, which is lower than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21).

Of these pharmacies, 15 hold a standard 40-core hour contract, while five hold a 100-core hour contract. The DSP is open on weekdays and closed at weekends. Four of the pharmacies are in the PhAS.

There are nine dispensing GP practices. When the dispensing GP practices are added to the community pharmacies, the rate of pharmaceutical providers per 100,000 population increases to 21.2. (Note: there are a further six dispensing GP branch practices in Breckland).

The numbers of pharmacies are reflective of the rural nature of Breckland, where there are few major conurbations.

Of the 20 community pharmacies (not including the DSP):

- 8 pharmacies (40%) are open after 6.30 pm on weekdays
- 19 pharmacies (95%) are open on Saturdays
- 7 pharmacies (35%) are open on Sundays

There are providers in neighbouring localities.

6.2.1.2 Necessary Services: gaps in provision

There has been a population growth of approximately 2,000 since the last PNA (2018). The population growth for the lifespan of this PNA (to 2025) is expected to be 4.8% to 148,093. The estimated population change map shows the highest level of population growth in the area around Swaffham, where there are two community pharmacies. When this population growth is assessed the ratio of community pharmacies per 100,000 population reduces to 14.2. However, in addition, there is the DSP in the area and nine dispensing GP practices in the area.

New housing developments are planned for the locality during the period of this PNA; approximately 5,000 dwellings to house nearly 12,000 people. The area of highest development (based on the maps) is around Attleborough, where there are two community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Breckland locality.

6.2.1.3 Other relevant services: current provision

The DSP provides some Advanced, Enhanced and CCG-commissioned services and will be included in the narrative below, in addition to the community pharmacies, where relevant.

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Breckland – it can be seen that there is good availability of NMS, CPCS, and flu vaccination in the locality. The hypertension case-finding and smoking cessation Advanced Service have been recently introduced at the time of writing and the numbers of providers are likely to increase with time. There is no information regarding the provision of the hepatitis C testing service.

Regarding access to **Enhanced Services**:

- The C-19 vaccination service is available in three pharmacies, including a DSP in the locality
- No pharmacies provide the insect bite service by PGD

Regarding access to **CCG-commissioned services** in the 20 pharmacies and 1 DSP:

- The palliative care service commissioned via the CCG is available in 2 pharmacies (including the DSP)
- All 20 community pharmacies and the DSP have available the emergency supply service commissioned via the CCG
- The NMSS is available in all pharmacies including the DSP

Regarding access to **local authority-commissioned services** in the 20 community pharmacies (the DSP does not provide these services)

- NHS Health Checks are available in 18 pharmacies
- Sexual health services are available in all 20 of the community pharmacies
- Healthy Start vitamins via free supply are available in 11 pharmacies, and via the low-cost sale service in 6
- Supervised consumption is available in 13 pharmacies
- Needle exchange service is available in 8 pharmacies
- The take-home naloxone service is available in 8 pharmacies

- The stop smoking service is available in all 20 pharmacies

6.2.1.4 Improvements and better access: gaps in provision

Breckland has relatively lower levels of deprivation compared with most of the other localities in Norfolk.

Breckland does have a higher incidence than England and Norfolk for several long-term conditions, including:

- Obesity
- CHD
- Hypertension
- Stroke

Consideration should be given to incentives for further uptake from current providers and extending provision of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD and stroke.

There is good availability of NHS Health Checks in the locality.

There is generally good availability of all services from community pharmacies in Breckland.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across Breckland locality.

6.2.2 Broadland

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.2.1 Necessary Services: current provision

Broadland has a population of 131,931.

There are 20 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 15.2, lower than Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21). Of these pharmacies, 18 hold a standard 40-core hour contract while two hold a 100-core hour contract and ten pharmacies are in the PhAS.

There is one DAC.

There are eight dispensing GP practices (and three branch surgeries are dispensing practices). When the dispensing GP practices are added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 21.2.

The number of pharmacies is reflective of the rural nature of Broadland, where there are few major conurbations.

Of the 20 pharmacies:

- 4 pharmacies (20%) are open after 6.30 pm on weekdays
- 18 pharmacies (90%) are open on Saturdays
- 4 pharmacies (20%) are open on Sundays

6.2.2.2 Necessary Services: gaps in provision

There has been a population growth of approximately 2,500 since the last PNA (2018). The population growth for the lifespan of this PNA (to 2025) is expected to be 3.8% to 136,967, which is similar to the rate of growth for England.

New housing developments are planned for the locality during the period of this PNA; approximately 6,800 dwellings to house in excess of 16,000 people. The area of highest development (based on the maps) is to the north-east of Norwich, where there is good access to community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments and population growth are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Broadland locality.

6.2.2.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Broadland – it can be seen that there is good availability of NMS, CPCS, flu vaccination and over 50% provide hypertension case-finding service in the locality.

Regarding access to **Enhanced Services**:

- 4 pharmacies (20%) provides the C-19 vaccination service
- 2 pharmacies (10%) are signed up to provide the infected insect bite PGD

Regarding access to **LCS** in the 20 pharmacies:

- 1 pharmacy is signed up to provide the palliative care service commissioned via the CCG
- All 20 pharmacies are signed up to provide the NMSS commissioned via the CCG
- All 20 pharmacies are signed up to provide the emergency supply service

- 17 pharmacies (85%) are signed up to provide Health Checks
- Sexual health services are available in 17 pharmacies
- Healthy Start vitamins free supply is available in 10 pharmacies, and 7 pharmacies are signed up to provide the low-cost vitamin service
- Supervised consumption is available in almost two-thirds of pharmacies
- Needle exchange service is available in 6 pharmacies
- 5 pharmacies are signed up to provide the take-home naloxone service
- 19 pharmacies are signed up to provide the LA stop smoking service

6.2.2.4 Improvements and better access: gaps in provision

Although there are a relatively low numbers of community pharmacies within Broadland, when the dispensing GP practices are added to the community pharmacies the rate of pharmaceutical providers per 100,000 population increases to 21.2, which is higher than the England average.

Broadland has lower levels of deprivation compared with the other localities in Norfolk.

Broadland does have a higher incidence than the England average for some areas of ill health, including:

- Hypertension
- Asthma
- Osteoporosis
- Dementia
- Cancer

A good proportion (85%) of the pharmacies in the locality currently provide the Health Check service, and these are available from a number of providers including GP practices. Stop smoking services are provided from 95% of community pharmacy providers in the locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies; implementation of the recently introduced Advanced Service – hypertension case-finding service – would seem apt.

There is generally good provision of all of the available services from community pharmacies in Broadland.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the Broadland locality.

6.2.3 Great Yarmouth

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.3.1 Necessary Services: current provision

Great Yarmouth has a population of 99,198.

There are 26 community pharmacies in this locality including two DSPs and the estimated average number of community pharmacies per 100,000 population is 26.2, which is higher than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21).

Of these pharmacies (ex DSPs), 20 hold a standard 40-core hour contract, while four hold a 100-core hour contract and three pharmacies are in the PhAS.

There is one dispensing GP practice (with two branch dispensing practices). When the dispensing GP practice is added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 25.2.

The two DSPs are open 09.00 am to 5 pm, Monday to Friday, and are closed on weekends.

Of the other 24 community pharmacies:

- 4 pharmacies (17%) are open after 6.30 pm on weekdays
- 17 pharmacies (70%) are open on Saturdays
- 6 pharmacies (25%) are open on Sundays

6.2.3.2 Necessary Services: gaps in provision

Great Yarmouth is the second smallest locality (after Norwich) with a resultant reduction in travel times. The majority of the southern part of the locality is regarded as being urban.

The population has remained roughly the same since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is expected to be 2.5% to 101,708.

New housing developments are planned for the locality during the period of this PNA: approximately 3,200 dwellings to house about 7,500 people. The area of highest development (based on the maps) is to the south of Great Yarmouth, where there is good access to a number of community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Great Yarmouth locality.

6.2.3.3 Other relevant services: current provision

There are two DSPs in the locality that provide a number of Advanced, Enhanced and Locally Commissioned Services, which is reflected in the narrative below.

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Great Yarmouth – it can be seen that there is good availability of NMS, CPCS and flu vaccination, and over 75% are signed up to provide hypertension case-finding service in the locality. Five pharmacies have signed up to provide the smoking cessation Advanced Service.

Regarding access to **Enhanced** Services:

- 1 pharmacy (a DSP) provides the C-19 vaccination service
- 1 pharmacy (a DSP) provides the infected insect bite service via PGD

Regarding access to **LCS** in the 26 pharmacies:

- 3 pharmacies are signed up to provide the palliative care service commissioned via the CCG
- 25 pharmacies are signed up to provide NMSS commissioned via the CCG
- All pharmacies are signed up to provide the emergency supply service
- 17 pharmacies (65%) are signed up to provide Health Checks
- Sexual health services are available in 25 pharmacies (96%)
- Healthy Start vitamins are available in 4 pharmacies and free supply is available in 10 pharmacies
- Supervised consumption is available in 17 pharmacies
- Needle exchange service is available in 7 pharmacies
- 5 pharmacies are signed up to provide the take-home naloxone service
- 25 pharmacies in this locality are signed up provide the LA stop smoking service

6.2.3.4 Improvements and better access: gaps in provision

Great Yarmouth has some areas of higher deprivation; this tends to be where the most community pharmacies are situated.

Great Yarmouth does have a higher incidence than England and Norfolk for several areas of ill health, including:

- Hypertension
- Diabetes
- COPD

The Health Check service is currently provided by 65% of pharmacies in the locality, and this is available from a number of providers including GP practices. Stop smoking services are provided from all of the community pharmacy providers (and one DSP) in the locality.

Twenty pharmacies have signed up to deliver the recently introduced Advanced Service – hypertension case-finding. The smoking cessation Advanced Service will contribute to reducing a major risk factor in COPD.

There is generally good provision of all of the available services from community pharmacies in Great Yarmouth.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the Great Yarmouth locality.

6.2.4 King's Lynn and West Norfolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services that many residents may find helpful.

6.2.4.1 Necessary Services: current provision

King's Lynn and West Norfolk has a population of 151,245. The locality has a large geography and has a mix of rural and urban populations, resulting in it being the locality with highest population in Norfolk.

There are 23 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 15.2, which is lower than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21). Of these pharmacies, 22 hold a standard 40-core hour contract, while one holds a 100-core hour contract. There are four pharmacies are in the PhAS.

There are no DSPs in this locality

In addition to the 23 community pharmacies, there are 13 dispensing GP practices, which together gives a ratio of 23.8 per 100,000 population.

Of the 23 pharmacies:

- 1 pharmacy (4%) is open after 6.30 pm on weekdays
- 18 pharmacies (78%) are open on Saturdays
- 3 pharmacies (13%) are open on Sundays

6.2.4.2 Necessary Services: gaps in provision

There has been no population growth since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is estimated at 2.1% below the national average.

New housing developments are planned for the locality during the period of this PNA; approximately 6,500 dwellings to house nearly 16,000 people. The area of highest development (based on the maps) is around King's Lynn, where there are a number of community pharmacies including the 100-hour community pharmacy.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. Although there is only one pharmacy open in the evening during the week, it is situated near the major population hub within the locality (King's Lynn) at the junction of four major routes in the area (A17, A47, A10 and A149), making it relatively easy to access.

There are a number of pharmacies (including two 100-hour pharmacies) in Wisbech to the west, in the neighbouring HWB, which may be easier to access for some of the locality's population.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for King's Lynn and West Norfolk locality.

6.2.4.3 Other relevant services: current provision

Table 33 shows the pharmacies are signed up to provide Advanced and Enhanced Services in King's Lynn and West Norfolk – it can be seen that there is good availability of NMS, CPCS and flu vaccination, and 26% provide the hypertension case-finding service in the locality (as of April 2022).

Regarding access to **Enhanced** Services:

- 2 pharmacies (9%) are signed up to provide the C-19 vaccination service
- No pharmacies are signed up to provide the infected insect bite service

Regarding access to **LCS** in the 23 pharmacies:

- 2 pharmacies are signed up to provide the palliative care service commissioned via the CCG
- All 23 pharmacies are signed up to provide the NMSS commissioned via the CCG
- All 23 pharmacies are signed up to provide the emergency supply service
- 15 pharmacies (65%) are signed up to provide Health Checks
- Sexual health services are available in 21 pharmacies (91%)
- Healthy Start vitamins at low-cost are available in 3 pharmacies and free supply of vitamins is available from 11 pharmacies
- Supervised consumption is available in 21 pharmacies
- Needle exchange service is available in 12 pharmacies (52%)
- 5 pharmacies (22%) provide the take-home naloxone service
- 19 pharmacies in this locality provide the LA stop smoking service

6.2.4.4 Improvements and better access: gaps in provision

King's Lynn and West Norfolk has higher levels of deprivation in the west, to the north (Hunstanton) and in King's Lynn itself. While King's Lynn and Hunstanton are relatively well served by community pharmacies, the western part of the locality has a sparse population with one pharmacy and one dispensing GP practice. The pharmacies in Wisbech in the

neighbouring HWB may be more easily accessible to the population in this part of the locality.

King's Lynn and West Norfolk, as a locality, has a higher incidence than England and Norfolk for the following areas of ill health:

- CHD prevalence of 4.2% (England average is 3.05%)
- Hypertension prevalence of 17.62% (England average is 13.93%)
- Stroke
- Diabetes
- Asthma

In King's Lynn PCN these prevalence rates are lower, although rates of diabetes and hypertension remain higher than average.

The chlamydia detection rate in the locality is 1,179 per 100,000, significantly lower than the Norfolk and England averages. Sexual health services are provided in 91% of pharmacies; a focused period of activity from these existing providers may be of benefit in improving these rates.

The Health Check service is available in 65% of the pharmacies in the locality, and this is available from a number of providers including GP practices. Stop smoking services are available in 18 community pharmacy providers in the locality.

Implementation of the recently introduced Advanced Service – hypertension case-finding – would seem apt (25% of pharmacies have signed up to provide the service as of April 2022). In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD and stroke.

There is generally adequate provision of all of the available services from community pharmacies in King's Lynn and West Norfolk.

No gaps have been identified that if provided either now or in the future, would secure improvements or better access to Advanced Services across the King's Lynn and West Norfolk locality.

6.2.5 North Norfolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.5.1 Necessary Services: current provision

North Norfolk has a population of 105,167.

There are 18 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 17.1, is similar to the Norfolk average (17.2) and lower than England average of 20.6 ([Section 3.2](#), Table 21). Of these pharmacies,

16 hold a standard 40-core hour contract, while two hold a 100-core hour contract. There are four pharmacies in the PhAS.

There are no DSPs in this locality

There are 12 dispensing GP practices (and 5 branch dispensing practices); when the dispensing GP practices are added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 28.5.

Of the 18 pharmacies:

- 2 pharmacies (11%) are open after 6.30 pm on weekdays
- 15 pharmacies (83%) are open on Saturdays
- 4 pharmacies (22%) are open on Sundays

6.2.5.2 Necessary Services: gaps in provision

There has been a population growth of approximately 500 since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is expected to be 3.5% to 108,893. The estimated population change map shows the highest level of population growth in the area around Holt, where there are two community pharmacies.

North Norfolk has the greatest proportion of population aged 65 and over of any locality in Norfolk (approximately 35%).

New housing developments are planned for the locality during the period of this PNA; approximately 3,400 dwellings to house 8,000 people. The area of highest development (based on the maps) is around Holt, where there are two community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. The two 100-hour pharmacies are located in Fakenham (west of the locality) and North Walsham (towards the eastern side of the locality).

There is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for North Norfolk locality.

6.2.5.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in North Norfolk – it can be seen that there is good availability of NMS (94%), CPCS (72%) and flu vaccination (67%), and over 50% provide the recently introduced hypertension case-finding

service in the locality. The smoking cessation Advanced Service has two pharmacies signed up to provide, but as this is recently introduced there may be more with time.

Regarding access to **Enhanced Services**:

- 2 pharmacies (11%) provide the C-19 vaccination service
- 2 pharmacies (11%) provide the infected insect bite service via PGD

Regarding access to **LCS** in the 18 pharmacies:

- 3 pharmacies provide the palliative care service commissioned via the CCG
- All 18 pharmacies provide the NMSS commissioned via the CCG
- All 18 pharmacies provide the emergency supply service
- 12 pharmacies (67%) have Health Checks available
- Sexual health services are available in 16 pharmacies (89%)
- Low-cost Healthy Start vitamins are available in 2 pharmacies and free supply is available from 12 pharmacies
- Supervised consumption is available in 12 pharmacies
- Needle exchange service is available in 6 pharmacies
- 2 pharmacies are signed up to provide the take-home naloxone service
- 16 pharmacies in this locality provide the LA stop smoking level 1 and 17 pharmacies provide NRT

6.2.5.4 Improvements and better access: gaps in provision

Based on the maps in [Section 2.4.7](#) showing IMD scores, North Norfolk has generally higher levels of deprivation across most of the locality. North Norfolk has the greatest proportion of population aged 65 and over of any locality in Norfolk (approximately 35%).

North Norfolk has a higher incidence than England and Norfolk in many areas of ill health, which is likely to be a reflection of the population age profile. Some of these areas include:

- Rheumatoid arthritis 1.27% (0.77% England average)
- CHD 4.86% (3.05% England average), including atrial fibrillation
- Hypertension 20.21% (13.93 England average)
- Stroke 3.09% (1.8%% England average)
- Diabetes
- Cancer
- Asthma and COPD

A good proportion (67%) of the pharmacies in the locality currently provide the Health Check service, and these are available from a number of providers including GP practices. Stop smoking services are provided by 16 of the community pharmacy providers in the locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt (56% of pharmacies currently signed up). In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD and stroke.

There is generally adequate provision of all of the available services from community pharmacies in North Norfolk.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the North Norfolk locality.

6.2.6 Norwich

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.6.1 Necessary Services: current provision

Norwich has a population of 142,177.

There are 31 community pharmacies including one DSP in this locality, and the estimated average number of community pharmacies per 100,000 population is 21.8, which is higher than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21). Of these pharmacies, 29 hold a standard 40-core hour contract and one holds 100-core hour contract. There is one pharmacy in the PhAS.

The DSP does provide some Advanced and CCG-commissioned services, and this is reflected in the narrative below. It is open 9 am to 5 pm on weekdays and closed at weekends.

There are no dispensing GP practices in this locality, which is an urban area.

Of the other 30 community pharmacies (ex-DSP):

- 5 pharmacies (17%) are open after 6.30 pm on weekdays
- 27 pharmacies (87%) are open on Saturdays
- 6 pharmacies (20%) are open on Sundays

6.2.6.2 Necessary Services: gaps in provision

There has been a population growth of approximately 1,000 since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is expected to be 1.7%, well below the national average. The University of East Anglia is based in Norwich, which has approximately 14,000 students.

New housing developments are planned for the locality during the period of this PNA: approximately 3,800 dwellings to house just over 9,000 people.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good pharmaceutical service provision across the whole locality with pharmacies easily accessible by walking within 20 minutes (based on Table 26).

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Norwich locality.

6.2.6.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Norwich

- There is good availability of NMS (97%)
- 16 pharmacies (52%) are signed up to provide CPCS
- 18 pharmacies (58%) are signed up to provide flu vaccination
- 7 pharmacies have signed up to provide the hypertension case-finding service in the locality (none for the smoking cessation Advanced Service as of April 2022).

Regarding access to **Enhanced** Services:

- 2 pharmacies (7%) are signed up to provide the C-19 vaccination service
- No pharmacies are signed up to provide the infected insect bite service via PGD (reflecting the urban nature of the locality)

Regarding access to **LCS** in the 31 pharmacies:

- 2 pharmacies are signed up to provide the palliative care service commissioned via the CCG
- All 31 pharmacies (including the DSP) are signed up to provide the NMSS commissioned via the CCG
- All 31 pharmacies are signed up to provide the emergency supply service
- 25 pharmacies (81%) are signed up to provide Health Checks
- Sexual health services are available in 28 pharmacies
- Healthy Start vitamins are available in 4 pharmacies and free supply is available from 20 pharmacies
- Supervised consumption is available in 27 pharmacies (87%)
- Needle exchange service is available in 22 pharmacies (71%)
- Take-home naloxone service is available from 8 pharmacies
- 28 pharmacies (90%) in this locality are signed up to provide the LA stop smoking service

6.2.6.4 Improvements and better access: gaps in provision

Parts of Norwich have the highest levels of deprivation and some areas the least deprived based on the mas in Section 2.4.7. Norwich has the lowest proportion of population aged over 65 of any of the Norfolk localities (and lower than the England average).

Norwich has a lower incidence of most long-term conditions when compared with the averages for England and Norfolk, which is likely to be associated with the age profile of the locality.

The chlamydia detection rate (1,819 per 100,000) and screening proportion (21.9) are both higher than the national and Norfolk averages and is suggestive that screening is being correctly targeted towards higher-risk groups.

There is generally good provision and access to all of the available services from community pharmacies in Norwich.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the Norwich locality.

6.2.7 South Norfolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.7.1 Necessary Services: current provision

South Norfolk has a population of 143,066.

There are 18 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 12.6, lower than the Norfolk average (17.2) and significantly lower than England average (20.6) ([Section 3.2](#), Table 21). Of these pharmacies, 14 hold a standard 40-core hour contract, while four hold a 100-core hour contract. There are four pharmacies are in the PhAS.

There are no DSPs in this locality.

There are 12 dispensing GP practices (and six branch dispensing practices) and when they are added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 21.0 per 100,000 population.

The number of pharmacies is reflective of the rural nature of South Norfolk, where there are few major conurbations.

Of the 18 pharmacies:

- 4 pharmacies (22%) are open after 6.30 pm on weekdays
- 17 pharmacies (94%) are open on Saturdays
- 4 pharmacies (22%) are open on Sundays

6.2.7.2 Necessary Services: gaps in provision

There has been a population growth of approximately 5,000 since the last PNA (2018); anticipated population growth for the lifespan of this PNA (to 2025) indicates a 7.1% rise to 153,289, which is a level of growth considerably higher than the national average. When

this population growth is factored in, the ratio of community pharmacies per 100,000 population reduces to 11.8 (19.6 when dispensing GP practices are included).

New housing developments are planned for the locality during the period of this PNA of nearly 6,500 dwellings, to house nearly 15,500 people. The area of highest development (based on the maps) is to the south-east of Norwich and around Wymondham. There are community pharmacies in this part of the locality and in the neighbouring Norwich locality.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. There are also community pharmacies in the neighbouring localities (especially Norwich) and in Suffolk HWB area to the south.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

The proposed population growth and housing developments are significant; any impact will be easier to assess and will be dependent on understanding the more precise location of this planned growth. Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments and population growth are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for South Norfolk locality.

6.2.7.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in South Norfolk – it can be seen that there is good availability of NMS (94%), CPCS (72%) and flu vaccination (78%), and over 40% are signed up to provide the hypertension case-finding service in the locality. In addition, three community pharmacies are to provide the smoking cessation Advanced Service.

Regarding access to **Enhanced** Services:

- 1 pharmacy (6%) provides the C-19 vaccination service
- 1 pharmacy (6%) provides the infected insect bite service via PGD

Regarding access to **LCS** in the 18 pharmacies:

- 1 pharmacy provides the palliative care service commissioned via the CCG
- All 18 pharmacies are signed up to provide the NMSS commissioned via the CCG
- All 18 pharmacies are signed up to provide the emergency supply service
- 10 pharmacies (56%) are signed up to provide Health Checks
- Sexual health services are available in 10 pharmacies
- Low-cost Healthy Start vitamins are available in 1 pharmacy and free supply is available from 9 pharmacies

- Supervised consumption is available in 16 pharmacies (89%)
- Needle exchange service is available in 5 pharmacies
- 3 pharmacies provide the take-home naloxone service
- 17 pharmacies in this locality provide LA stop smoking service

6.2.7.4 Improvements and better access: gaps in provision

South Norfolk has relatively lower levels of deprivation compared with most of the other localities in Norfolk.

South Norfolk has a prevalence of stroke and hypertension that are both higher than the England average. Other long-term conditions have a lower prevalence when compared with Norfolk as a whole.

The Health Check service is currently provided by 56% of the pharmacies in the locality (this is also available from a number of providers including GP practices). Stop smoking services are provided from 17 community pharmacy providers in the locality.

Implementation of the new Advanced Service – hypertension case-finding service – to its fullest extent would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in stroke.

There is generally adequate provision of all of the available services from community pharmacies in South Norfolk.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the South Norfolk locality.

6.3 Necessary Services: gaps in provision in Norfolk

For the purposes of the PNA, **Necessary** Services for Norfolk are:

- All **Essential** Services

The following **Advanced** Services are considered relevant:

- CPCS
- NMS
- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service
- C-19 lateral flow device distribution service (stopped)
- Pandemic delivery service (stopped)

When assessing the provision of pharmaceutical services in Norfolk and each of the three PNA localities, Norfolk HWB has considered the following:

- The health needs of the population of Norfolk from the JNSA, Norfolk Joint Health and Wellbeing Strategy and nationally from the NHS Long Term Plan
- The map showing the location of pharmacies within Norfolk (Figure 1)
- Population information ([Section 2.4](#)) including specific populations
- Access to community pharmacies via various types of transport ([Section 3.4](#)). From Table 26, the travel times to community pharmacies were:
 - Driving: 100% of the population can drive to a pharmacy or dispensing GP practice within 20 minutes
 - Walking: 67.76% of the population can walk to a pharmacy or dispensing GP practice within 20 minutes
- The number, distribution and opening times of pharmacies within each of the seven PNA localities and across the whole of Norfolk (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the seven PNA localities and the whole of Norfolk (Appendix A)
- Results of the public questionnaire based on 1,522 responses (Appendix D and [Section 5](#))
 - 89% have a regular or preferred pharmacy
 - 74% have visited a pharmacy once a month or more for themselves in the previous six months
 - The main ways reported that patients access a pharmacy are:
 - By car: 54%
 - Walking: 37%
 - 99% report that they can access a pharmacy within 30 minutes
 - 68% report no difficulty in travelling to a pharmacy
 - Of the 442 respondents reporting difficulty travelling, 379 identified a lack of parking as the biggest issue
 - 89% of respondents suggest that the pharmacy is open on the most convenient day and 86% state it is open at the most convenient time
- Results of the pharmacy contractor questionnaire (Appendix E)
- Projected population growth and housing increases ([Section 2.4.3](#))

The latest 2020 estimate for Norfolk population is 914,039. Between 2022 and 2025, the overall population is projected to grow by nearly 34,000 (3.7%), similar to but slightly higher than the England (population growth 2.7%). The largest area of growth in the population will be in the over-65 age group. Population growth at a locality level suggest the highest levels of population growth will be in Breckland and South Norfolk localities.

There are 157 community pharmacies including four DSPs in Norfolk. There are 17.2 community pharmacies per 100,000 population in Norfolk, compared with 20.6 per 100,000 in England.

There are 19 100-hour pharmacies in Norfolk, which is a greater proportion (12%) than the England average (9.4%), and there are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (85%) are open on Saturdays and 22% of pharmacies are open on Sundays, with 18% of community pharmacies open after 6.30 pm on weekdays. The travel times to access an open pharmacy on a Sunday may be longer, which reflects the rural nature of Norfolk and would be similar to accessing other services.

Opening hours do vary by locality and this is discussed in [Section 6.2](#).

Access to pharmaceutical services on Easter Sunday and Christmas Day is limited, but there is access if required as an Enhanced Service across Norfolk.

The important role of dispensing GP practices in Norfolk is discussed in [Section 3.3](#). Because of the rurality of the county, up to 25% of the population of Norfolk is eligible to have their prescriptions dispensed at their dispensing GP practice. All respondents to the dispensing practice questionnaire (43) indicated that they were participating in the DSQS, and 93% provide DRUMs.

There are a number of community pharmacies on or near the border of Norfolk HWB (particularly to the west and south), which further improves the access to pharmaceutical services for the population.

Based on the information above and throughout this document there is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services outside normal hours anywhere in Norfolk.

6.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

Norfolk HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Norfolk HWB has identified LCS that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in Norfolk.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

Causes of ill health and health behaviours in Norfolk are discussed in Sections 2.5 and 2.6. [Section 6.2](#) describes some of these areas of health by locality.

Some of the key health issues are as follows:

- Average life expectancy in Norfolk for men and women is slightly above the average for England
- The table below summarises the prevalence of some long-term conditions that are higher than average in Norfolk, and compares them to the England averages:

Condition	Norfolk prevalence	England prevalence
Atrial fibrillation	2.7%	2.0%
Asthma	7.5%	6.4%
Cancer	3.9%	3.2%
CHD	3.6%	3.0%
Stroke and transient ischaemic attacks	2.3%	1.8%
Obesity	7.1%	6.9%
Hypertension	16.0%	13.9%
Diabetes	7.5%	7.1%
COPD	2.3%	1.9%
Dementia	0.9%	0.7%

- Chlamydia screening for those aged 15–24 during 2020 was 18%, significantly higher than the national figure of 14.3%
- The rate of late HIV diagnoses is statistically higher in Norfolk than the average for England (53.1% compared with 42.4% of adult HIV diagnoses for 2018-20)
- The rate of conception per 1,000 females aged under 18 in 2019 in Norfolk is 17.2, which is statistically higher than the East of England rate (13.9) and higher than but statistically similar to the England rate (15.7)
- For hospital admissions due to substance misuse, Norfolk has a significantly lower directly standardised rate per 100,000 people aged 15–24 than England

Deprivation is used as a surrogate measure for health need, so it is important to ensure that there is sufficient pharmacy provision in place to meet this. Examples of pharmacy services that can affect life expectancy include stop smoking, signposting, Health Checks and the NMS.

Smoking remains the leading cause of preventable ill health and a number of long-term conditions, e.g. COPD and CVD (high blood pressure, CHD). Overall smoking prevalence is declining in Norfolk and nationally. [Section 2.6.2](#) shows the variance in smoking rates across Norfolk.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service; 70 community pharmacies are signed up to provide this service as of April 2022
- Smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory conditions and CVD; 11 community pharmacies are signed up to provide this service but as it has been recently introduced the numbers may increase; the LA-commissioned stop smoking service is provided by 144 community pharmacies

- Use the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes
- Essential Services include signposting patients and carers to local and national sources of information and reinforce those sources already promoted; signposting for cancers may help in earlier detection and thereby help to reduce the mortality rates described above

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to improve uptake. A summary of the questionnaire results can be seen in [Section 5](#) (full results in Appendix D).

The majority of community pharmacies offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays. There were 99 respondents to the pharmacy contractor questionnaire (Appendix E).

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

It is considered that community pharmacies in Norfolk play an important role supporting the health needs of their communities. They bring valued skills and expertise to support people to manage their own health and to prevent ill health. A range of services is already commissioned locally from community pharmacies by Norfolk and Waveney CCG and by NCC Public Health. In the future, as the new ICS develops, it is recommended that community pharmacies are considered and involved when planning and commissioning new services to improve population health and as part of the development of a Community Pharmacy Integration Strategy.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Norfolk will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE and all CCGs, to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 7: Conclusions

The PNA must clearly state what is considered to constitute Necessary Services, as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Norfolk HWB are defined as Essential Services.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Norfolk.

LCS are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Norfolk, and are commissioned by the CCG or local authority, rather than NHSE.

7.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4.1](#). Access to Necessary Service provision in Norfolk is available by locality in [Section 6.2](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Norfolk to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Norfolk to meet the needs of the population.

7.2 Future provision of Necessary Services

A clear understanding of the potential impact of proposed population growth and housing development over the next ten years by locality would support the understanding of ongoing needs for service provision in future PNAs.

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Norfolk.

7.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Norfolk.

LCS are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Norfolk and are commissioned by the CCG or local authority rather than NHSE.

7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1](#) and the provision in each locality is discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Norfolk.

There are no gaps in the provision of Advanced Services across the whole of Norfolk.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services in Norfolk.

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Norfolk.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Norfolk

7.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through the

council or local authority; these services are described in [Section 4.1](#) and their provision by locality is discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Norfolk.

It is considered that community pharmacies in Norfolk play an important role supporting the health needs of their communities. They bring valued skills and expertise to support people to manage their own health and to prevent ill health. A range of services is already commissioned locally from community pharmacies by Norfolk and Waveney CCG and by NCC Public Health. In the future, as the new ICS develops, it is recommended that community pharmacies are considered and involved when planning and commissioning new services to improve population health and as part of the development of a Community Pharmacy Integration Strategy.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services either now or in specific future circumstances across Norfolk to meet the needs of the population.

Appendix A: List of pharmaceutical service providers in Norfolk HWB area¹

Breckland locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Total Health Pharmacy	FAD81	Community	14 Gregor Shanks Way, Watton	IP25 6FA	08:00-23:00	08:00-20:30	08:00-20:30	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Tanner Street Pharmacy	FAM13	Community	1 Tanner Court, Tanner Street	IP24 2BQ	07:00-23:00	08:00-20:00	10:00-18:00	Y	-	-	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
East Harling Pharmacy	FAT07	Community	Memorial Green, East Harling	NR16 2ND	09:00-18:00	09:00-13:00	Closed	-	Y	-	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	
Day Lewis Pharmacy	FAW63	Community	Community Health Centre, Croxton Road	IP24 1JD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Theatre Royal Pharmacy	FCW27	Community	27 Theatre Street, Dereham	NR19 2EN	07:00-22:00	07:00-22:00	08:00-18:00	Y	-	Y	-	-	Y	-	-	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y
Boots	FDD08	Community	35 Market Place, Dereham	NR19 2AP	08:30-17:30	08:30-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FDM43	Community	37 Market Place, Swaffham	PE37 7LA	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FGH54	Community	29-31 King Street, Thetford	IP24 2AN	09:00-13:30, 14:30-17:00	09:00-13:30, 14:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
School Lane Pharmacy	FHW56	Community	School Lane Surgery, School Lane, Thetford	IP24 2AG	08:30-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Universal Pharmacy	FJ308	DSP	Unit 25 Turbine Way, Ecotech Innovation Business Park, Swaffham	PE37 7XD	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-

¹ Information correct as of 31 March 2022

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA												
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Lloyds Pharmacy	FK248	Community	The Guiltcross Club, Queen's Square	NR17 2AF	08:00-18:00	09:00-13:30, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	
Mattishall Pharmacy	FKH35	Community	15 Dereham Road, Mattishall	NR20 3QA	08:30-13:00, 14:00-18:30	Closed	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	
Lloyds Pharmacy	FMK50	Community	2 Chapel Lane, Toftwood	NR19 1LD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y
Lime Pharmacy	FP870	Community	Grove Surgery, Grove Lane, Thetford	IP24 2HY	07:30-23:00	08:00-20:30	08:00-18:00	Y	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	
Lloyds Pharmacy	FPF06	Community	7 Church Street, Attleborough	NR17 2AH	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Tesco Pharmacy	FPX90	Community	Tesco Superstore, Kingston Road	NR19 1WB	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	
Lloyds Pharmacy	FQJ35	Community	Thetford Forest Retail Park, London Road	IP24 3QL	07:00-23:00	07:00-22:00	10:00-16:00	Y	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	
Boots	FTM69	Community	1 Chaston Place, 29 High Street, Watton	IP25 6XE	08:30-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	
Lloyds Pharmacy	FV830	Community	The Orchard Surgery, Commercial Road	NR19 1AE	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Well Swaffham - Market Place	FW475	Community	38 Market Place, Swaffham	PE37 7QH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	-	
Tesco Pharmacy	FXX05	Community	Tesco Superstore, Norwich Road	IP24 2RL	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	-	Y	
Attleborough Surgeries	D82034	Dispensing GP Practice	Station Road Surgery	NR17 2AS	08:30-12:00, 14:00-18:00	Closed	Closed																												
Mattishall & Lenwade Surgeries - Dr Jones & Partners	D82039	Dispensing GP Practice	15 Dereham Road	NR20 3QA	08:30-18:00	Closed	Closed																												

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG			LA								
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange
East Harling & Kenninghall	D82042	Dispensing GP Practice	Market Street	NR16 2AD	08:30-18:00	Closed	Closed																									
Litcham Health Centre	D82049	Dispensing GP Practice	Manor Drive	PE32 2NW	08:00-18:30	Closed	Closed																									
Elmham Surgery	D82056	Dispensing GP Practice	Holt Road	NR20 5JS	08:30-18:00	Closed	Closed																									
The Campingland Surgery	D82057	Dispensing GP Practice	Swaffham	PE37 7RD	08:30-18:00	Closed	Closed																									
Manor Farm Medical Centre, Swaffham	D82065	Dispensing GP Practice	Mangate Street	PE37 7QN	08:30-19:45	Closed	Closed																									
Shipdham Surgery	D82100	Dispensing GP Practice	Chapel Street	IP25 7LA	08:00-18:30	Closed	Closed																									
Plowright Medical Centre	D82621	Dispensing GP Practice	1 Jack Boddy Way	PE37 7HJ	08:30-13:00, 14:00-18:00	Closed	Closed																									

Broadland locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distributor	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Rackheath Pharmacy	FAV25	Community	1 Bernard Close, Rackheath	NR13 6QS	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	
Lloyds Pharmacy	FDC73	Community	94 The Paddocks, Old Catton	NR6 7HS	09:00-18:00	09:00-17:30	Closed	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	
Lloyds Pharmacy	FDP86	Community	262 Fakenham Road, Taverham	NR8 6AD	09:00-18:00	09:00-17:00	Closed	-	Y	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Well Acle - The Street	FDR30	Community	High Street, Acle	NR13 3DY	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	Y	-	
Well Brundall - The Street	FFM40	Community	118-120 The Street, Brundall	NR13 5LP	09:00-18:30	09:00-12:00	Closed	-	Y	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-
Pledger Pharmacy Ltd	FHJ82	Community	205 Holt Road, Horsford	NR10 3DX	09:00-13:00, 14:15-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-
Lloyds Pharmacy	FKV43	Community	6 Market Place, Aylsham	NR11 6EH	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Lloyds Pharmacy	FLF04	Community	81 Middletons Lane, Hellesdon	NR6 5SR	08:45-18:15	08:45-17:30	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Well Pharmacy	FLW94	Community	30 High Street, Coltishall	NR12 7AA	09:00-18:00	09:00-17:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Motts Pharmacy	FM388	Community	Market Place, Reepham	NR10 4JJ	09:00-18:00	09:00-17:00	Closed	-	Y	-	-	-	Y	-	Y	-	-	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-
Thorpe Health Centre Pharmacy	FNK33	Community	The Health Centre, St William's Way	NR7 0AJ	08:45-12:45, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Lloyds Pharmacy	FQ856	Community	Sainsbury's, Pound Lane Dussindale Park	NR7 0SR	08:00-22:00	07:30-22:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Tesco Pharmacy	FQP37	Community	Tesco Superstore, Blue Boar Lane	NR7 8AB	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Boots	FQP45	Community	Aslake Close, Aslake Close, Sprowston	NR7 8ET	08:30-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Spixworth Pharmacy	FRP85	Community	106B Crostwick Lane, Spixworth	NR10 3NQ	09:00-17:00	09:00-13:00	Closed	-	Y	-	-	-	Y	-	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	-	-	-	-
Asda Pharmacy	FRW01	Community	Drayton High Road, Hellesdon	NR6 5DT	08:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-
Lloyds Pharmacy	FTG38	Community	School Road, Drayton	NR8 6DW	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-
Drayton Pharmacy	FW516	Community	Drayton Medical Practice, Manor Farm Close, Drayton	NR8 6EE	07:00-23:00	08:00-20:00	09:00-17:00	Y	-	Y	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	Y	Y	-	-	Y	Y	-	Y	-	Y	-
Fittleworth Medical Ltd	FWP87	DAC	8 Longs Business Centre, 232 Fakenham Road	NR8 6QW	09:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Willows Pharmacy	FXC38	Community	15 Frazers Yard, Aylsham	NR11 6FB	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Dye's Pharmacy	FXR66	Community	67 North Walsham Road, Old Catton	NR6 7QA	08:30-13:00, 14:00-17:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-	-	-
The Market Surgery, Aylsham	D82016	Dispensing GP Practice	26 Norwich Road	NR11 6BW	07:30-18:30	Closed	Closed																										
Taverham Partnership	D82024	Dispensing GP Practice	Sandy Land	NR8 6JR	08:30-18:00	Closed	Closed																										
Drayton Medical Practice	D82029	Dispensing GP Practice	Manor Farm Close	NR8 6EE	08:00-18:00	Closed	Closed																										
Reepham & Aylsham Medical Practice	D82030	Dispensing GP Practice	The Surgery	NR10 4QT	08:30-18:00	Closed	Closed																										

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start	Healthy start vitamins (free only)	Needle exchange	Supervised consumption
Brundall Medical Partnership	D82032	Dispensing GP Practice	The Dales	NR13 5RP	08:30-18:30	Closed	Closed																									
Coltishall Medical Practice	D82062	Dispensing GP Practice	St Johns Close	NR12 7HA	08:30-18:30	Closed	Closed																									
Blofield Surgery - Drs Gaskin & Ledward	D82080	Dispensing GP Practice	Plantation Road	NR13 4PL	08:00-18:30	Closed	Closed																									
Acle Medical Partnership	D82104	Dispensing GP Practice	Bridewell Lane	NR13 3RA	07:00-18:30	Closed	Closed																									

Great Yarmouth locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Boots	FAG01	Community	Unit E1 Gapton Hall Retail Park, Gapton Hall Road	NR31 0NL	08:30-00:00	08:30-00:00	10:30-16:30	Y	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Superdrug Pharmacy	FCT98	Community	138 High Street, Gorleston-on-Sea	NR31 6QX	08:30-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Well Pharmacy	FCY04	Community	46 High Street, Caister-on-Sea	NR30 5EP	08:30-18:00	08:30-13:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-
Wellbeing Pharmacy	FE302	Community	19-21 Station Road North, Belton	NR31 9NF	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FEK84	Community	Pasteur Road, Southtown	NR31 0DW	08:00-22:30	06:30-22:00	10:00-16:00	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-
Bradwell Pharmacy	FFT46	Community	2 Church Lane, Bradwell	NR31 8QW	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-
Boots	FFY77	Community	Coliseum Precinct, High Street, Gorleston-on-Sea	NR31 6QX	09:00-13:00, 14:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Online Chemist	FGF70	DSP	82 Middleton Road, Gorleston	NR31 7AH	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Well Ormesby - Cromer Road	FJ754	Community	2 Cromer Road, Ormesby	NR29 3RH	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	-
Well Gorleston - Magdalen Way	FJA58	Community	Magdalen Way, Gorleston-on-Sea	NR31 7AA	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-
Magdalen Pharmacy	FK795	Community	77 Magdalen Way, Gorleston-on-Sea	NR31 7AA	08:30-18:30	08:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Well Gorleston-On-Sea - Lowestoft Road	FK846	Community	8 Lowestoft Road, Gorleston-on-Sea	NR31 6LY	09:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Hopton Pharmacy	FKA86	Community	1 Warren Road, Hopton on Sea	NR31 9BN	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Well Gt Yarmouth - High Mill Road	FKE72	Community	Cobholm & Lichfield Medical Centre, Pasteur Road	NR31 0DW	08:30-18:30	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Well Pharmacy	FLE71	Community	2-3 Kingsway, Hemsby	NR29 4JT	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Asda Pharmacy	FLF58	Community	Acle New Road, Vauxhall	NR30 1SF	08:30-20:00	08:30-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-
Pharmacy Exprezz	FPM72	DSP	183A King Street, Great Yarmouth	NR30 1LS	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Well Bradwell - Millwood Surgery	FPQ65	Community	Co-Op Pharmacy, Mill Lane, Bradwell	NR31 8HS	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Day Lewis Pharmacy	FR554	Community	Newtown Surgery, 147 Lawn Avenue	NR30 1QP	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Central Pharmacy	FRW99	Community	Central Surgery, Sussex Road	NR31 6QB	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-
Well Martham - The Medical Centre	FTE84	Community	The Medical Centre, Hemsby Road	NR29 4QG	08:45-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Greyfriars Pharmacy	FTW58	Community	5 Greyfriars Way, Great Yarmouth	NR30 2QE	07:00-22:00	08:00-21:00	08:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG			LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Boots	FV898	Community	3 Market Gates, Great Yarmouth	NR30 2AX	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	
Town Pharmacy	FXE50	Community	171 King Street, Great Yarmouth	NR30 2PA	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	Y	Y	Y	-	Y	Y	Y	Y	
Lloyds Pharmacy	FXJ07	Community	Caister Medical Centre, 44 West Road	NR30 5AQ	08:30-18:00	Closed	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-
Day Lewis Pharmacy	FXV28	Community	54 Springfield Road, Gorleston-on-Sea	NR31 6AD	09:00-13:00, 13:30-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Fleggburgh Surgery	D82600	Dispensing GP Practice	Mill Lane	NR29 3AW	08:30-18:00	Closed	Closed																											

King's Lynn and West Norfolk locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption
Boots	FA671	Community	Unit 4 Hardwick Retail Park, Campbells Meadow	PE30 4WP	09:00-18:00	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FAP54	Community	19 High Street, Hunstanton	PE36 5AB	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Boots	FCF31	Community	94-96 High Street, King's Lynn	PE30 1BL	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Welle Ltd	FD568	Community	Upwell Health Centre, Townley Close	PE14 9BT	09:00-13:00, 14:00-18:30	Closed	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	-
Boots	FDD96	Community	44-46 Station Road, Heacham	PE31 7EY	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Rainbow Pharmacy	FE205	Community	Langley Road, South Wootton	PE30 3UG	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Clock Pharmacy	FEY12	Community	1 Gayton Road, Gaywood	PE30 4EA	09:00-14:00, 15:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Well King's Lynn - Fairstead Estate	FF028	Community	6 Centre Point, Fairstead	PE30 4SR	08:30-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Alan Stockley & Co Ltd	FF277	Community	37-39 Lynn Road, Snettisham	PE31 7LR	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FFK32	Community	11-13 Wales Court, Downham Market	PE38 9JZ	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Key Chemists	FGV20	Community	44 Sutton Road, Terrington St Clement	PE34 4PQ	09:00-12:30, 14:00-18:30	Closed	Closed	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FKW27	Community	1 Priory Court, 43 St Augustine's Way	PE30 3TE	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA												
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Boots	FL272	Community	Southgates Medical Centre, 41 Goodwins Road	PE30 5QX	08:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-		
Jai Chemist	FLG23	Community	65 High Street, King's Lynn	PE30 1AY	08:30-17:15	09:00-15:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	-	Y	-	Y	-	Y	-	Y	-		
Watlington Health	FLV29	Community	Watlington Medical Centre, Rowan Close	PE33 0TU	08:45-13:00, 14:00-18:30	Closed	Closed	-	Y	-	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-		
Well King's Lynn - Gayton Road	FMF36	Community	Gayton Road Health Centre, Gayton Road	PE30 4DY	08:30-18:30	Closed	Closed	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	Y	-	
Boots	FQT60	Community	1 Jubilee Court, Hunstanton Road	PE31 6HH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	
Lloyds Pharmacy	FTE89	Community	Hardwick Roundabout, Hardwick Industrial Estate	PE30 4LR	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Lincoln Co-Op Chemists Ltd	FVM19	Community	8 Valentine Road, Hunstanton	PE36 5DN	08:30-14:00, 14:30-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	
Willows Pharmacy	FVX25	Community	2 Old Church Road, Terrington St John	PE14 7XA	08:30-12:30, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	
Well King's Lynn - Loke Road	FW594	Community	38 Loke Road, King's Lynn	PE30 2AB	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y	-	
Halls The Chemist	FWH40	Community	85 Saddlebow Road, South Lynn	PE30 5BH	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	
Willows Pharmacy	FXX52	Community	Downham Market Health Centre, Paradise Road	PE38 9JE	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Grimston Medical Centre	D82010	Dispensing GP Practice	Congham Road	PE32 1DW	09:00-17:00	Closed	Closed																												

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG			LA								
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange
Bridge Street Surgery	D82015	Dispensing GP Practice	30 Bridge Street	PE38 9DH	08:30-12:30, 13:30-18:00	Closed	Closed																									
Heacham Group Practice	D82027	Dispensing GP Practice	45 Heacham Group Practice	PE31 7EX	09:00-12:00, 14:00-17:00	Closed	Closed																									
Upwell Health Centre	D82035	Dispensing GP Practice	Townley Close, Upwell	PE14 9BT	08:00-18:30	Closed	Closed																									
Watlington Medical Centre	D82043	Dispensing GP Practice	Rowan Close	PE33 0TU	08:30-13:00, 14:00-18:00	Closed	Closed																									
Vida Healthcare	D82044	Dispensing GP Practice	Gayton Road Health Centre, Gayton Road	PE30 4DY	08:15-17:00	Closed	Closed																									
Howdale Surgery	D82068	Dispensing GP Practice	Howdale Road	PE38 9AF	09:00-18:30	Closed	Closed																									
Gt Massingham & Docking Surgeries	D82070	Dispensing GP Practice	The Surgery, Station Road	PE32 2JQ	08:00-18:30	Closed	Closed																									
Burnham Surgery	D82072	Dispensing GP Practice	1 Creak Road	PE31 8EN	08:00-18:00	Closed	Closed																									
Feltwell Surgery	D82079	Dispensing GP Practice	Old Brandon Road	IP26 4AY	08:00-18:30	Closed	Closed																									
Southgates Medical & Surgical Centre	D82099	Dispensing GP Practice	41 Goodwins Road	PE30 5QX	08:00-18:30	08:30-11:00	Closed																									
St Clement's Surgery	D82105	Dispensing GP Practice	Churchgate Way	PE34 4LZ	08:00-18:30	Closed	Closed																									

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG			LA								
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange
Boughton Surgery	D82604	Dispensing GP Practice	Chapel Road	PE33 9AG	08:00-18:30	Closed	Closed																									

North Norfolk locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption
Boots	FAV53	Community	54-56 Church Street, Cromer	NR27 9HH	09:30-17:30	08:30-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	
Well Fakenham - Holt Road	FC508	Community	Lidl Retail Park, Holt Road	NR21 8JG	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	-
Well - Mundesley	FFW07	Community	17 High Street, Mundesley-on-Sea	NR11 8LH	08:30-18:00	08:30-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	
Lloyds Pharmacy	FG801	Community	51 Church Street, Cromer	NR27 9HH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-
Cromer Pharmacy	FJH12	Community	Mill Road, Cromer	NR27 0BG	08:30-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	Y	-
Boots	FK436	Community	13 Market Place, North Walsham	NR28 9BP	08:30-17:30	08:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption
Lloyds Pharmacy	FKY73	Community	31 Station Road, Sheringham	NR26 8RF	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y
Boots	FMA27	Community	21 High Street, Holt	NR25 6BN	08:45-18:00	09:00-17:00	Closed	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-
Wellbeing Pharmacy	FMQ39	Community	Station Road, Hoveton	NR12 8UR	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	Y	-
North Walsham Pharmacy	FN670	Community	Birchwood Medical Practice, 20 Park Lane	NR28 0BQ	08:00-22:30	08:00-22:00	08:00-20:30	Y	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-
Well North Walsham	FNE95	Community	11 Market Place, North Walsham	NR28 9BP	08:45-17:45	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	-
Boots	FQ736	Community	68 High Street, Stalham	NR12 9AS	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-
Fakenham Pharmacy	FQT84	Community	Meditrina House, Trinity Road	NR21 8SY	07:00-22:00	08:00-22:00	08:00-19:00	Y	-	Y	-	-	Y	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Boots	FRD48	Community	46-48 High Street, Sheringham	NR26 8DT	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y
Roys Pharmacy (Wroxham Ltd)	FRP54	Community	Forge House, Station Road	NR12 8DB	09:00-18:00	09:00-17:30	10:30-14:30	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	Y	-	Y	-
Kelling Pharmacy	FWK09	Community	Holt Medical Practice, Old Cromer Road	NR25 6QA	08:30-18:30	Closed	Closed	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-
David Jagger Ltd	FX609	Community	5-7 Staithe Street, Wells-next-the-Sea	NR23 1AG	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	Y	Y	-	-	Y	-	-	Y	Y	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y
Boots	FXJ37	Community	7-10 Market Place, Fakenham	NR21 9BG	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y
Holt Medical Practice	D82001	Dispensing GP Practice	Kelling Hospital, Old Cromer Road	NR25 6QA	08:00-18:30	Closed	Closed																										
Cromer Group Practice	D82004	Dispensing GP Practice	Mill Road, Cromer	NR27 0BG	08:30-18:00	Closed	Closed																										

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption
Sheringham Medical Practice	D82005	Dispensing GP Practice	The Health Centre, Cromer Road	NR26 8RT	08:00-18:30	Closed	Closed																										
Stalham Staithe Surgery	D82009	Dispensing GP Practice	Lower Staithe Road	NR12 9BU	08:30-17:30	Closed	Closed																										
Hoveton & Wroxham	D82025	Dispensing GP Practice	Stalham Road	NR12 8DU	08:30-18:00	Closed	Closed																										
Ludham and Stalham Green Surgeries	D82028	Dispensing GP Practice	Staithe Road	NR29 5AB	08:30-18:00, 18:30-19:30	Closed	Closed																										
Wells Health Centre	D82038	Dispensing GP Practice	Bolts Close	NR23 1JP	08:00-18:00	Closed	Closed																										
Mundesley Medical Centre	D82053	Dispensing GP Practice	Munhaven Close	NR11 8AR	08:30-17:30	Closed	Closed																										
The Fakenham Medical Practice	D82054	Dispensing GP Practice	Meditrina House	NR21 8SY	08:00-18:30	Closed	Closed																										
Birchwood Medical Practice	D82059	Dispensing GP Practice	Park Lane	NR28 0BQ	08:00-18:00	Closed	Closed																										
Paston Surgery	D82066	Dispensing GP Practice	9-11 Park Lane	NR28 0BQ	08:30-18:00	Closed	Closed																										
Aldborough Surgery	D82628	Dispensing GP Practice	Chapel Lane	NR11 7NP	08:30-18:00	Closed	Closed																										

Norwich locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Boots	FAR67	Community	34-36 London Street, Norwich	NR2 1LD	08:30-14:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	
Boots	FAV81	Community	University of East Anglia, Bluebell Road	NR4 7LG	08:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	
Lloyds Pharmacy	FC679	Community	22 West End Street, Norwich	NR2 4JJ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Lloyds Pharmacy	FCH87	Community	2 Mandela Close, Oak Street	NR3 3BA	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y
Boots	FCQ45	Community	562A Dereham Road, Norwich	NR5 8TU	08:45-18:00	08:45-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Lionwood Pharmacy	FD424	Community	30B Wellesley Ave North, Norwich	NR1 4NT	08:30-18:15	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	
Boots	FDH21	Community	11-12 Anglia Square, Norwich	NR3 1DY	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Boots	FE181	Community	Unit 5, Riverside Retail Park, Albion Way	NR1 1WR	08:30-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Lloyds Pharmacy	FE814	Community	Sainsbury's, 1 Brazen Gate, off Queen's Road	NR1 3RX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	
Hurn Chemist	FEN53	Community	143 Unthank Road, Norwich	NR2 2PE	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	
Superdrug Pharmacy	FFG38	Community	12 St Stephens Street, Norwich	NR1 3SA	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	
Boots	FGD89	Community	93 Aylsham Road, Norwich	NR3 2HW	08:30-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Morrisons Pharmacy	FH304	Out of Town	4 Albion Way, Riverside Retail Park	NR1 1WU	08:30-20:00	08:00-19:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
One Pharmacy	FHR55	DSP	28 Curtis Road, Norwich	NR6 6RB	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Woodgrove Pharmacy	FJN54	Community	7 Woodgrove Parade, Catton Grove Road	NR3 3NS	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FKJ13	Community	Lawson Road Health Centre, Lawson Road	NR3 4LE	08:30-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	Y	Y	-
Lloyds Pharmacy	FKJ25	Community	42 Earlham West Centre, West Earlham	NR5 8AD	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FKK18	Community	The Castle Mall Shopping Centre, Norwich	NR1 3DD	08:30-17:30	08:30-17:00	10:30-16:00	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Woodside Pharmacy	FL369	Community	Thorpewood Medical Centre, 140 Woodside Road	NR7 9QL	08:30-13:00, 13:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FMD92	Community	Magdalen Medical Practice, Lawson Road	NR3 4LF	08:15-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FP850	Community	Wessex Street, Norwich	NR2 2TJ	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FQ286	Community	124 Merchants Hall, Chapelfield	NR2 1SH	09:00-17:00	09:00-17:00	10:00-16:30	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FQ859	Community	Eaton Centre, Church Lane	NR4 6NU	08:00-20:00	08:00-19:00	10:00-16:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Well Norwich - Aylsham Road	FQJ81	Community	323 Aylsham Road, Norwich	NR3 2AB	08:30-17:30	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y	-
Vauxhall Street Pharmacy	FQM87	Community	22 Suffolk Square, Vauxhall Street	NR2 2AA	08:30-18:00	08:30-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Natural Health Pharmacy	FTF42	Community	117F Ipswich Road, Norwich	NR4 6LD	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FVN30	Community	78 Hall Road, Norwich	NR1 3HP	08:30-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Hunt's Pharmacy	FVQ71	Community	205 Plumstead Road, Norwich	NR1 4AB	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y
Well Pharmacy	FWK22	Community	1 St John's Close, Hall Road	NR1 2AD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Well	FXL27	Community	29 Noble Close, Heartsease Estate	NR7 9RJ	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FY734	Community	Bowthorpe Main Centre, Bowthorpe	NR5 9HA	08:30-18:30	08:45-15:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	Y	-

South Norfolk locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Lloyds Pharmacy	FA056	Community	William Frost Way, Costessey	NR5 0JS	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y
Well Wymondham - Market Street	FCF83	Community	47-47A Market Street, Wymondham	NR18 0AJ	09:00-18:00	09:00-15:30	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y	-
Costessey Pharmacy	FDK20	Community	192 Norwich Road, New Costessey	NR5 0EX	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Boots	FFN78	Community	The Old School, The Common, Mulbarton	NR14 8AE	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Well Diss - Market Place	FFY88	Community	11 Market Place, Diss	IP22 4AB	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-	
Hado Pharmacy	FHC61	Community	66 Mount Street, Diss	IP22 4QQ	07:00-23:00	07:00-20:00	10:00-17:00	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Boots	FLL19	Community	9 Market Place, Diss	IP22 4AB	08:30-18:00	08:30-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FM892	Community	4 High Street, Loddon	NR14 6AH	08:30-18:00	08:30-17:30	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Well Poringland - The Street	FN077	Community	16-18 The Street, Poringland	NR14 7JR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y
Boots	FR791	Community	Wymondham Medical Centre, Postmill Close	NR18 0RF	08:00-18:00	10:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	Y	-
Hurn Chemist Ltd	FRP25	Community	Cringleford Surgery, Cantley Lane, Cringleford	NR4 6TA	08:30-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FT627	Community	4 The Market Place, Hingham	NR9 4AF	09:00-18:00	09:00-16:00	Closed	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-
Well Long Stratton -	FV834	Community	The Angel Site, The Street	NR15 2XJ	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
The Angel Site																																	
Boots	FW090	Community	35A Great Melton Road, Hethersett	NR9 3AB	09:00-18:00	08:30-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FWH68	Community	Unit D, Longwater Retail Park, Alex Moorhouse Way	NR5 0JT	07:30-22:30	07:30-22:30	08:30-18:30	Y	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	-	-
Roundwell Pharmacy	FX253	Community	27 Dr Torrens Way, Old Costessey	NR5 0GB	07:00-23:00	07:00-19:00	07:00-15:00	Y	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Boots	FXM05	Community	17 The Thoroughfare, Harleston	IP20 9AH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	Y	-	Y	-	Y	-
Beechcroft Pharmacy	FYE70	Community	Beechcroft Surgery, 23 Beechcroft	NR5 0RS	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	-	-	Y	-	-	-	Y	-	-
Chet Valley Medical Practice	D82006	Dispensing GP Practice	George House, 40-48 George Lane	NR14 6QH	08:00-18:30	Closed	Closed																										
Lawns Medical Practice	D82022	Dispensing GP Practice	Health Centre, Mount Street	IP22 4WG	08:30-18:30	Closed	Closed																										
Roundwell Medical Centre	D82023	Dispensing GP Practice	25-27 Dr Torrens Way	NR5 0GB	08:00-13:00, 14:00-18:00	Closed	Closed																										
The Parish Fields Practice	D82031	Dispensing GP Practice	The Health Centre	IP22 4WG	08:30-18:30	Closed	Closed																										
Old Mill and Millgates Medical Practice	D82036	Dispensing GP Practice	Hardley Road	NR14 7FA	08:00-13:00, 14:00-18:00	Closed	Closed																										

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption
Long Stratton Medical Partnership	D82037	Dispensing GP Practice	Swan Lane	NR15 2UY	08:15-18:00	Closed	Closed																									
Church Hill Surgery	D82046	Dispensing GP Practice	Station Road	IP21 4TX	08:30-18:30	Closed	Closed																									
The Humbleyard Practice	D82064	Dispensing GP Practice	Cringleford Surgery, Cantley Lane	NR4 6TA	08:30-18:30	Closed	Closed																									
Heathgate Medical Practice	D82078	Dispensing GP Practice	The Street	NR14 7JT	08:00-18:00	Closed	Closed																									
Harleston Medical Practice	D82084	Dispensing GP Practice	Bullock Fair Close	IP20 0DS	08:30-13:00, 14:00-18:30 (Evening Clinic 18:30-20:30)	Closed	Closed																									
Hingham Surgery	D82085	Dispensing GP Practice	26-28 Hardingham Street	NR9 4JB	8am-6:30pm	Closed	Closed																									
Windmill Surgery	D82624	Dispensing GP Practice	London Road	NR18 0AF	08:00-20:00	Closed	Closed																									

Appendix B: PNA Steering Group terms of reference

1. Background

The provision of NHS pharmaceutical services is a controlled market. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349) set out the system for market entry. As of 1 April 2013, the statutory responsibility for publishing and maintaining a statement of the need for pharmaceutical services for a given population lies with Health and Wellbeing Boards (HWBs) in England. A statement of the needs for pharmaceutical services for a given population is referred to as a Pharmaceutical Needs Assessment (PNA).

A PNA is a document that records an assessment of the need for pharmaceutical services within a specific area, describes the provision of pharmaceutical services (mainly delivered by community pharmacies) and identifies gaps in services. The focus of the assessment is predominantly on those pharmaceutical services delivered in primary care, through community pharmacy in the main and also dispensing services (provided by dispensing practices and dispensing appliance contractors).

The PNA will form the main reference document upon which commissioning of pharmaceutical services decisions are made, include the granting of NHS pharmaceutical services contracts.

PNAs usually have a maximum lifetime of three years. The current PNA for Norfolk was published in April 2018. Norfolk HWB has a duty to ensure a revised PNA is published by October 2022. This was originally April 2021 but was extended due to the COVID-19 pandemic. Norfolk HWB has delegated the production of the Norfolk PNA to the Director of Public Health, who in turn has formally delegated the responsibility for coordination and production of the PNA to a Steering Group of partners.

2. Purpose

The purpose of the Steering Group is to ensure Norfolk HWB has access to an up-to-date PNA, which is published on the JSNA website and is regularly updated.

This includes supporting the production of the PNA 2022 on behalf of Norfolk HWB, to ensure that it satisfies the relevant regulations including consultation requirements.

3. Role

The Norfolk PNA Steering Group has been established primarily to:

- Assure itself that the PNA meets the requirements of NHS (Pharmaceutical Services) Amendment Regulations SI 2010/914 in line with DHSC guidance.
- Ensure appropriate maintenance of the PNA following publication in April 2018, as required by the regulations
- Assess any changes in the provision of pharmaceutical services between April 2018 and October 2022 (originally April 2021, as above) with regard to meeting

population needs, and advise the HWB whether these represent significant change to the published PNA from April 2018.

- Publish regular updates to the PNA on the HWB website.
- Act as champions of the PNA, engaging with internal and external stakeholders including patients, service users and the public.

4. Accountability

The Steering Group will be accountable to the HWB for regular updates of the PNA. The Steering Group will report indirectly to the HWB through the Director of Public Health.

The draft PNA 2022 will be an item on the HWB's November 2022 meeting agenda for them to ratify delegated authority to the Director of Public Health for final sign-off.

5. Quoracy

The Steering Group shall be quorate with representation from the LPC, the LMC, Healthwatch Norfolk and Public Health NCC.

6. Administration/Support

Public Health (Norfolk County Council) will coordinate and provide project management and analytical expertise to support the programme of work and keep a record of actions/decisions made.

7. Membership

Suzanne Meredith	Deputy Director of Public Health, NCC (Chair)
James Fullam	Advanced Public Health Officer, NCC
Elaine Brown	Public Health Office Coordinator, NCC
Serena Burton	Information Analyst, NCC
Michael Woodward	Information Analyst, NCC
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee
Lauren Seamons	Deputy Chief Officer, Local Pharmaceutical Committee
Naomi Woodhouse	Joint Chief Executive Officer – N&W LMC
Joni Graham	Executive Officer – N&W LMC
Alex Stewart	Chief Executive, Healthwatch Norfolk
Emily Woodhouse	Business Development Director, Healthwatch Norfolk
Jessica Adcock	Deputy Head of Medicines Optimisation NHS N&W CCG
Kellie Loudon	Contracting Support Manager – (Pharmacy & Optical Team)

NHS England and NHS Improvement – East of England

Martyn Pretty
Team)

Commissioning Support Officer – (Pharmacy & Optical

Representatives
from Soar Beyond* –
(external provider)

Anjna Sharma – Director of Workforce Transformation
Ana Hartup – Project Executive

*Representatives from Soar Beyond Ltd will only attend meetings which support the development of the 2022 PNA. Other additional members may be co-opted if required. Soar Beyond representatives are not core members however will attend and lead the meetings to produce the 2022 PNA. The Chair will have the casting vote, if required. Members may provide a deputy to meetings in their absence.

8. Development of 2022 PNA – Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area.
 - Any NHS Trust or NHS Foundation Trust in its area.
 - NHS England
 - Any neighbouring HWB
- Ensure that due process is followed.
- Report to the HWB on both the draft and final PNA.
- Publish the final PNA by end 1 October 2022.

9. Frequency of meetings

The Steering Group will normally meet quarterly online and/or by email. There may be face to face or additional ad hoc meetings according to need.

For the 2022 PNA production, meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the HWB.

Appendix C: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project Planning and Governance - Stakeholders identified - First Steering Group meeting conducted - Project Plan, Communications Plan and Terms of Reference agreed - PNA localities agreed - Questionnaire templates shared and agreed													
Stage 2: Research and analysis - Collation of data from NHSE&I, PH, LPC and other providers of services - Listing and mapping of services and facilities with the borough - Collation of information regarding housing and new care home developments - Equalities Impact Assessment - Electronic, distribution and collation - Analysis of questionnaire responses - Steering Group meeting two - Draft update for HWB													
Stage 3: PNA development - Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs - Develop Consultation Plan - Draft PNA - Engagement for consultation - Steering Group meeting three - Draft update for HWB													
Stage 4: Consultation and final draft production - Coordination and management of consultation - Analysis of consultation responses - Production of consultation findings report - Draft final PNA for approval - Steering Group meeting four - Minutes to meetings - Edit and finalise final PNA 2022 - Draft update for HWB													

Appendix D: Public questionnaire results

<https://norfolk.citizenspace.com/consultation/pharmaceutical-needs-assessment-2022>

This report was created on Tuesday 15 March 2022 at 16:17

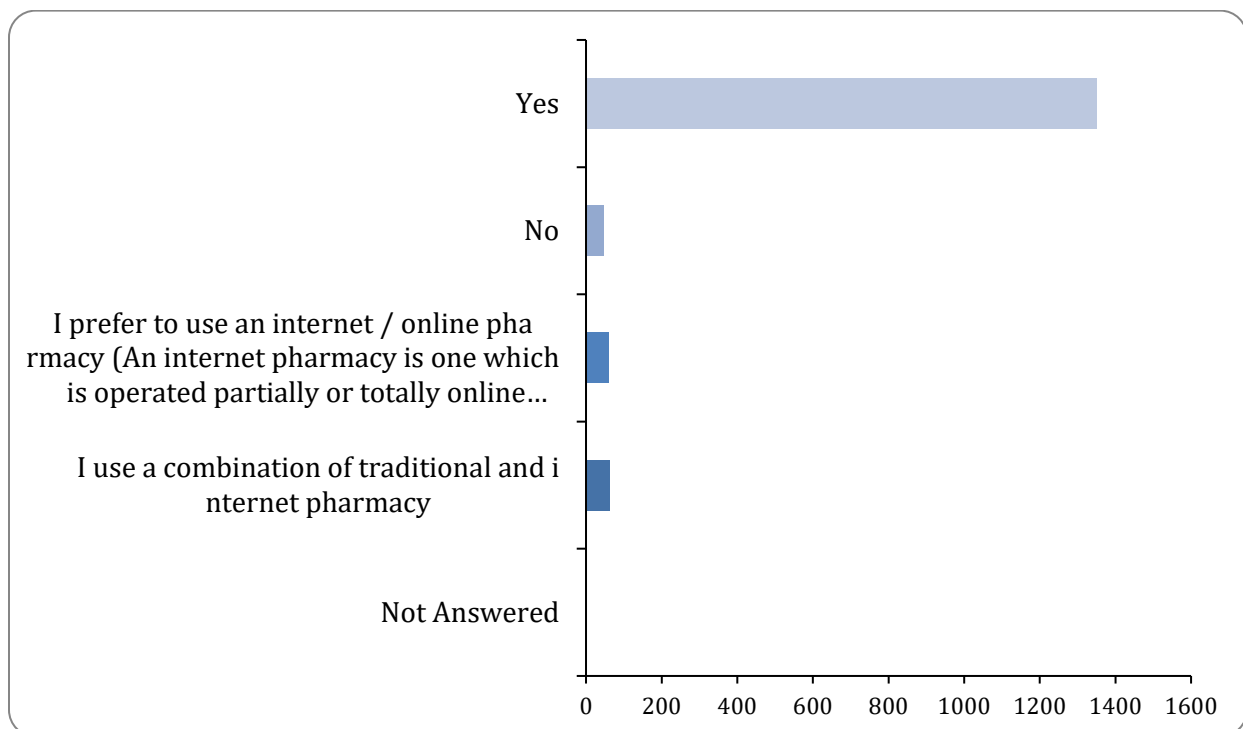
The activity ran from 07/02/2022 to 04/03/2022

Responses to this survey: **1522**

PLEASE NOTE, PERCENTAGES HAVE BEEN ROUNDED UP TO WHOLE NUMBERS

1: Do you have a regular or preferred local community pharmacy? (Please select one answer)

There were 1520 responses to this part of the question.

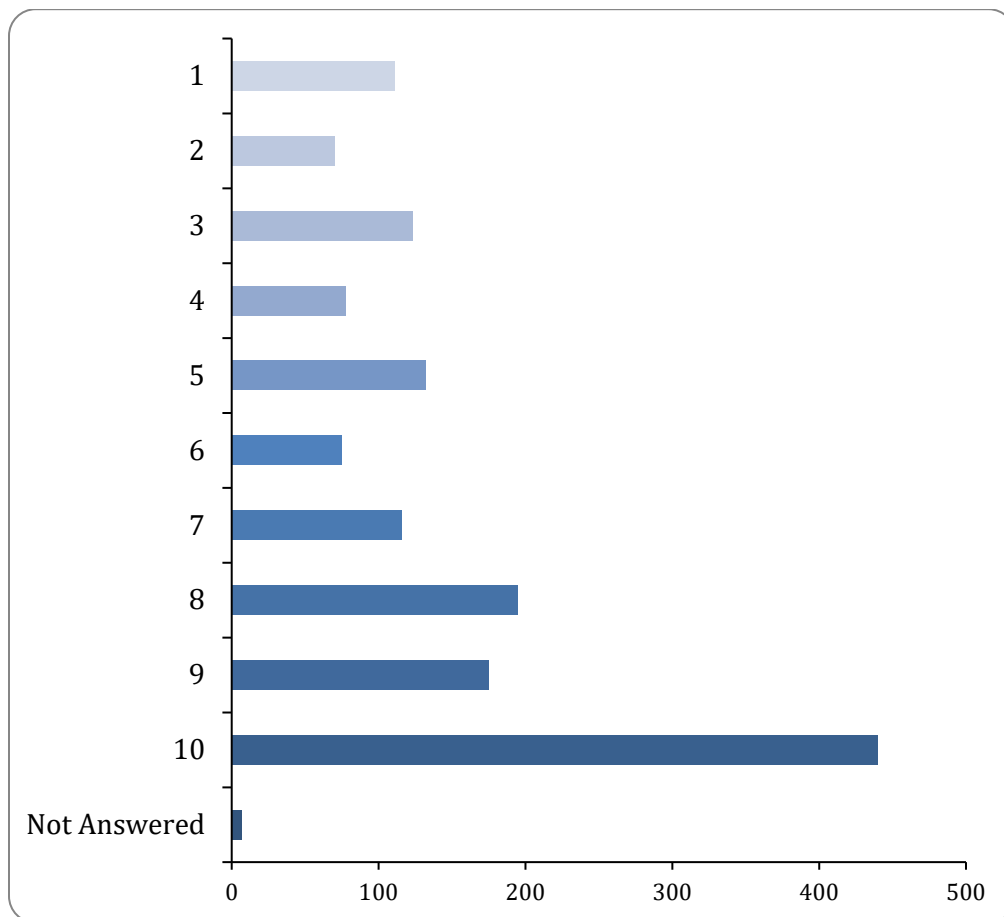


Option	Total	Percent
Yes	1351	89%
No	47	3%
I prefer to use an internet / online pharmacy (An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home)	59	4%

Option	Total	Percent
I use a combination of traditional and internet pharmacy	63	4%

2: On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) (1 = Poorly and 10 = Extremely well)

There were 1515 responses to this part of the question.

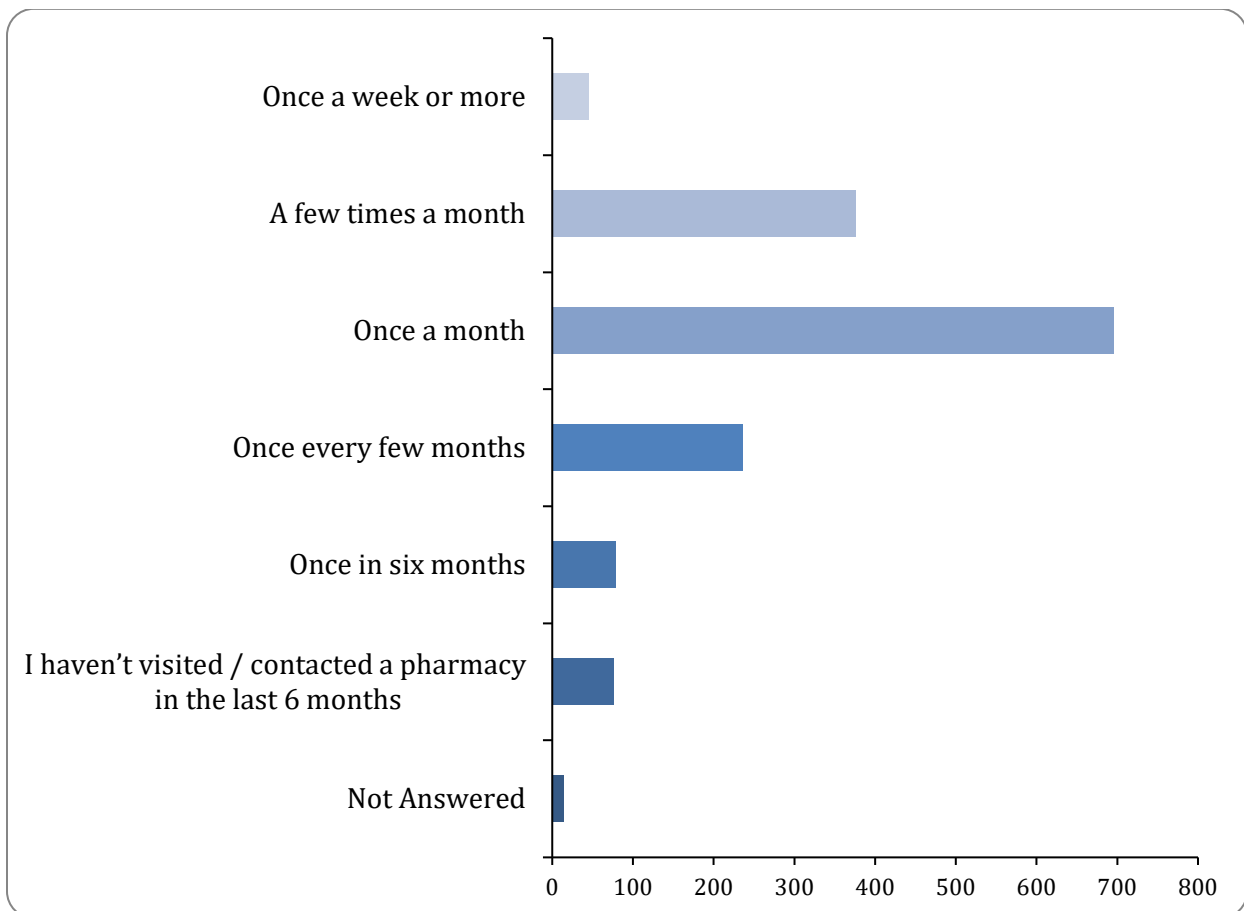


Option	Total	Percent
1	111	7%
2	70	5%
3	123	8%
4	78	5%
5	132	9%
6	75	5%
7	116	8%

Option	Total	Percent
8	195	13%
9	175	12%
10	440	29%

3.1: How often have you visited / contacted (spoken to, emailed, or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

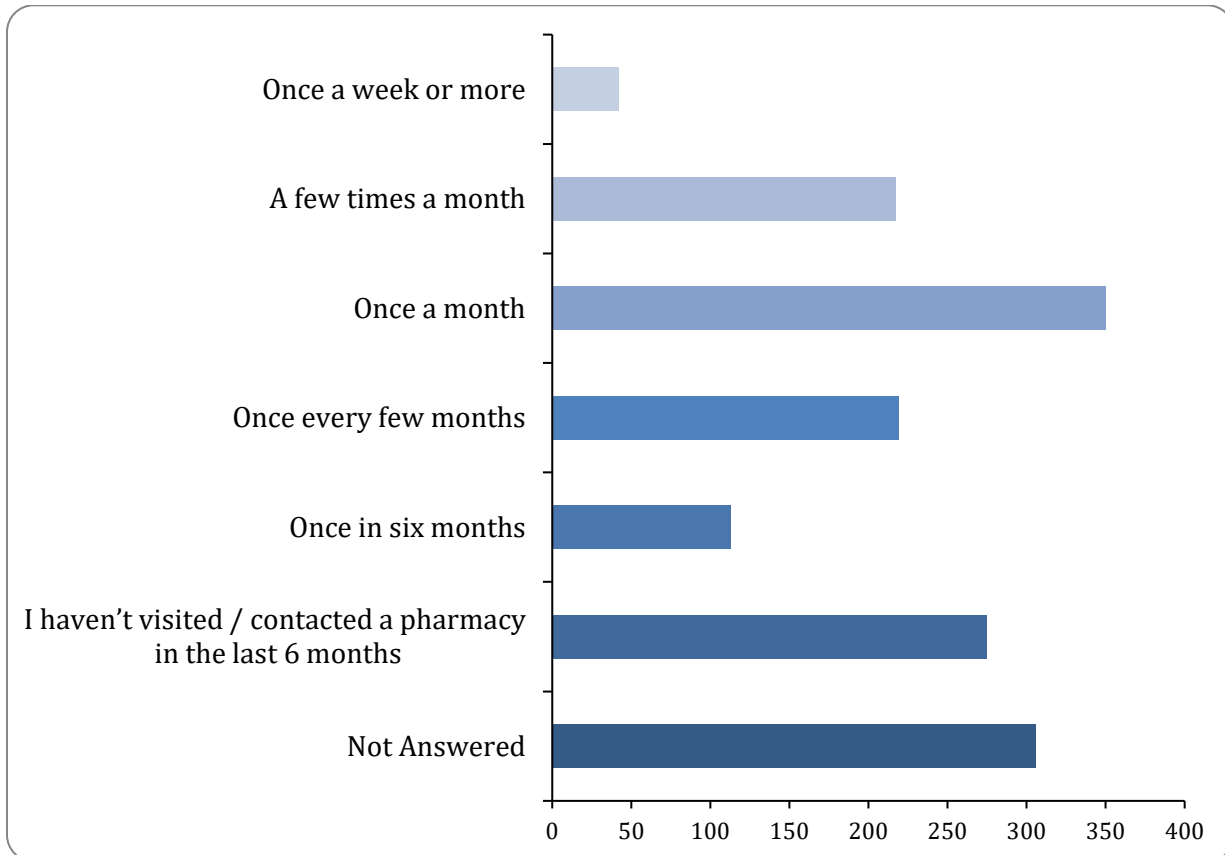
Yourself- There were 1508 responses to this part of the question.



Option	Total	Percent
Once a week or more	45	3%
A few times a month	376	25%
Once a month	696	46%
Once every few months	236	16%
Once in six months	79	5%
I haven't visited / contacted a pharmacy in the last 6 months	76	5%

3.2: How often have you visited / contacted (spoken to, emailed, or visited in person) a pharmacy in the last six months?

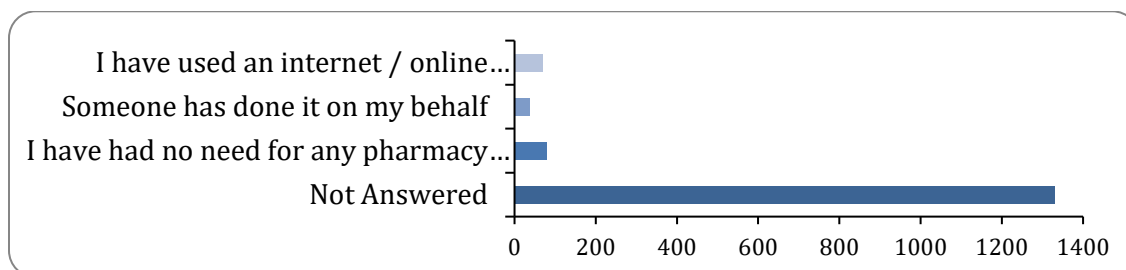
Someone else - There were 1216 responses to this part of the question.



Option	Total	Percent
Once a week or more	42	3%
A few times a month	217	14%
Once a month	350	29%
Once every few months	219	18%
Once in six months	113	9%
I haven't visited / contacted a pharmacy in the last 6 months	275	23%

4: If you have not visited / contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)

There were 190 responses to this part of the question.



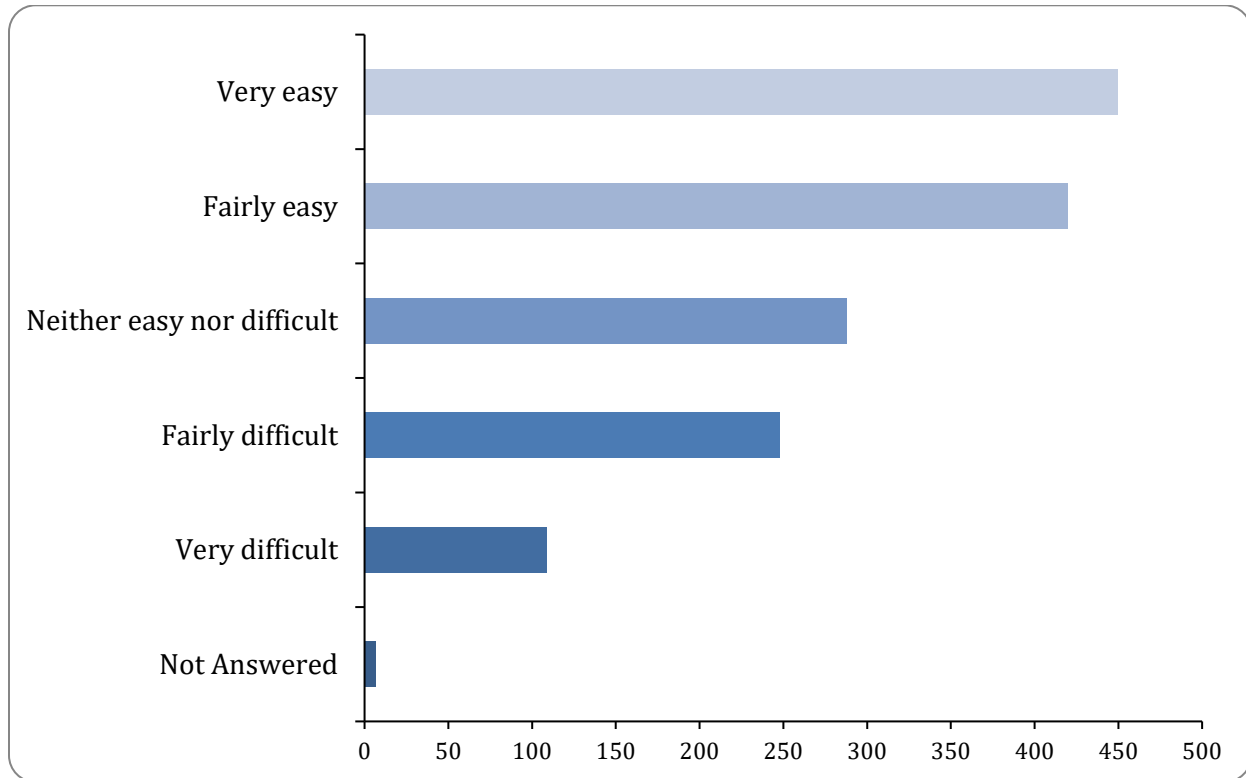
Option	Total	Percent
I have used an internet / online pharmacy	70	37%
Someone has done it on my behalf	39	21%
I have had no need for any pharmacy service during this period	81	43%

Other (please specify)

Home delivery	9	Poor service	9
Doctor's dispensary	8	Online pharmacy	7
No pharmacy nearby, recently closed	6	Long wait at pharmacy	4
Try to avoid going to pharmacy	4	Understaffed	3
Opening hours not convenient	3	Repeat prescription	3
Family member collects medication	2	Contact pharmacy monthly	2
Mistakes with prescriptions	2	Pharmacy often closed	2
Visit my local pharmacy	2	No reason to visit pharmacy	1
Order via POD and then collect from pharmacy	1	Parking issues	1
Medication not in stock	1	Need more pharmacies	1
Nearest pharmacy is far away	1	Pharmacy is too far away	1
Shortage of pharmacists	1	Illness	1

5: How easy has it been to speak to someone at your local pharmacy over the last 18 months, during the pandemic? (Please select one answer)

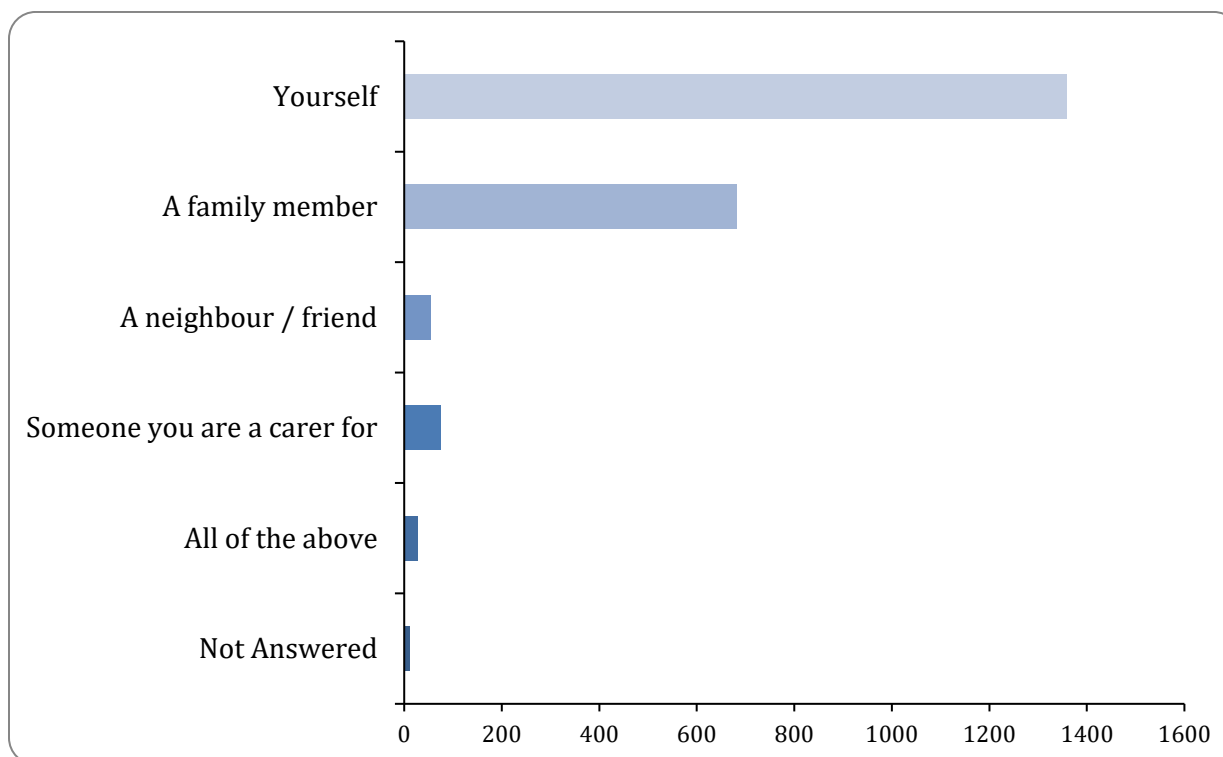
There were 1515 responses to this part of the question.



Option	Total	Percent
Very easy	450	30%
Fairly easy	420	28%
Neither easy nor difficult	288	19%
Fairly difficult	248	16%
Very difficult	109	7%

6: Who do you normally visit / contact a pharmacy for? (Please select all that apply)

There were 1511 responses to this part of the question.



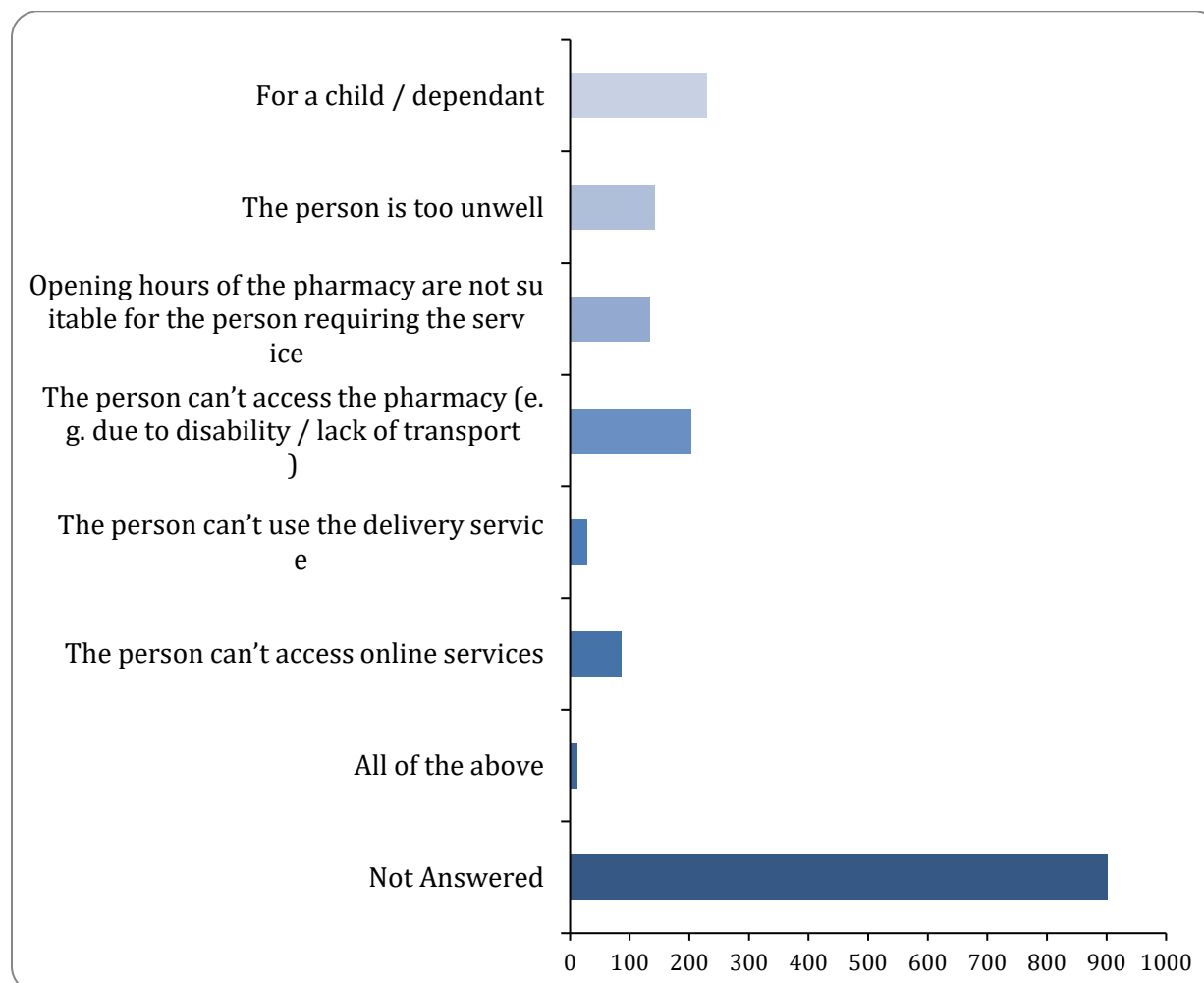
Option	Total	Percent
Yourself	1358	89%
A family member	682	45%
A neighbor / friend	54	4%
Someone you are a carer for	74	5%
All of the above	27	2%

Other, please specify

Partner / Spouse	6	Myself	3
Children	2	Community Members	2
Neighbour	1		

7: If you normally visit / contact a pharmacy on behalf of someone else, please give a reason why? (Please select all that apply)

There were 620 responses to this part of the question.



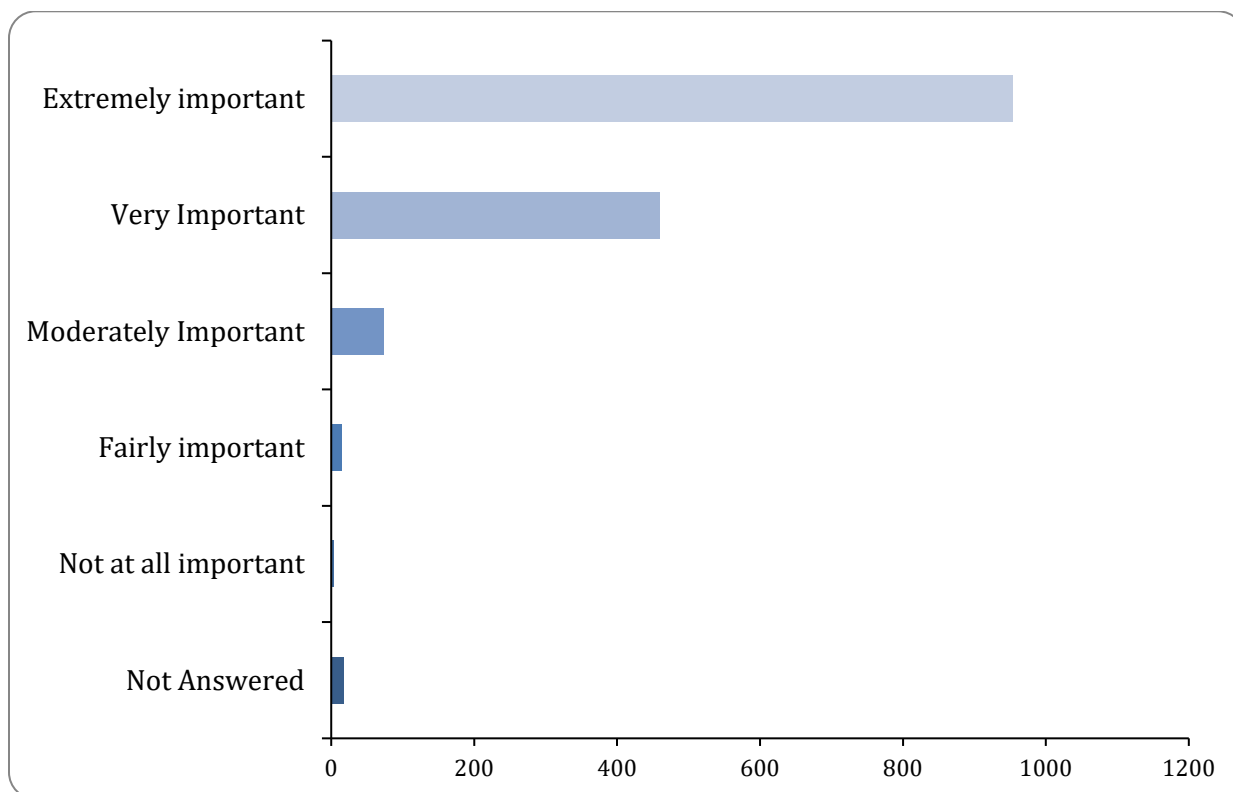
Option	Total	Percent
For a child / dependent	229	37%
The person is too unwell	143	23%
Opening hours of the pharmacy are not suitable for the person requiring the service	134	22%
The person can't access the pharmacy (e.g. due to disability / lack of transport)	203	33%
The person can't use the delivery service	28	5%
The person can't access online services	86	14%
All of the above	12	2%

Other, please specify

Collect family member's prescription together to save time	52	Convenient	22
COVID Precautions	9	At work	7
Disability	5	Help out	5
Elderly neighbours	4	Don't visit for anyone else	4
Avoid home delivery charges	2	Need to intervene with pharmacy due to poor service and mistakes	2
Elderly family members due to frailty	2	Low immunity and vulnerable	2
Pharmacy too busy during opening times	2	Share transport	1
Patient is isolating	1	Accessibility	1
Collect medications	1	Refuse home delivery due to COVID	1
Not happy with home delivery service	1	Do not drive	1
No capacity to manage own medicines	1	Work in pharmacy/surgery	1
Patient is exempt from wearing face mask	1	Controlled Drugs not able to deliver	1
For advice regarding medication instead of calling 111	1	Check if prescription is ready	1

8.1: How important are each of the following aspects to you when choosing a pharmacy? - Quality of service (friendly staff, expertise)

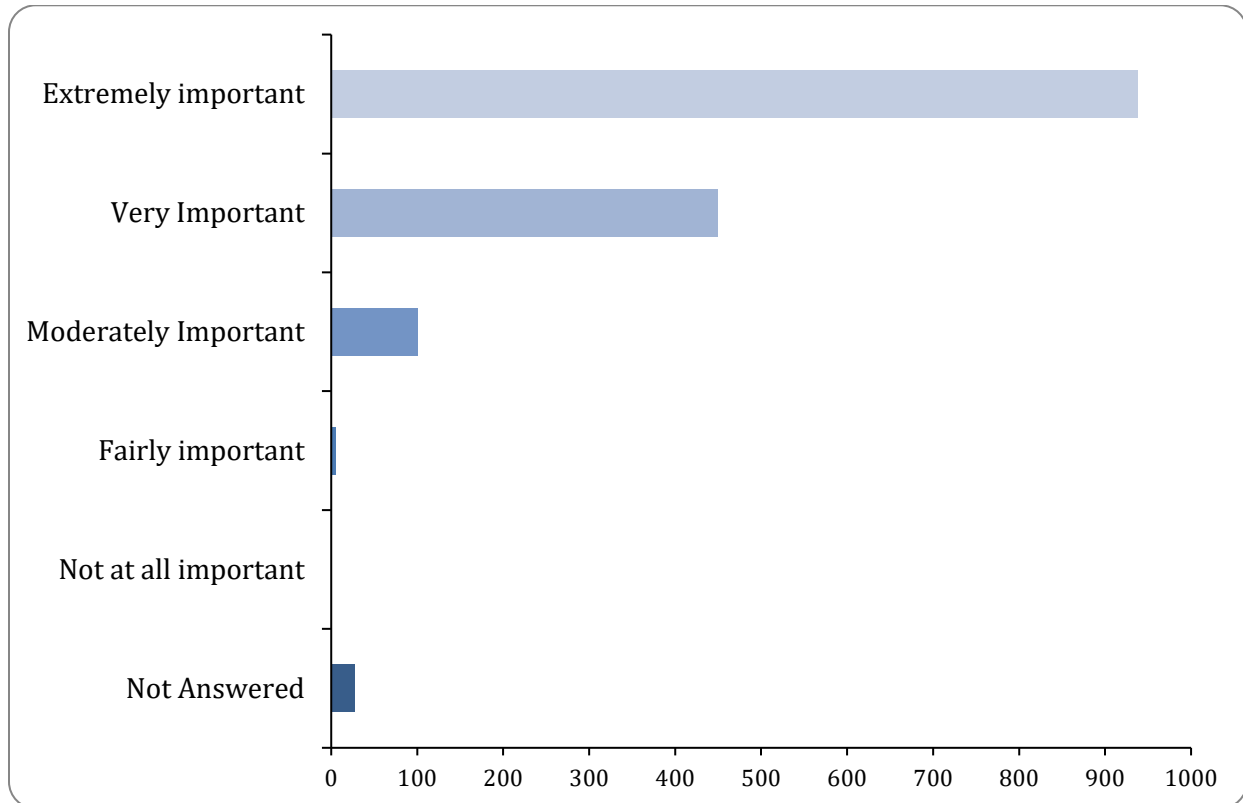
There were 1505 responses to this part of the question.



Option	Total	Percent
Extremely important	953	63%
Very Important	460	31%
Moderately Important	74	5%
Fairly important	15	1%
Not at all important	0	0%

8.2: How important are each of the following aspects to you when choosing a pharmacy? - Convenience (location, opening times)

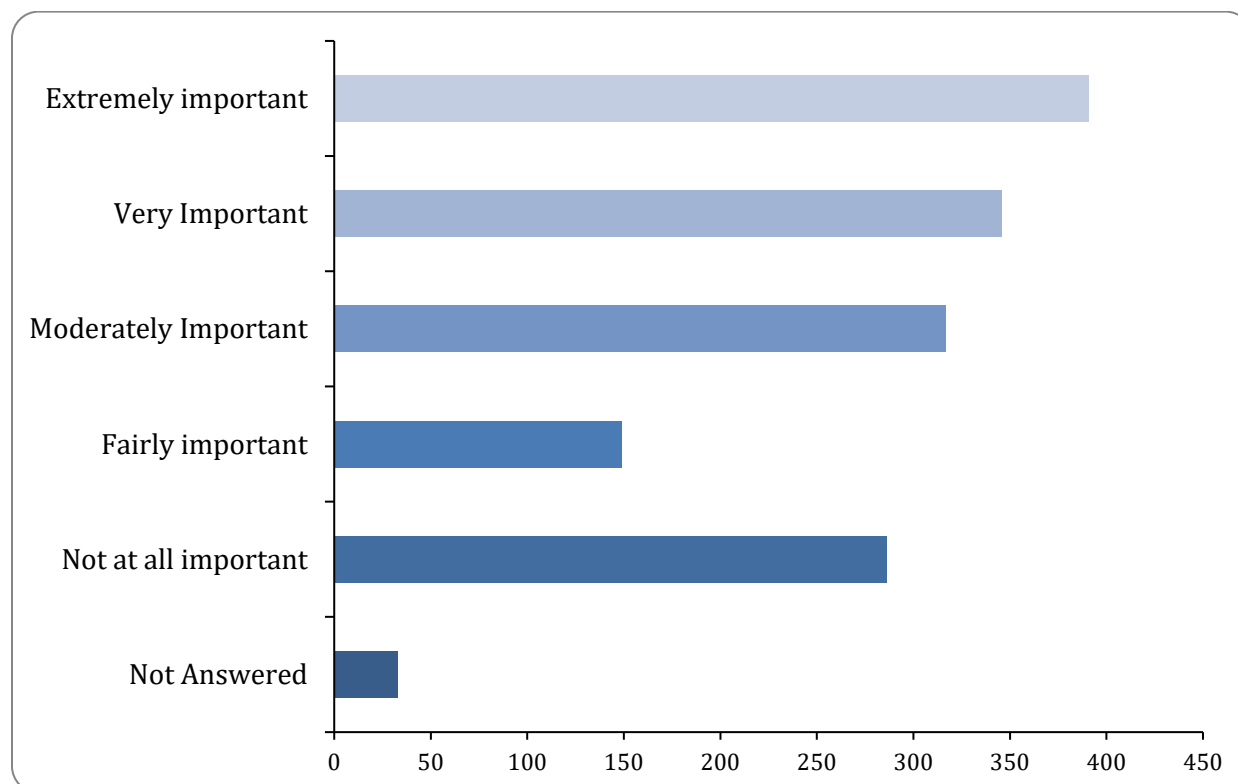
There were 1495 responses to this part of the question.



Option	Total	Percent
Extremely important	938	63%
Very Important	450	30%
Moderately Important	101	7%
Fairly important	5	0%
Not at all important	1	0%

8.3: How important are each of the following aspects to you when choosing a pharmacy? - Accessibility (languages (including British sign language, parking, clear signage, wheelchair / buggy access)

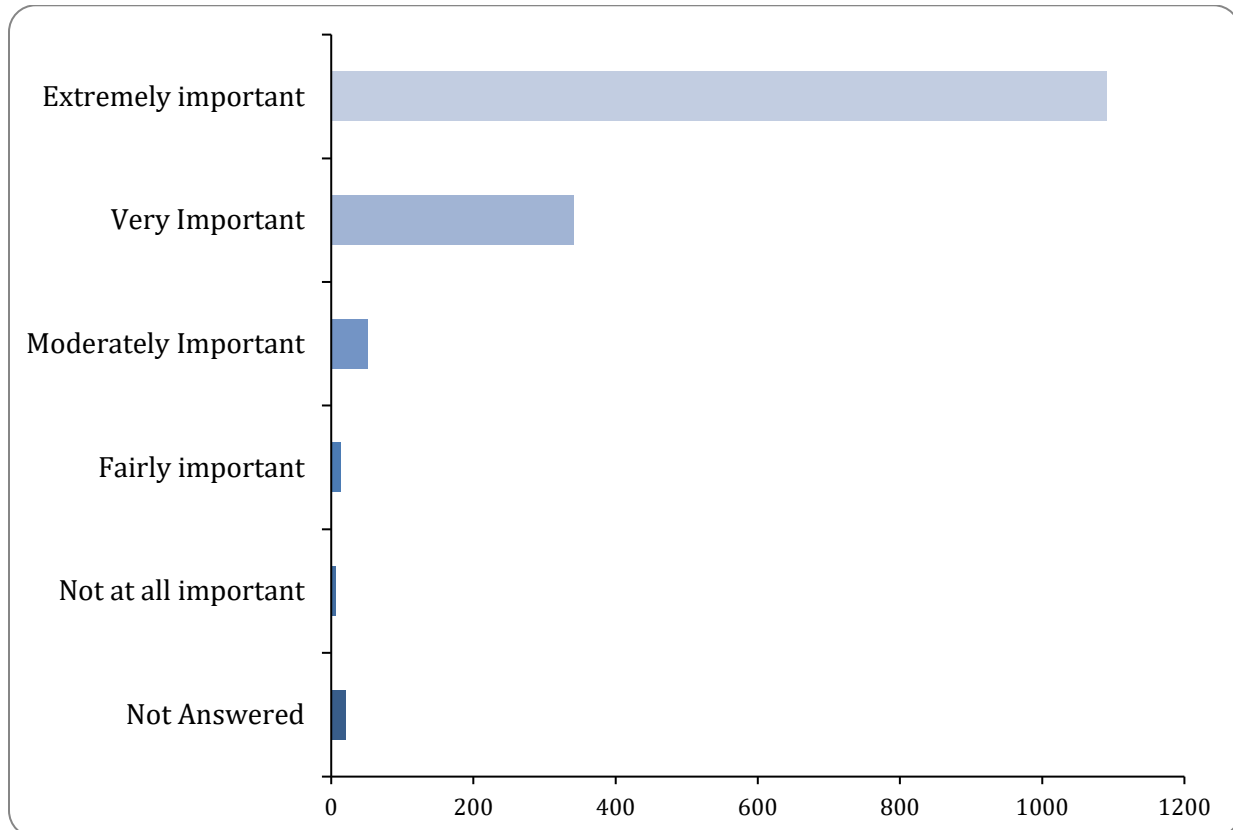
There were 1489 responses to this part of the question.



Option	Total	Percent
Extremely important	391	26%
Very Important	346	23%
Moderately Important	317	21%
Fairly important	149	10%
Not at all important	286	19%

8.4: How important are each of the following aspects to you when choosing a pharmacy? - Availability of medication / services (stocks, specific services)

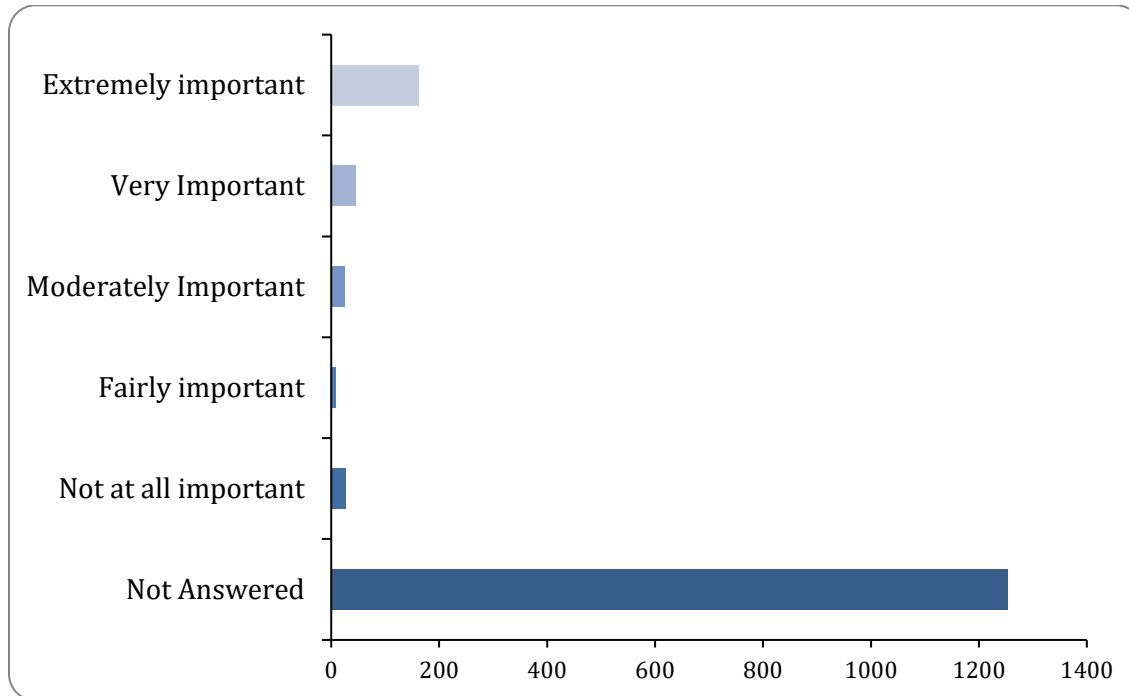
There were 1502 responses to this part of the question.



Option	Total	Percent
Extremely important	1091	72%
Very Important	341	23%
Moderately Important	51	3%
Fairly important	13	1%
Not at all important	6	0%

8.5: How important are each of the following aspects to you when choosing a pharmacy? - Other

There were 268 responses to this part of the question.



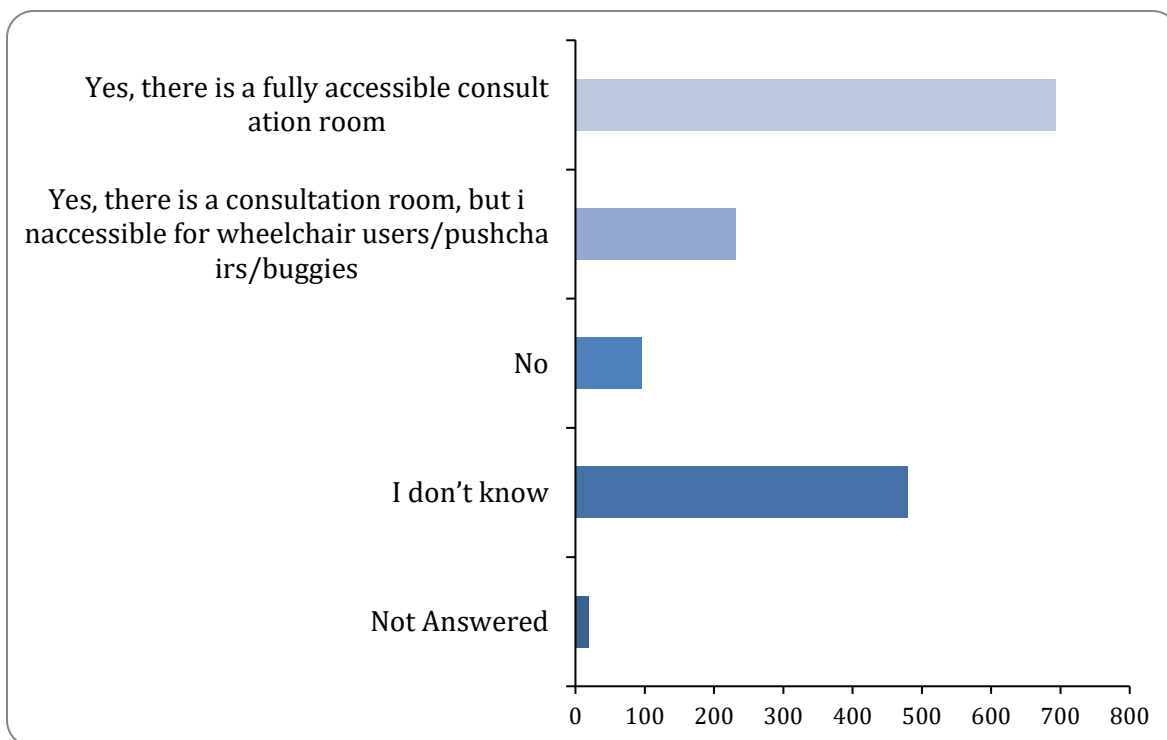
Option	Total	Percent
Extremely important	162	60%
Very Important	46	17%
Moderately Important	25	9%
Fairly important	8	3%
Not at all important	27	10%

Please specify:

Good service and polite staff	17	Efficient and accurate prescription dispensing	16
Avoid long waiting time	13	Pharmacist available all the time on site	12
Quick prescription dispensing	11	Good staffing	10
Knowledgeable and competent staff	9	Remain open during opening hours and not closed	8
Home delivery service	7	Pharmacist available to consult	7
Parking facilities including space for cycles	6	Stock all medications	6
Stock other products, e.g., cosmetics, vitamins, household products, over the counter medications	6	Pharmacy has good relationship with GP surgeries	5
Additional Services, e.g., weight scale, flu vaccine	5	Repeat prescription service available	5
Next to GP surgery/In GP surgery	4	Prescription is ready for collection	4
Speedy customer service	4	Provide shelter when queuing for pharmacy	4
No staff shortages	4	Collection time when prescription will be ready	3
Knowledge of medication	3	COVID protocols	2
Telephone calls are answered	2	Private consultation room	2
Local pharmacy close to home	2	Privacy to speak to pharmacist	2
Easy access to pharmacy	2	Emergency help provided	2
Confidentiality maintained	2	Professional service provided	2
Good relationship with pharmacy	1	Staff to wear ID badges	1
Notified online when prescription ready	1	Recommend alternate brand	1
Good relationship with GP surgeries	1	Good over the counter advice	1
Able to source specialist medicines as a group	1	Priority given to elderly patients	1
Waiting time reduced to less than 15 mins	1	Weekend opening hours	1
Honest staff	1	Chairs available for elderly	1
Social distancing in pharmacy	1	Guidance on how to order medication	1
Pharmacy to message when prescription is ready	1	Medication available for poor swallow	1
24 hours opening hours	1	Vegan Medication	1

9: Is there a consultation room in your local community pharmacy, and is it fully accessible to wheelchair users, pushchairs/buggies, or to people with other accessibility needs (e.g. sight or hearing loss, translation services)? (Please select one answer)

There were 1502 responses to this part of the question.



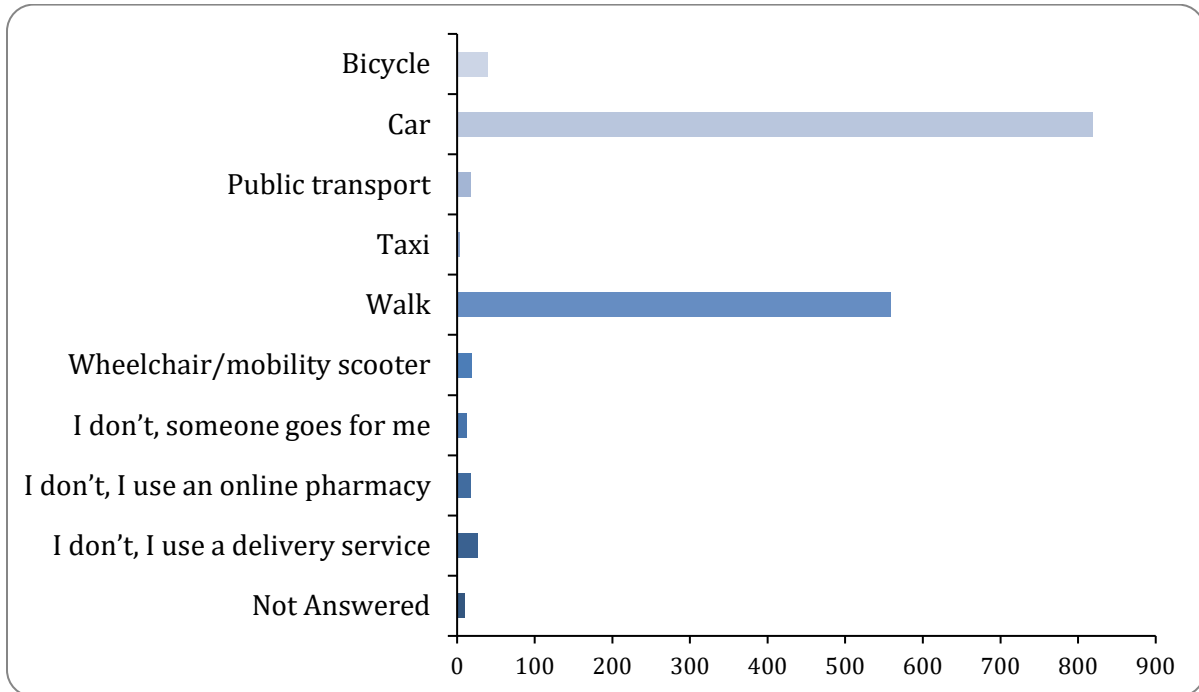
Option	Total	Percent
Yes, there is a fully accessible consultation room	694	46%
Yes, there is a consultation room, but inaccessible for wheelchair users/pushchairs/buggies	232	15%
No	96	6%
I don't know	480	32%

Any other comments you would like to make about the consultation room?

Very small consultation room, no accessibility	26	Not fully accessible consultation room	21
No privacy in consultation room.	18	Not used this facility	10
My pharmacy is in doctor's surgery, no consultation room	9	Fully accessible consultation room	7
Consultation room used as a storeroom	7	Not sure	6
No consultation room	5	Good consultation room	4
Consultation room closed	3	Consultation never used as pharmacist too busy	1
Pharmacy not open due to lack of pharmacist	1		

10: How would you usually travel to the pharmacy? (Please select one answer)

There were 1512 responses to this part of the question.



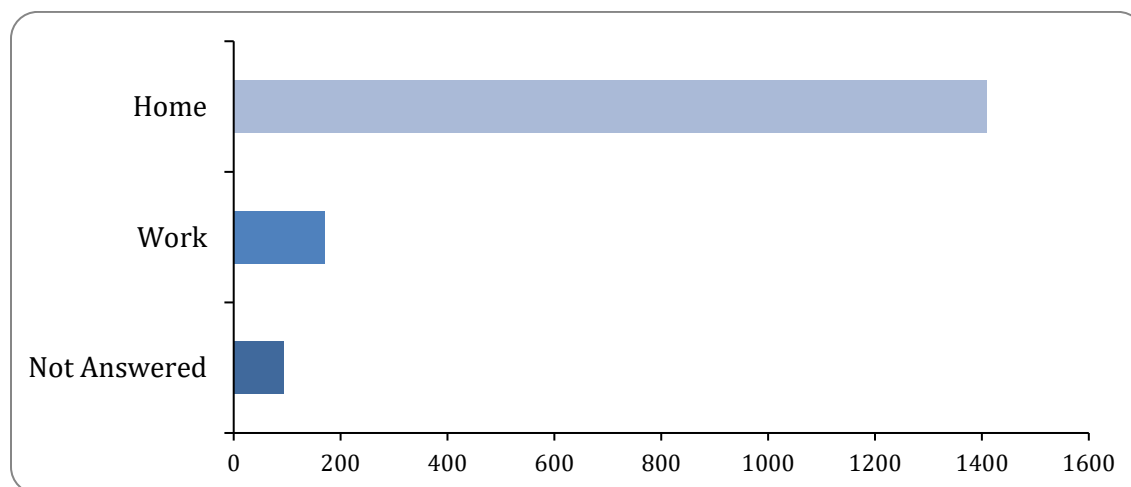
Option	Total	Percent
Bicycle	39	3%
Car	819	54%
Public transport	17	1%
Taxi	3	0%
Walk	558	37%
Wheelchair/mobility scooter	19	1%
I don't, someone goes for me	12	1%
I don't, I use an online pharmacy	18	1%
I don't, I use a delivery service	27	2%

Other, please specify

Car	10	Walk	5
Cycle	4	No public transport	2
Husband collects	1	Moped	1
Bus	1	Husband collects	1

11: If you travel to a pharmacy, where do you travel from? (Please select all that apply)

There were 1429 responses to this part of the question.



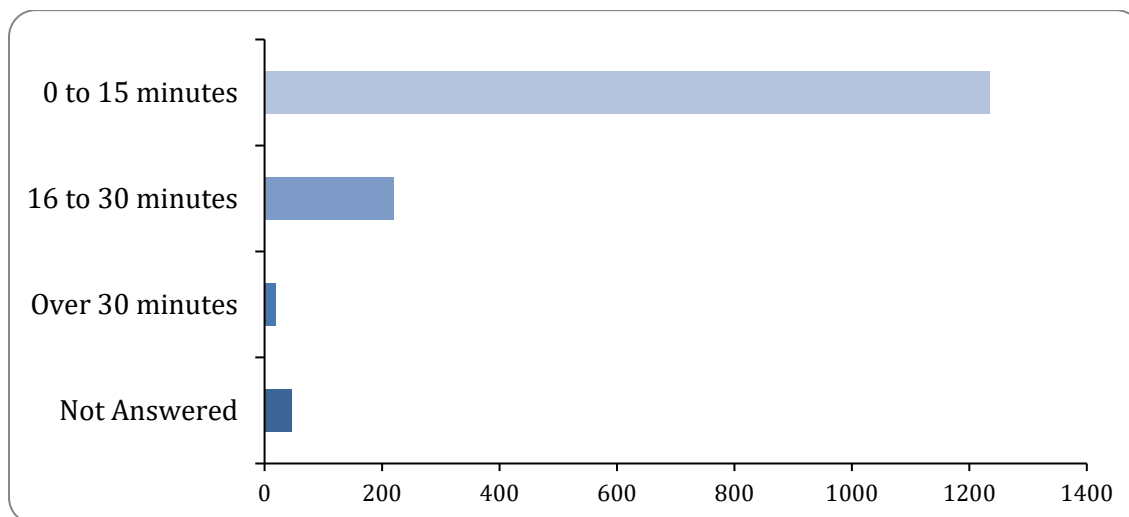
Option	Total	Percent
Home	1409	99%
Work	171	12%

Other, please specify:

Home	6	Work	5
Anywhere	2	Shopping	1
Day out	1	Doctors	1

12: On average, how long does it take you to travel to a pharmacy? (Please select one answer)

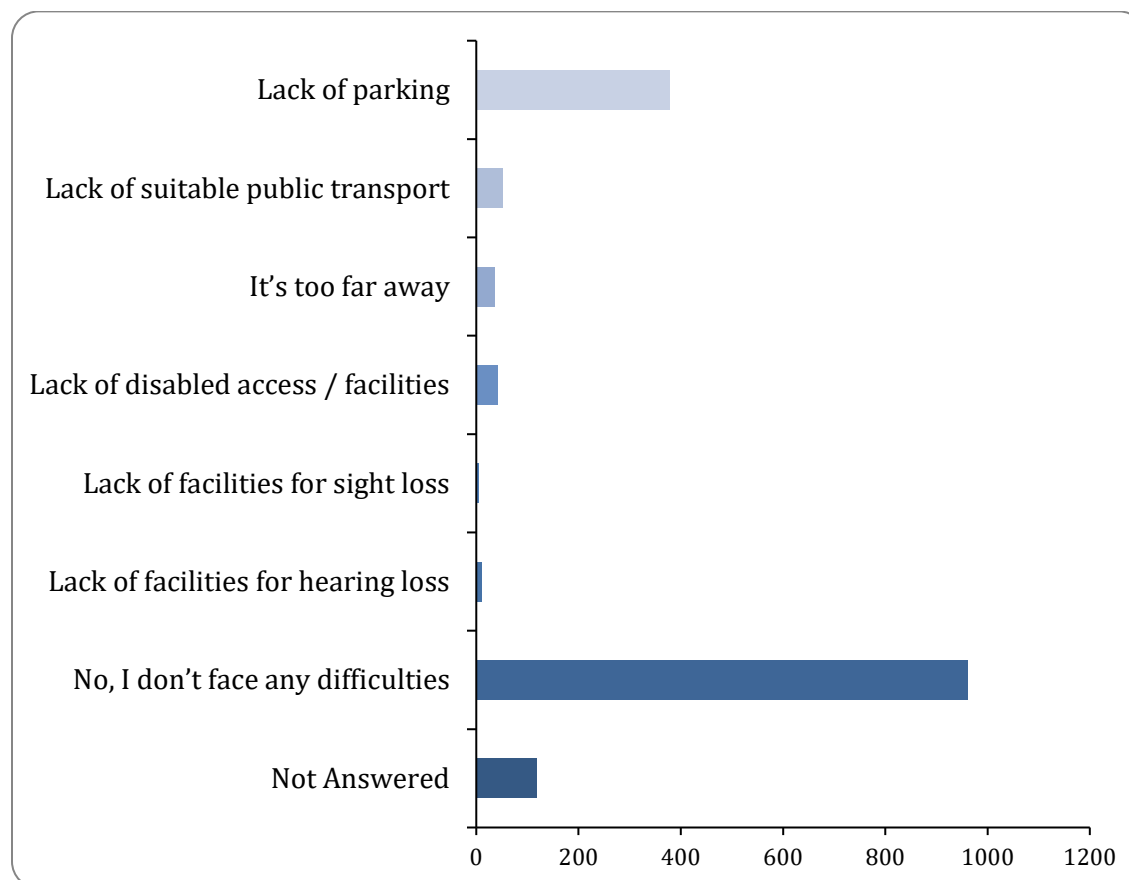
There were 1475 responses to this part of the question.



Option	Total	Percent
0 to 15 minutes	1235	84%
16 to 30 minutes	221	15%
Over 30 minutes	19	1%

13: Do you face any difficulties when travelling to a pharmacy? (Please select all that apply)

There were 1403 responses to this part of the question.



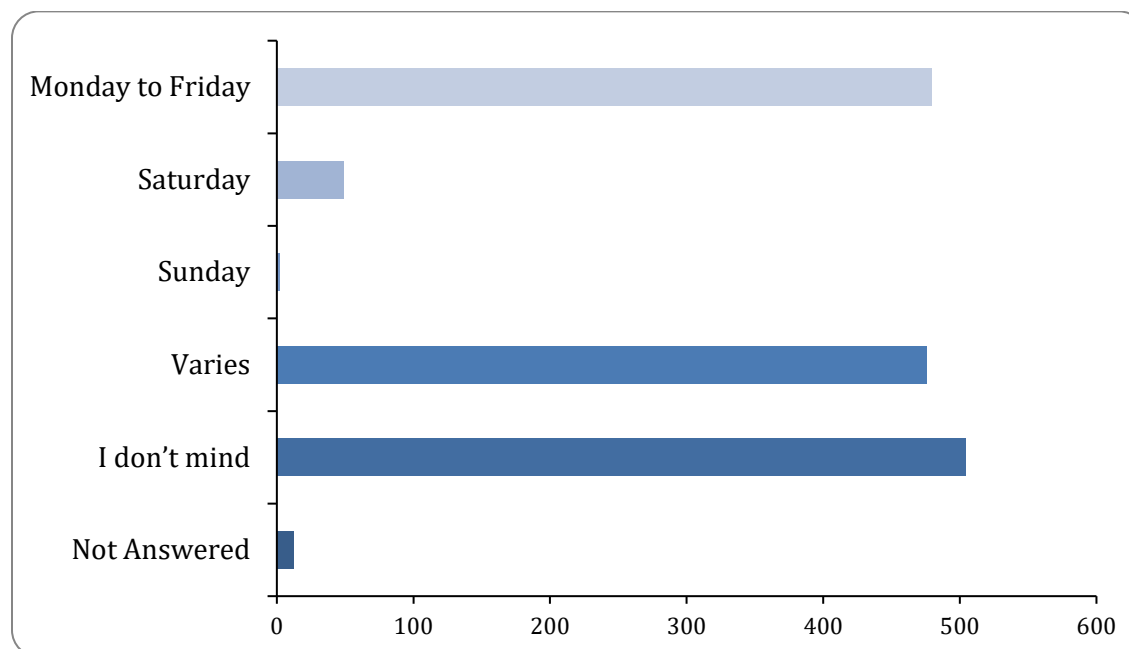
Option	Total	Percent
Lack of parking	379	27%
Lack of suitable public transport	52	4%
It's too far away	36	3%
Lack of disabled access / facilities	42	3%
Lack of facilities for sight loss	5	0%
Lack of facilities for hearing loss	11	1%
No, I don't face any difficulties	961	68%

Other, please specify

Parking issues	8	Pharmacies closed during opening hours	8
Car park is full	4	Crossing a busy main road	4
Difficulty to access car park	3	Weather	2
Limited opening hours	2	Easy access for pushchairs	2
Difficulty due to busy roads and uneven surfaces	2	Rely on someone to take me to pharmacy. Don't drive	1
Scooter parking	1	Long queues outside pharmacy	1
Lack of buses	1	No COVID protocols	1
Not enough disabled bay	1	Cost of taxi	1
No parking	1		

14: What days are you able to visit / contact a pharmacy? (Please select one answer)

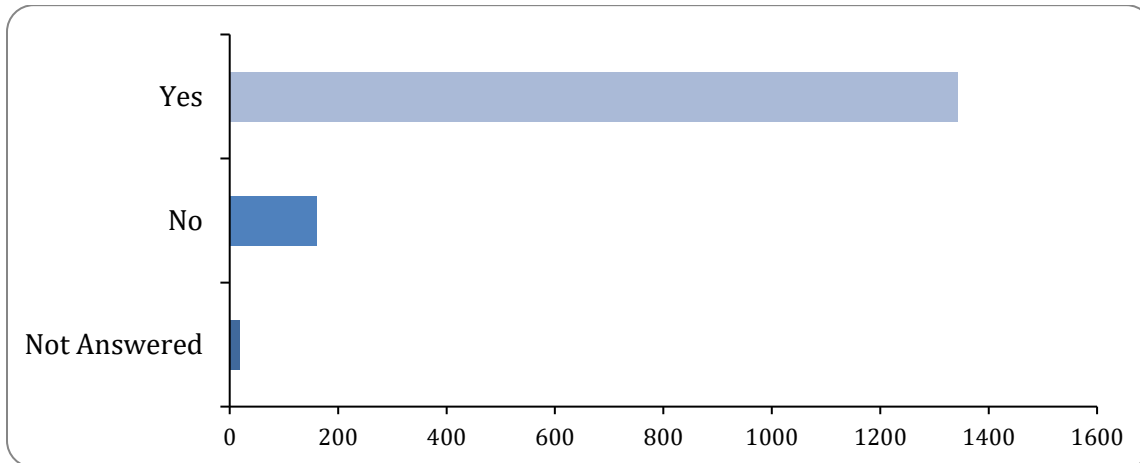
There were 1510 responses to this part of the question.



Option	Total	Percent
Monday to Friday	479	32%
Saturday	49	3%
Sunday	2	0%
Varies	476	32%
I don't mind	504	33%

15: Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

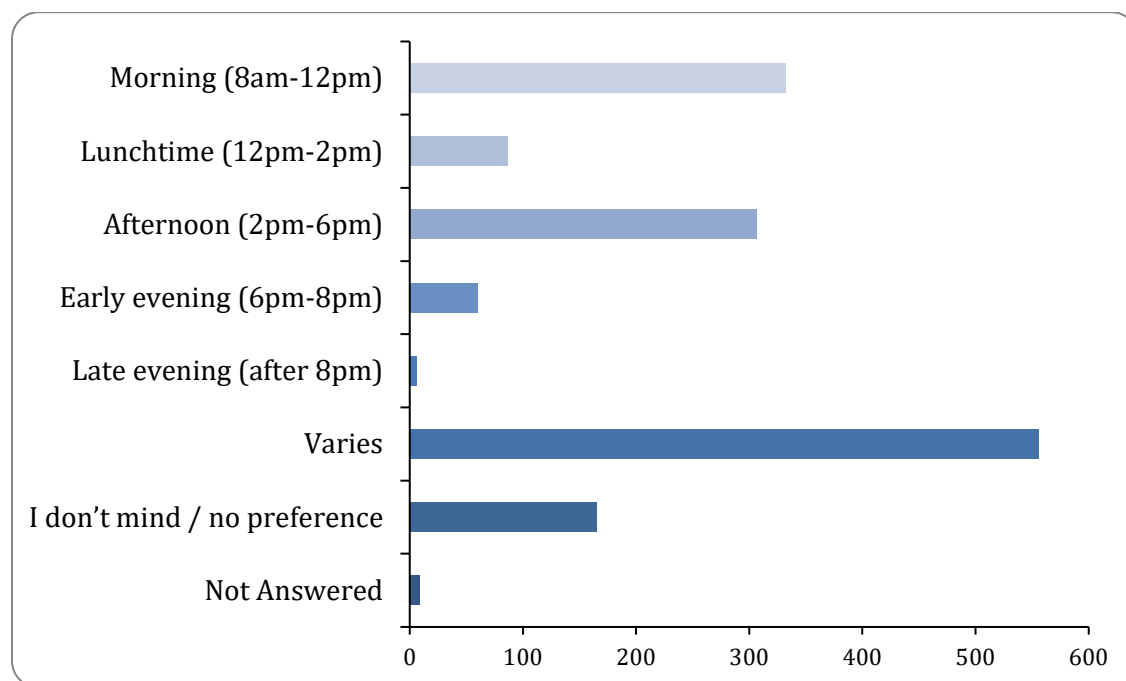
There were 1504 responses to this part of the question.



Option	Total	Percent
Yes	1343	89%
No	161	11%

16: What time of the day do you normally visit / contact a pharmacy? (Please select one answer)

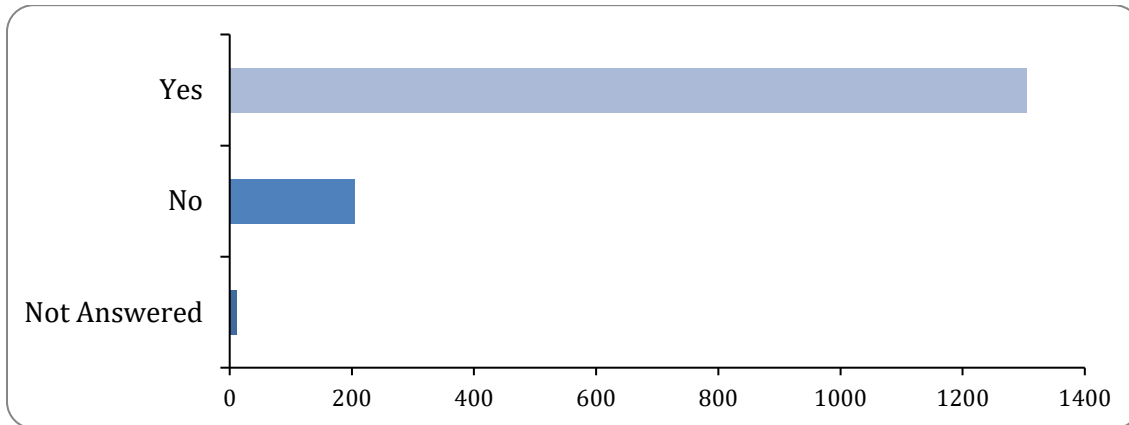
There were 1513 responses to this part of the question.



Option	Total	Percent
Morning (8am-12pm)	332	22%
Lunchtime (12pm-2pm)	87	6%
Afternoon (2pm-6pm)	307	20%
Early evening (6pm-8pm)	60	4%
Late evening (after 8pm)	6	0%
Varies	556	37%
I don't mind / no preference	165	11%

17: Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

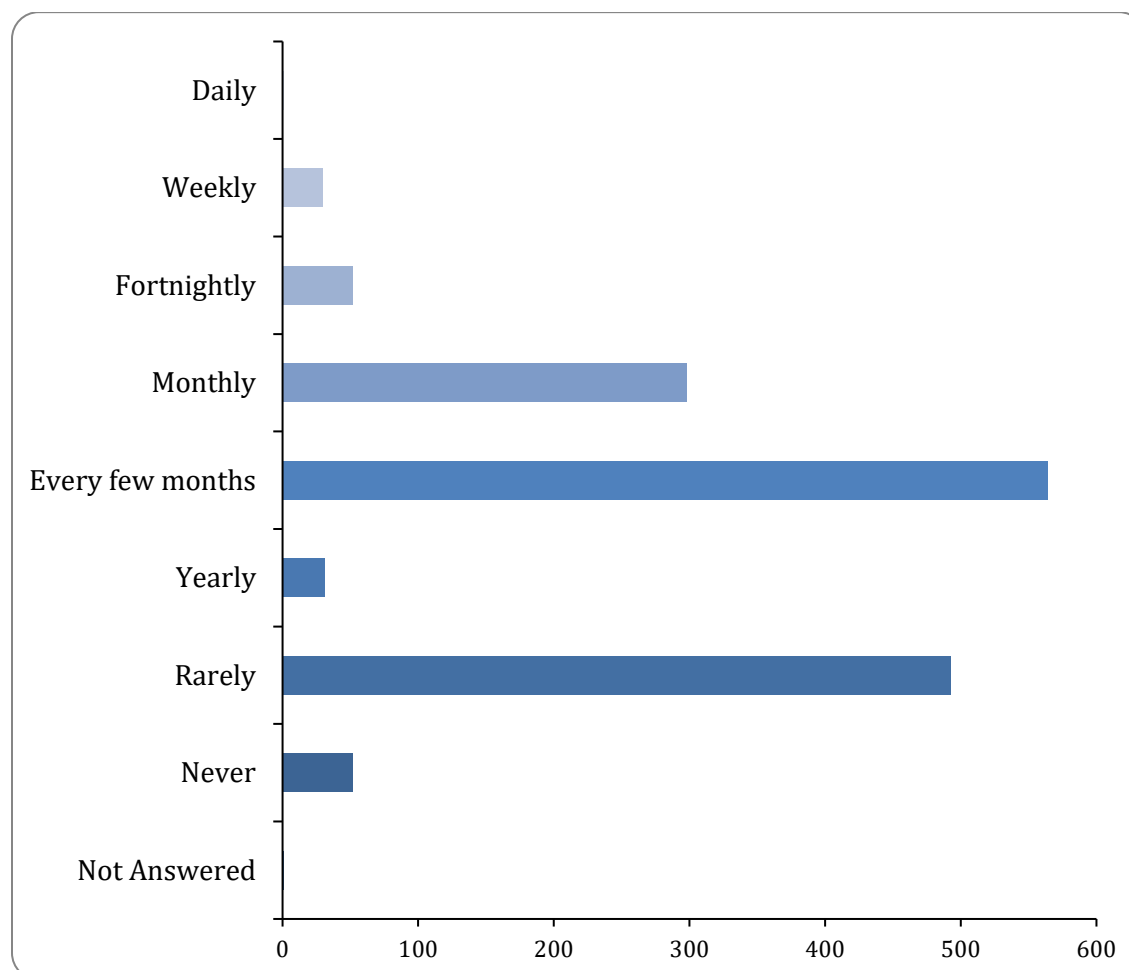
There were 1510 responses to this part of the question.



Option	Total	Percent
Yes	1305	86%
No	205	14%

18: How frequently do you buy an over the counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

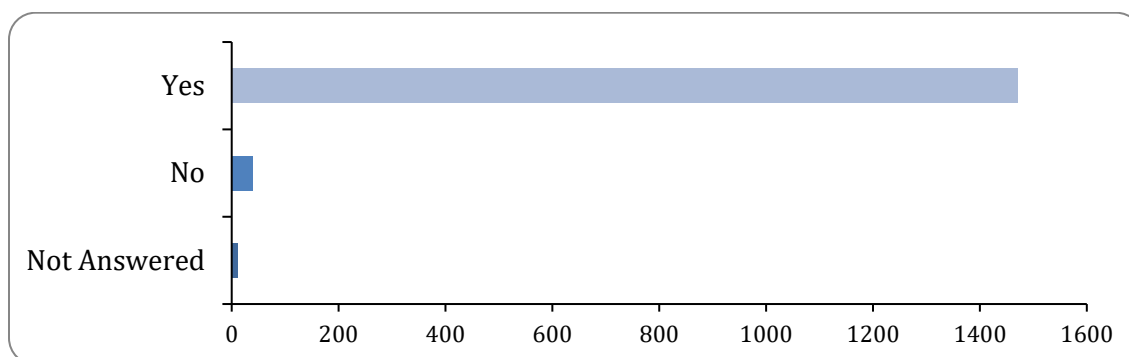
There were 1521 responses to this part of the question.



Option	Total	Percent
Daily	1	0%
Weekly	30	2%
Fortnightly	52	3%
Monthly	298	20%
Every few months	564	37%
Yearly	31	2%
Rarely	493	32%
Never	52	3%

19.1: Which of the following pharmacy services are you aware that a pharmacy may provide? - Advice from your pharmacist

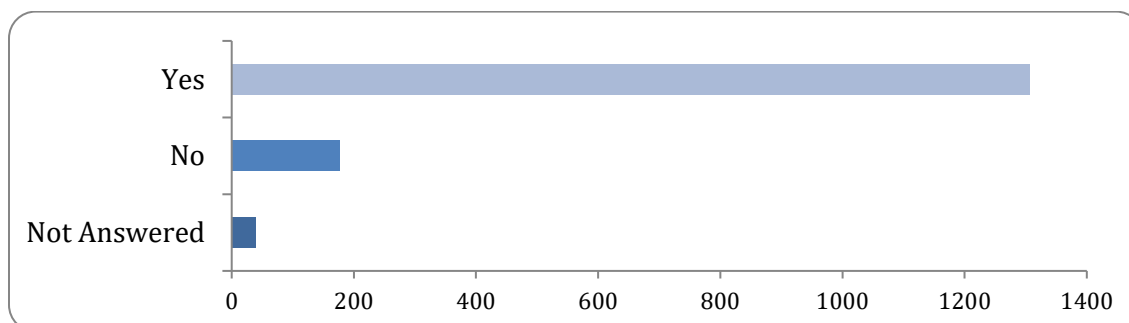
There were 1511 responses to this part of the question.



Option	Total	Percent
Yes	1471	97%
No	40	3%

19.2: Which of the following pharmacy services are you aware that a pharmacy may provide? - Covid-19 lateral flow device (LFD) distribution service

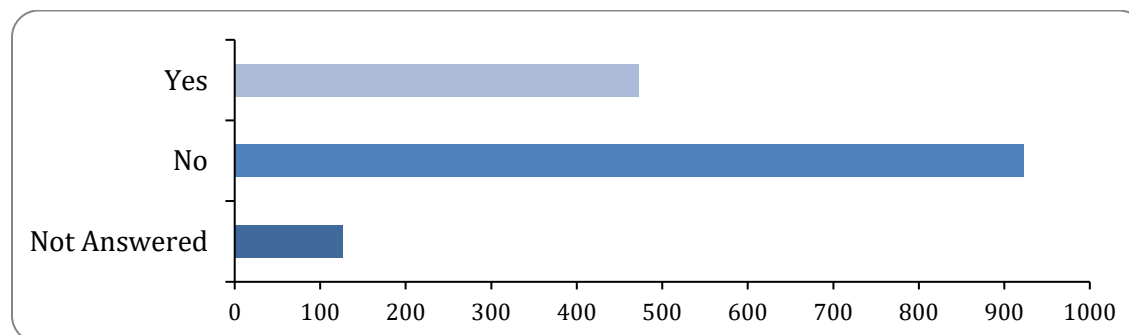
There were 1483 responses to this part of the question.



Option	Total	Percent
Yes	1306	88%
No	177	12%

19.3: Which of the following pharmacy services are you aware that a pharmacy may provide? - Covid-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)

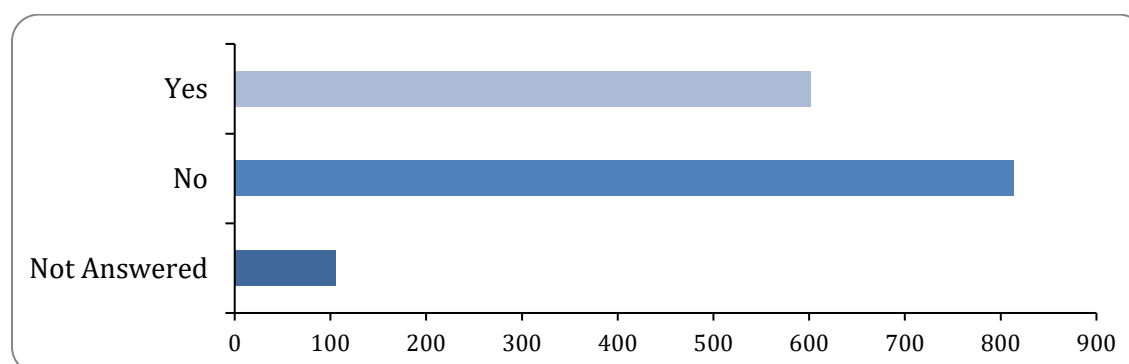
There were 1396 responses to this part of the question.



Option	Total	Percent
Yes	473	34%
No	923	66%

19.4: Which of the following pharmacy services are you aware that a pharmacy may provide? - Covid-19 vaccination services

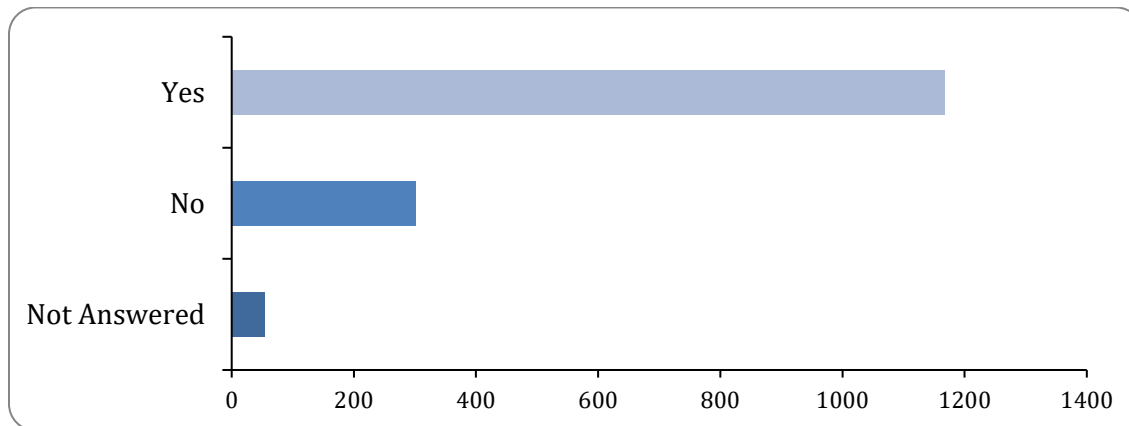
There were 1416 responses to this part of the question.



Option	Total	Percent
Yes	602	43%
No	814	57%

19.5: Which of the following pharmacy services are you aware that a pharmacy may provide? - Flu vaccination services

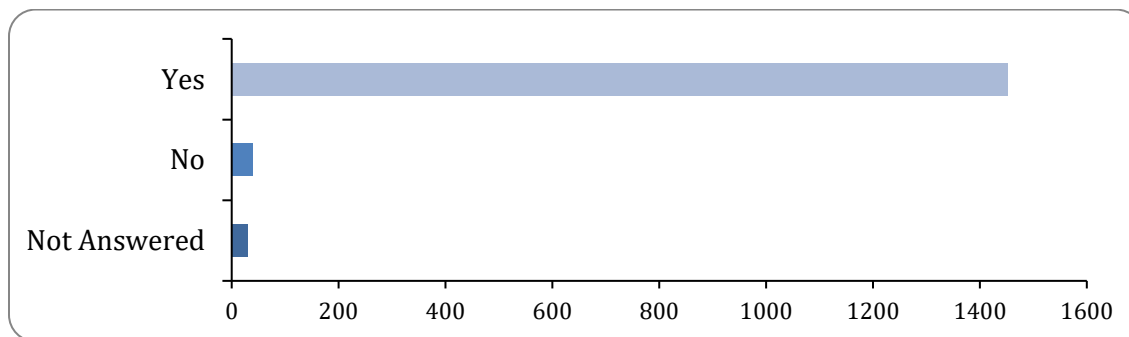
There were 1468 responses to this part of the question.



Option	Total	Percent
Yes	1167	79%
No	301	21%

19.6: Which of the following pharmacy services are you aware that a pharmacy may provide? - Buying over the counter medicines

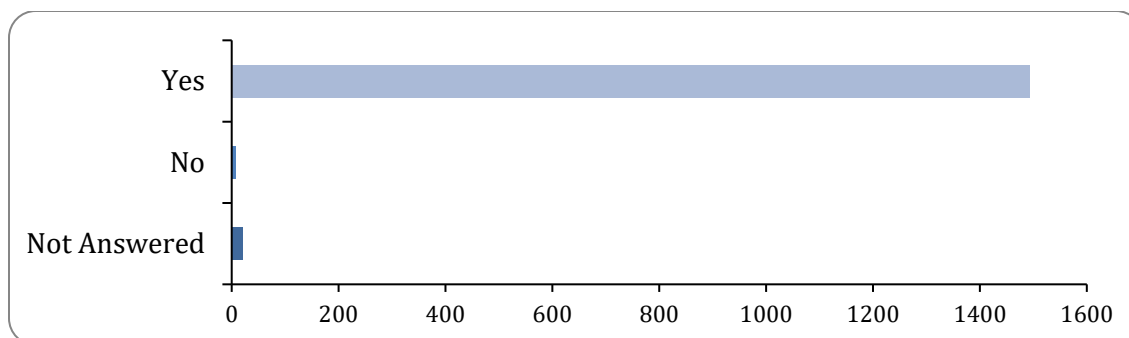
There were 1492 responses to this part of the question.



Option	Total	Percent
Yes	1453	97%
No	39	3%

19.7: Which of the following pharmacy services are you aware that a pharmacy may provide? - Dispensing prescription medicines

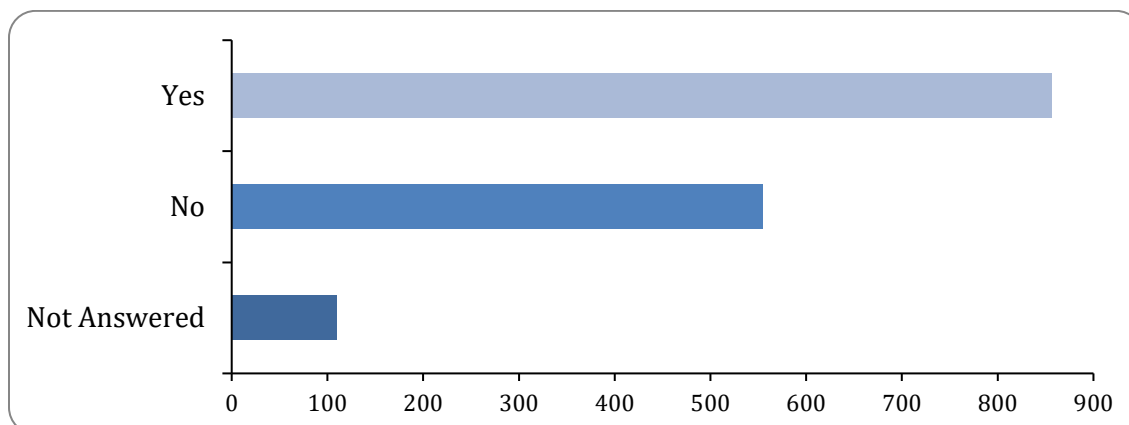
There were 1502 responses to this part of the question.



Option	Total	Percent
Yes	1494	99%
No	8	1%

19.8: Which of the following pharmacy services are you aware that a pharmacy may provide? - Dispensing appliances (items/equipment to manage health conditions)

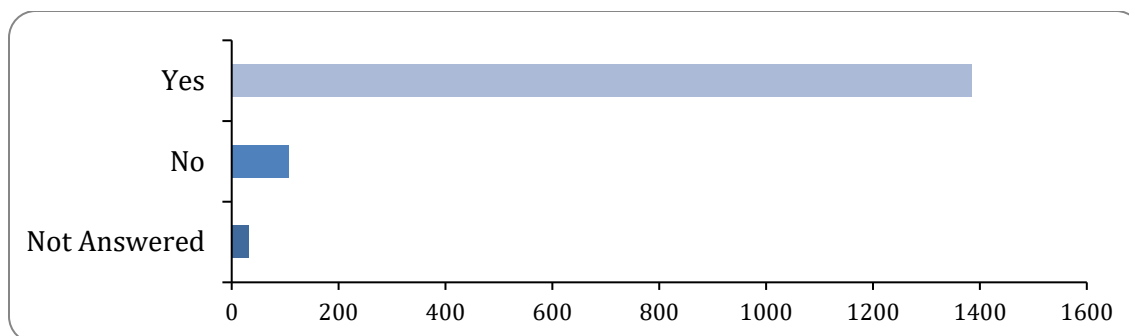
There were 1412 responses to this part of the question.



Option	Total	Percent
Yes	857	61%
No	555	39%

19.9: Which of the following pharmacy services are you aware that a pharmacy may provide? - Repeat dispensing services

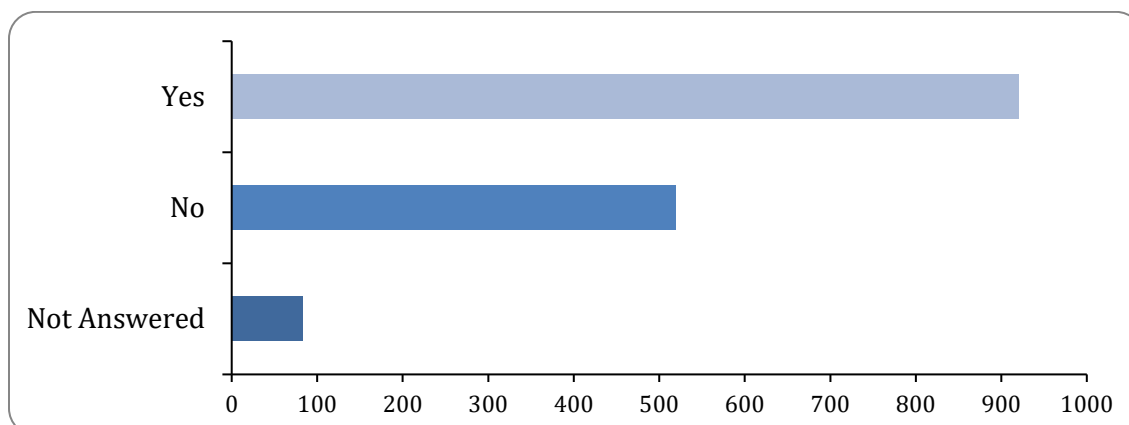
There were 1490 responses to this part of the question.



Option	Total	Percent
Yes	1384	93%
No	106	7%

19.10: Which of the following pharmacy services are you aware that a pharmacy may provide? - Home delivery and prescription collection services

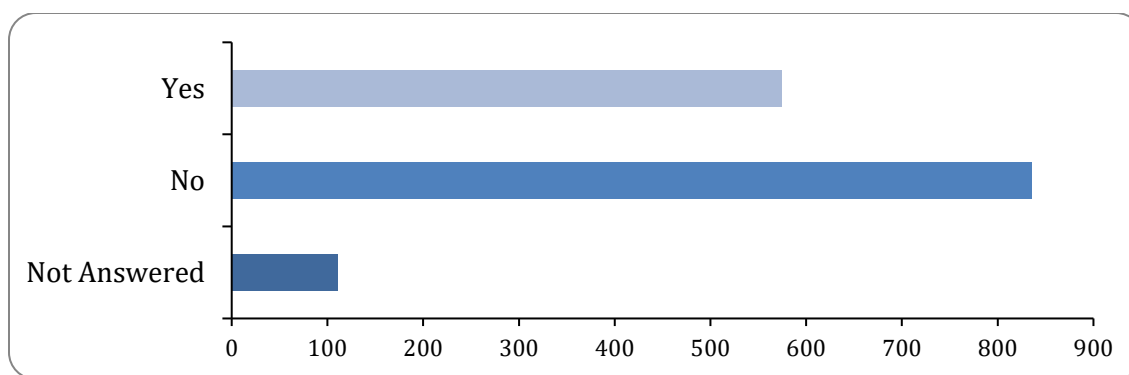
There were 1439 responses to this part of the question.



Option	Total	Percent
Yes	920	64%
No	519	36%

19.11: Which of the following pharmacy services are you aware that a pharmacy may provide? - Medication review

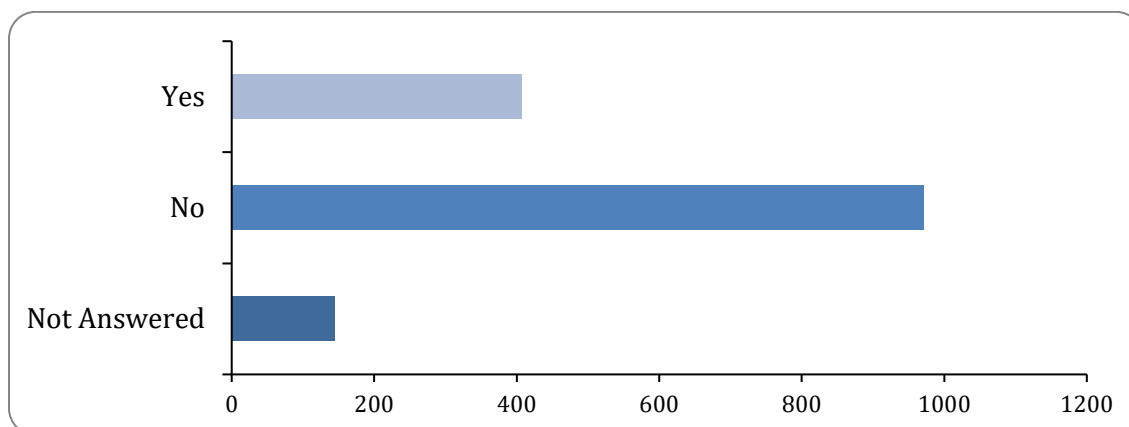
There were 1411 responses to this part of the question.



Option	Total	Percent
Yes	575	41%
No	836	59%

19.12: Which of the following pharmacy services are you aware that a pharmacy may provide? - New medicine service

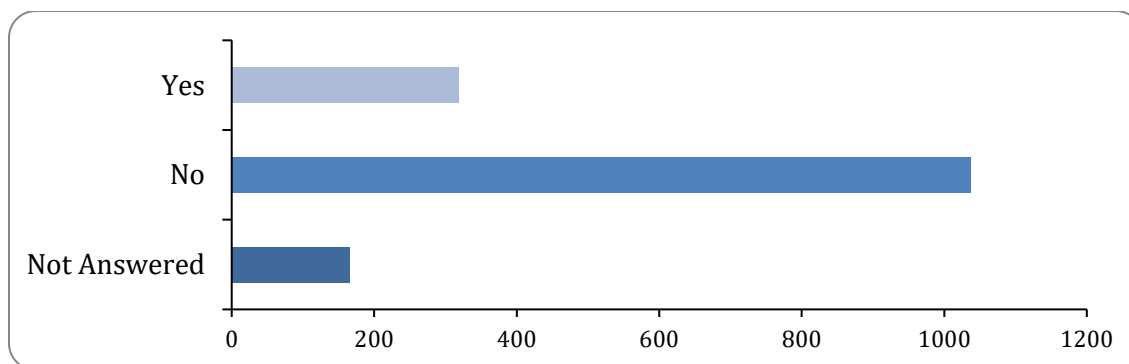
There were 1378 responses to this part of the question.



Option	Total	Percent
Yes	407	30%
No	971	70%

19.13: Which of the following pharmacy services are you aware that a pharmacy may provide? - Discharge from hospital medicines service

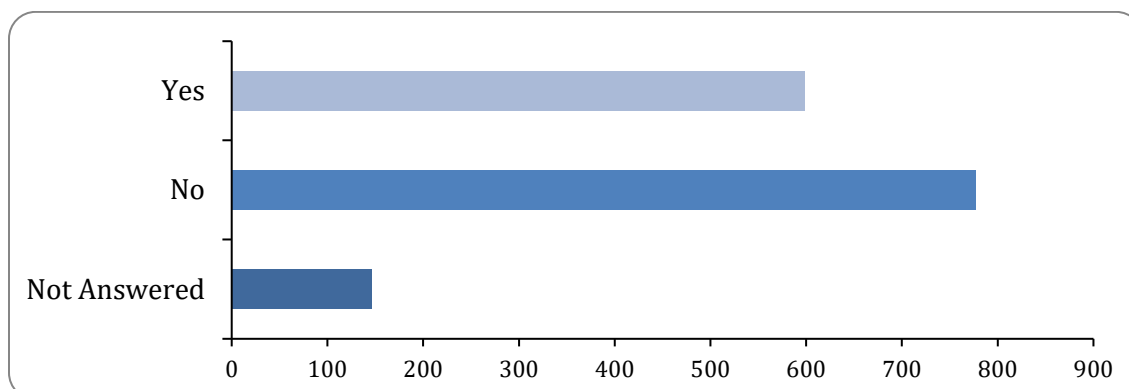
There were 1356 responses to this part of the question.



Option	Total	Percent
Yes	319	21%
No	1037	68%

19.14: Which of the following pharmacy services are you aware that a pharmacy may provide? - Emergency supply of prescription medicines

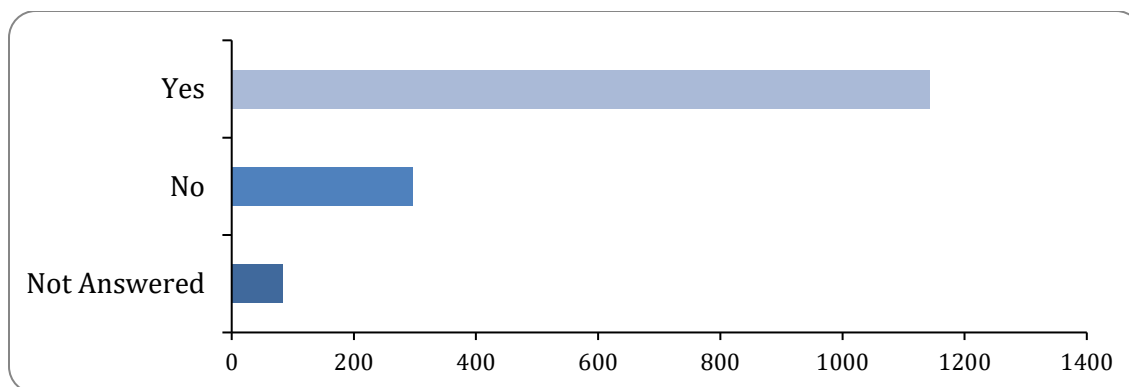
There were 1376 responses to this part of the question.



Option	Total	Percent
Yes	599	44%
No	777	56%

19.15: Which of the following pharmacy services are you aware that a pharmacy may provide? - Disposal of unwanted medicines

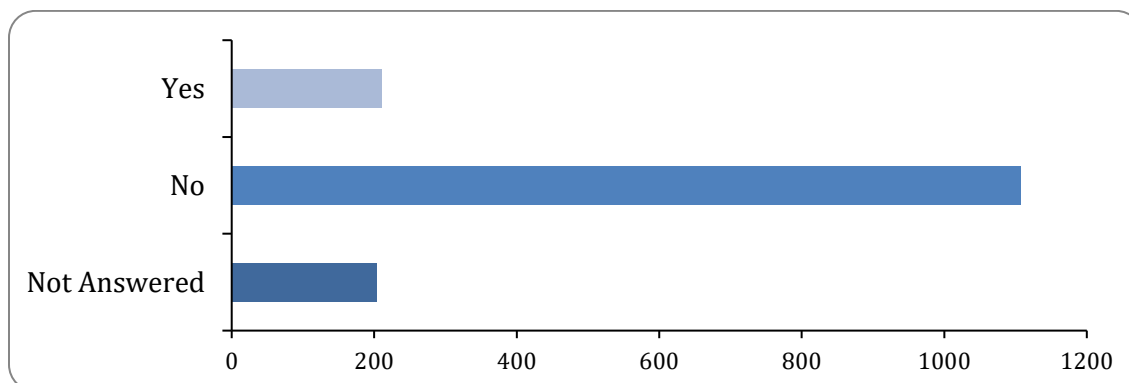
There were 1439 responses to this part of the question.



Option	Total	Percent
Yes	1143	79%
No	296	21%

19.16: Which of the following pharmacy services are you aware that a pharmacy may provide? - Appliance use review

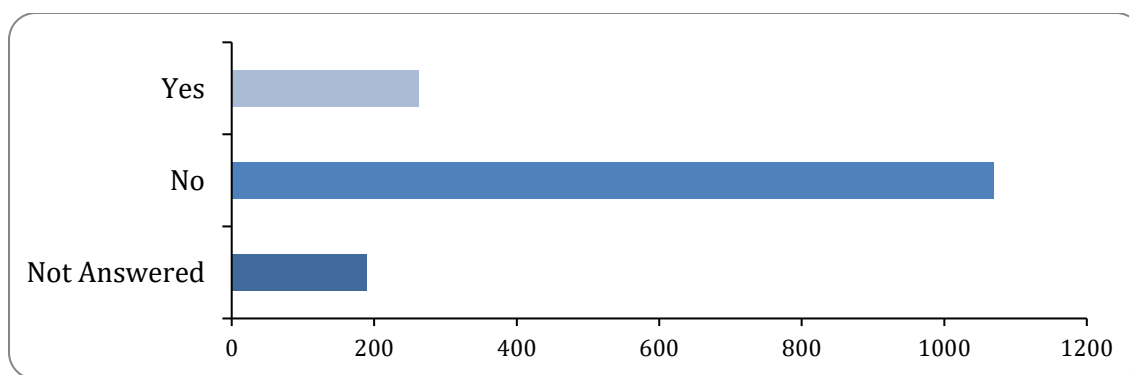
There were 1318 responses to this part of the question.



Option	Total	Percent
Yes	211	16%
No	1107	84%

19.17: Which of the following pharmacy services are you aware that a pharmacy may provide? - Community Pharmacist Consultation Service (urgent care referral)

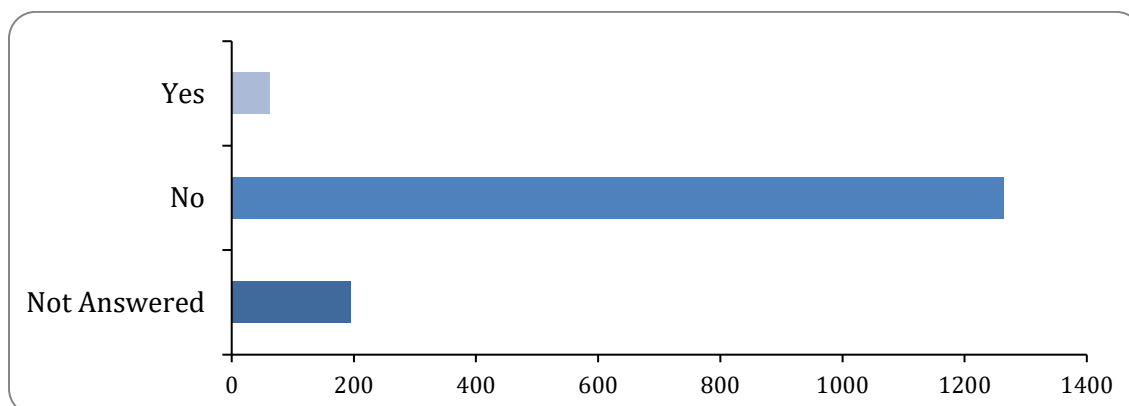
There were 1332 responses to this part of the question.



Option	Total	Percent
Yes	262	20%
No	1070	80%

19.18: Which of the following pharmacy services are you aware that a pharmacy may provide? - Hepatitis testing service

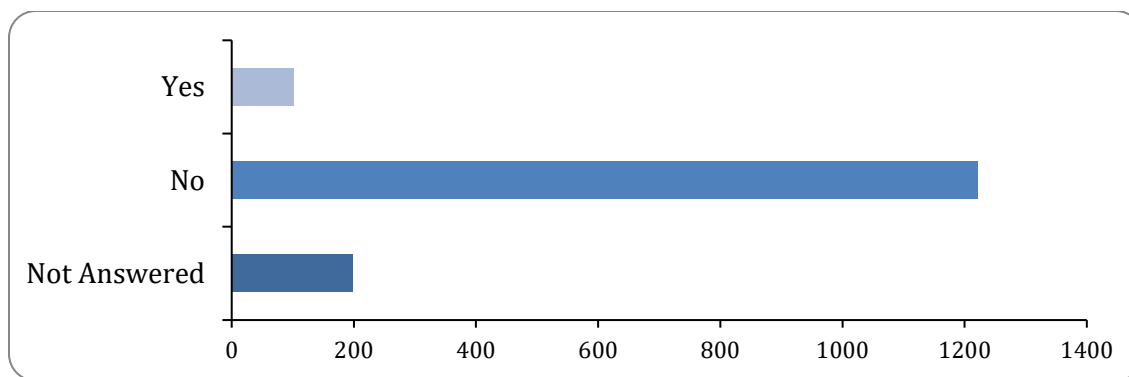
There were 1327 responses to this part of the question.



Option	Total	Percent
Yes	63	5%
No	1264	95%

19.19: Which of the following pharmacy services are you aware that a pharmacy may provide? - Stoma appliance customisation service (stoma/ostomy bag: pouch used to collect waste from the body)

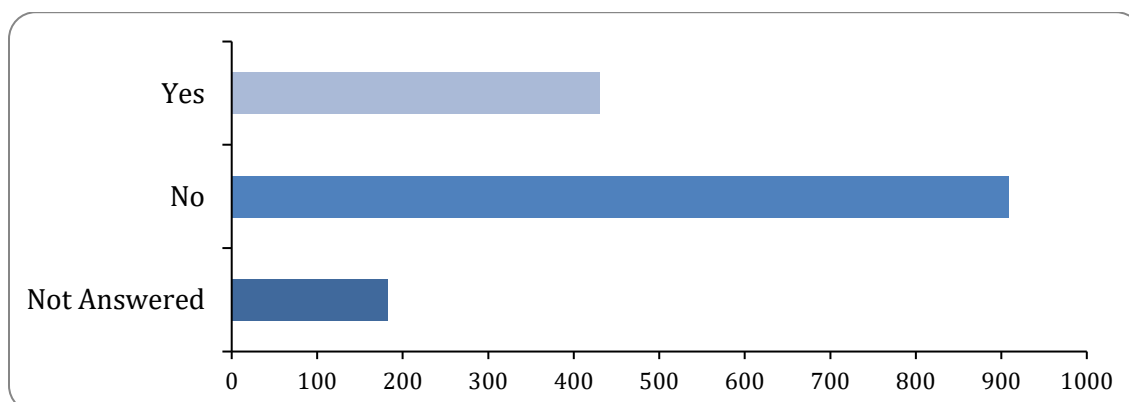
There were 1323 responses to this part of the question.



Option	Total	Percent
Yes	101	8%
No	1222	92%

19.20: Which of the following pharmacy services are you aware that a pharmacy may provide? - Needle exchange (Disposal of used needles and providing clean ones)

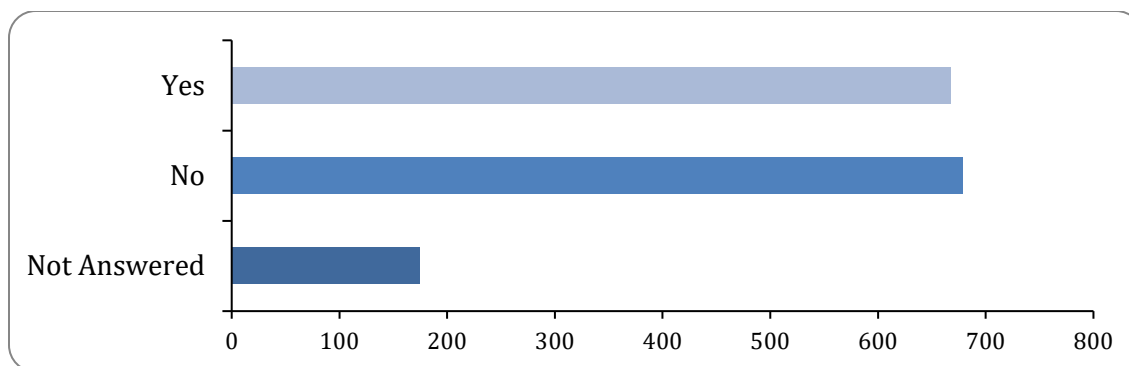
There were 1339 responses to this part of the question.



Option	Total	Percent
Yes	430	32%
No	909	68%

19.21: Which of the following pharmacy services are you aware that a pharmacy may provide? - Stopping smoking / nicotine replacement therapy

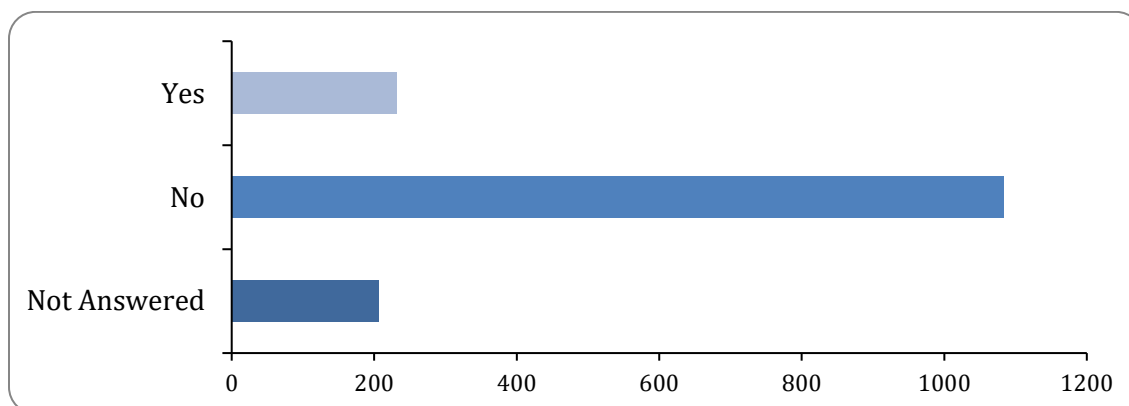
There were 1347 responses to this part of the question.



Option	Total	Percent
Yes	668	50%
No	679	50%

19.22: Which of the following pharmacy services are you aware that a pharmacy may provide? - Chlamydia testing / treatment (Sexually transmitted infections)

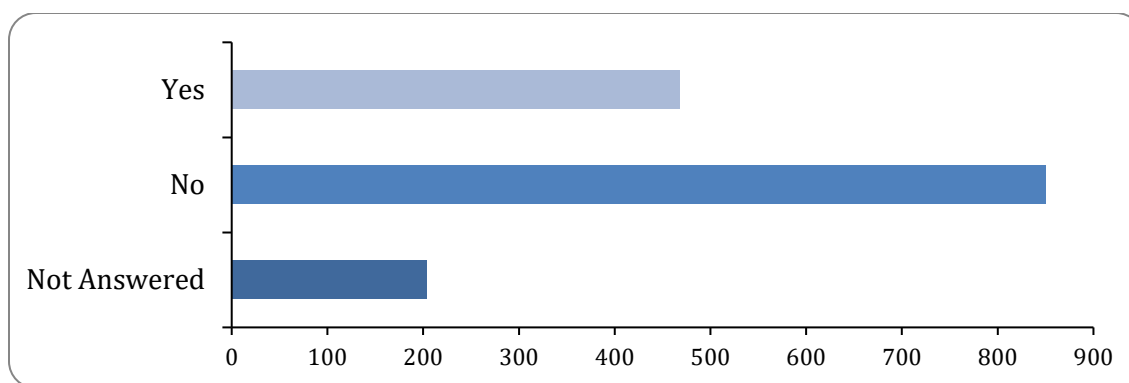
There were 1315 responses to this part of the question.



Option	Total	Percent
Yes	231	18%
No	1084	82%

19.23: Which of the following pharmacy services are you aware that a pharmacy may provide? - Condom distribution, emergency contraception

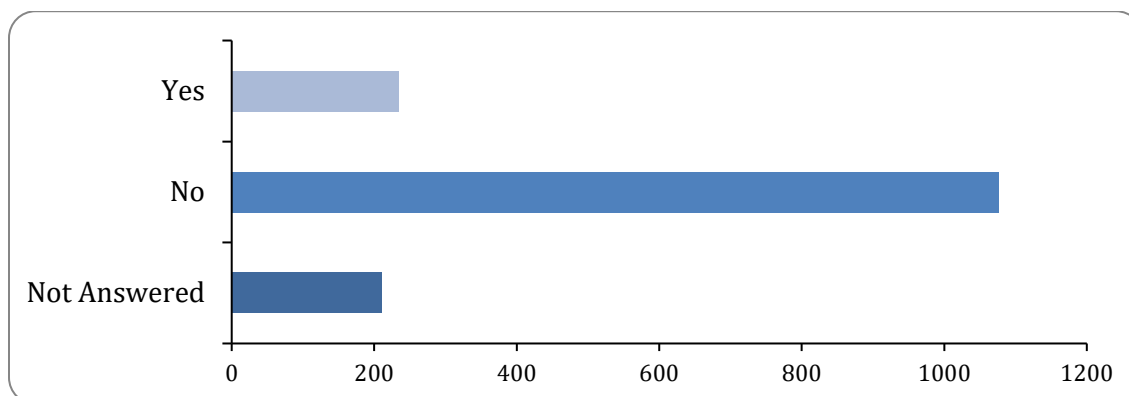
There were 1318 responses to this part of the question.



Option	Total	Percent
Yes	468	36%
No	850	64%

19.24: Which of the following pharmacy services are you aware that a pharmacy may provide? - Immediate access to specialist drugs e.g. palliative (end of life) medicines

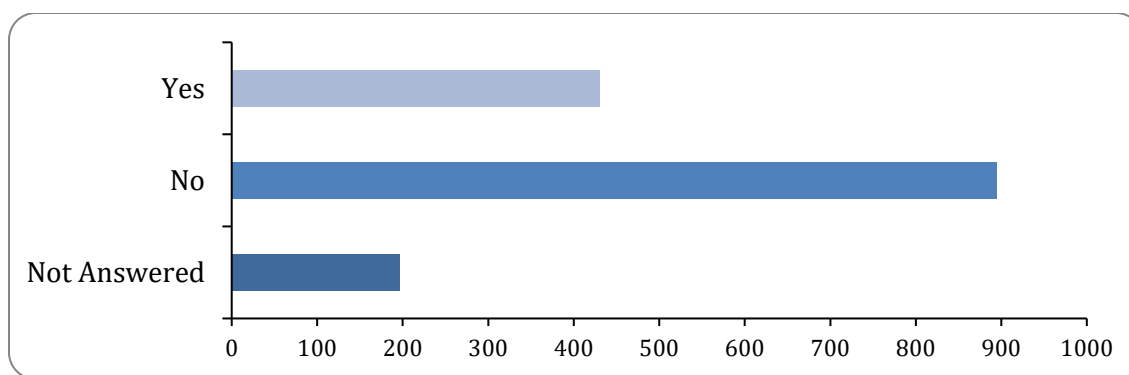
There were 1312 responses to this part of the question.



Option	Total	Percent
Yes	235	18%
No	1077	82%

19.25: Which of the following pharmacy services are you aware that a pharmacy may provide? - Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)

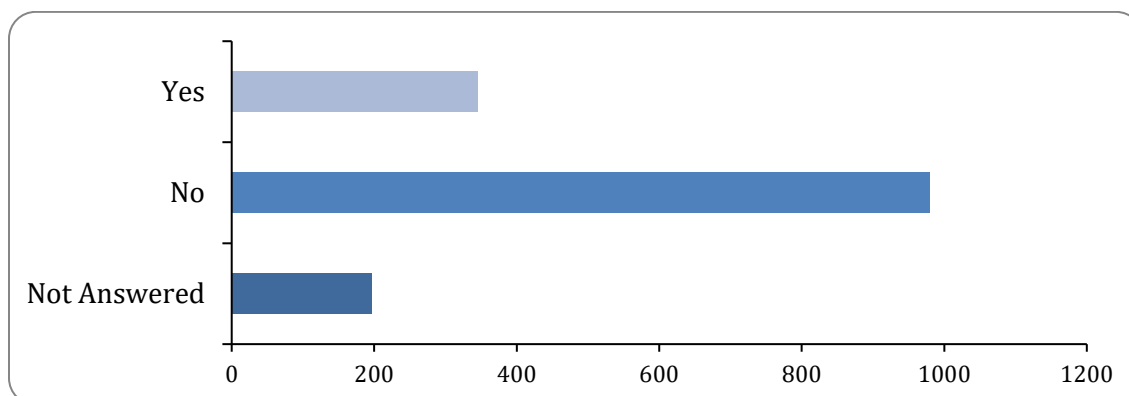
There were 1325 responses to this part of the question.



Option	Total	Percent
Yes	430	32%
No	895	68%

19.26: Which of the following pharmacy services are you aware that a pharmacy may provide? - Travel immunisation

There were 1325 responses to this part of the question.



Option	Total	Percent
Yes	346	26%
No	979	74%

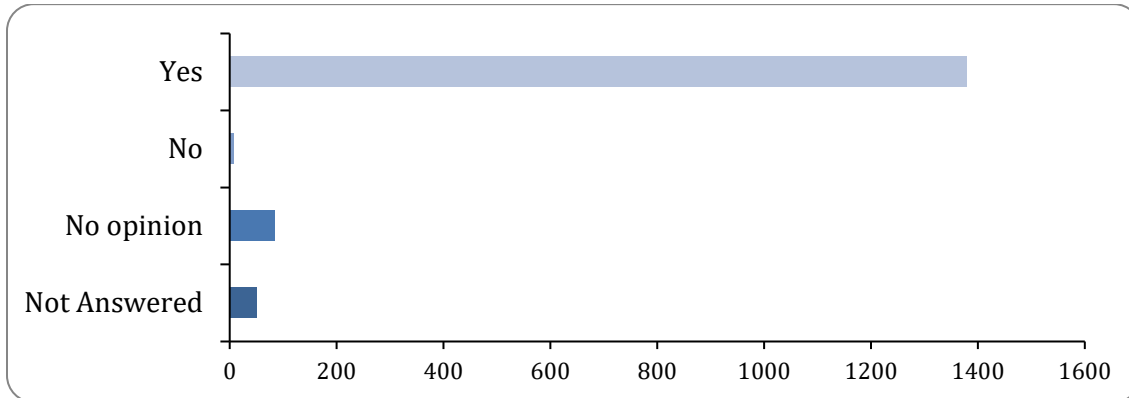
Other, please specify:

Don't know	17	Never needed any	6
Repeat prescription	5	Not relevant as pharmacy in doctor's surgery	3
Blood pressure monitoring	2	No services available	1
Palliative care medication	1	Lateral flow test kits out of stock	1

Not aware other services were available	1	Needle exchange	1

20.1: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Advice from your pharmacist

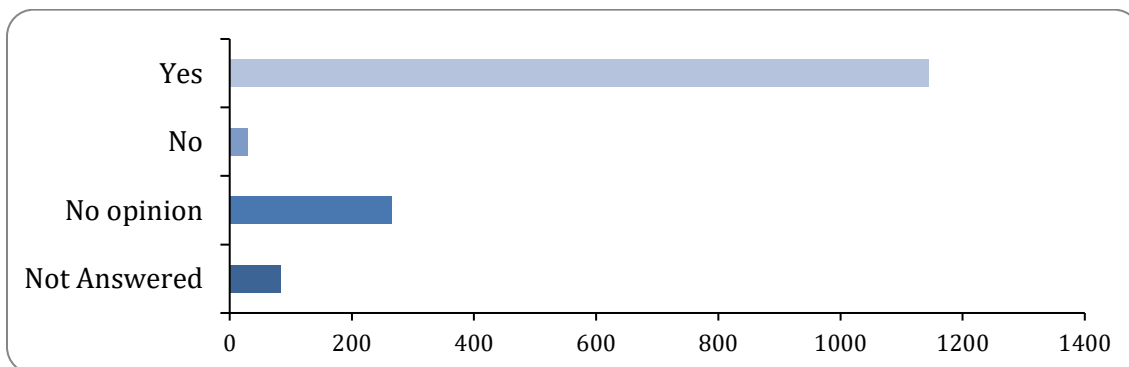
There were 1471 responses to this part of the question.



Option	Total	Percent
Yes	1379	94%
No	7	0%
No opinion	85	6%

20.2: And which of the following pharmacy services would you like to see always provided by your pharmacy? – Covid-19 lateral flow device (LFD) distribution service

There were 1438 responses to this part of the question.

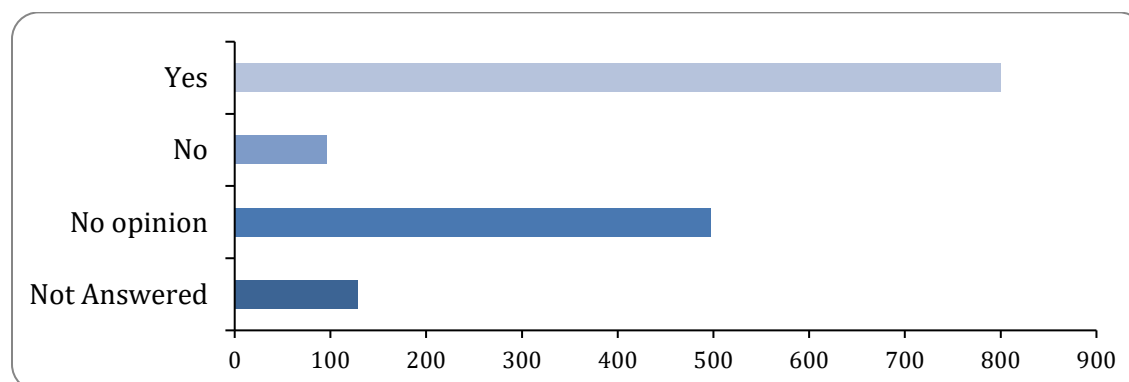


Option	Total	Percent
Yes	1144	80%
No	29	2%
No opinion	265	18%

20.3 And which of the following pharmacy services would you like to see always provided

by your pharmacy? - Covid-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)

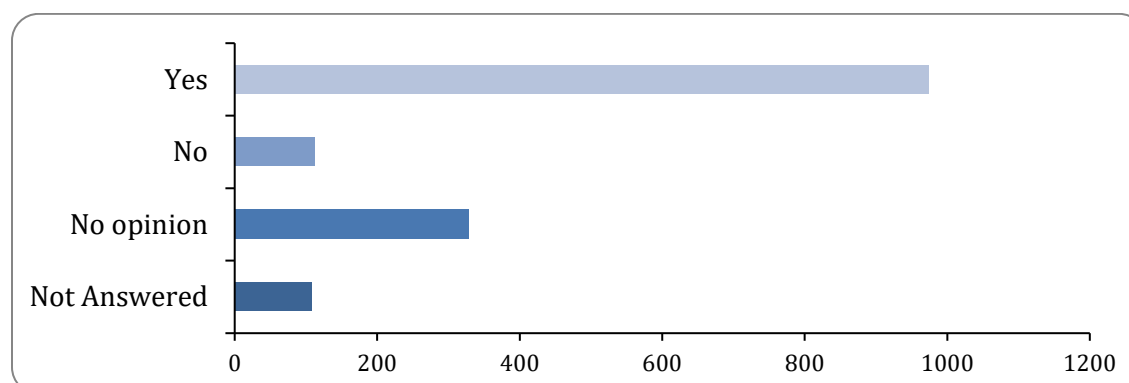
There were 1393 responses to this part of the question.



Option	Total	Percent
Yes	800	57%
No	96	7%
No opinion	497	36%

20.4: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Covid-19 vaccination services

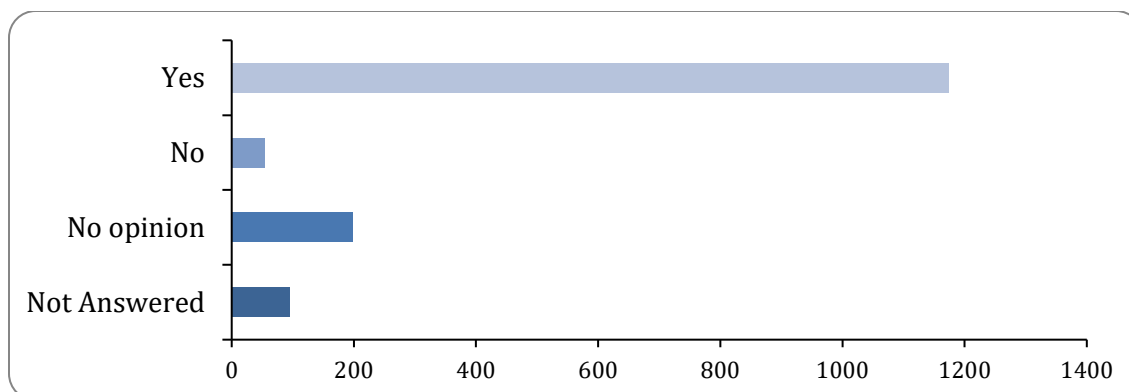
There were 1414 responses to this part of the question.



Option	Total	Percent
Yes	974	69%
No	112	8%
No opinion	328	23%

20.5: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Flu vaccination services

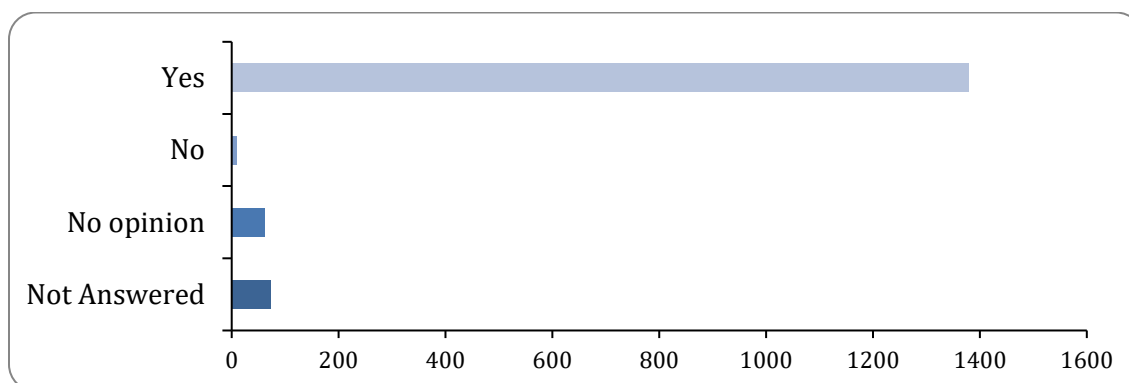
There were 1427 responses to this part of the question.



Option	Total	Percent
Yes	1174	82%
No	54	4%
No opinion	199	14%

20.6 And which of the following pharmacy services would you like to see always provided by your pharmacy? - Buying over the counter medicines

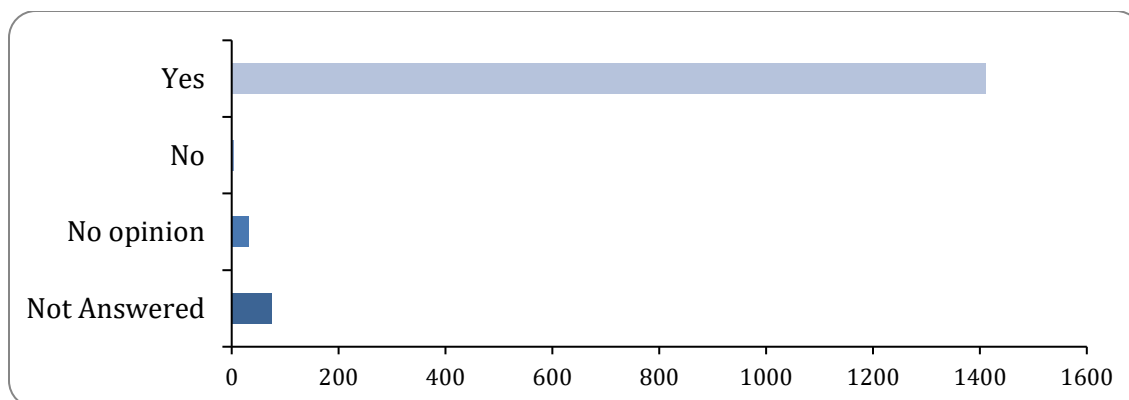
There were 1449 responses to this part of the question.



Option	Total	Percent
Yes	1379	91%
No	9	1%
No opinion	61	4%

20.7: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Dispensing prescription medicines

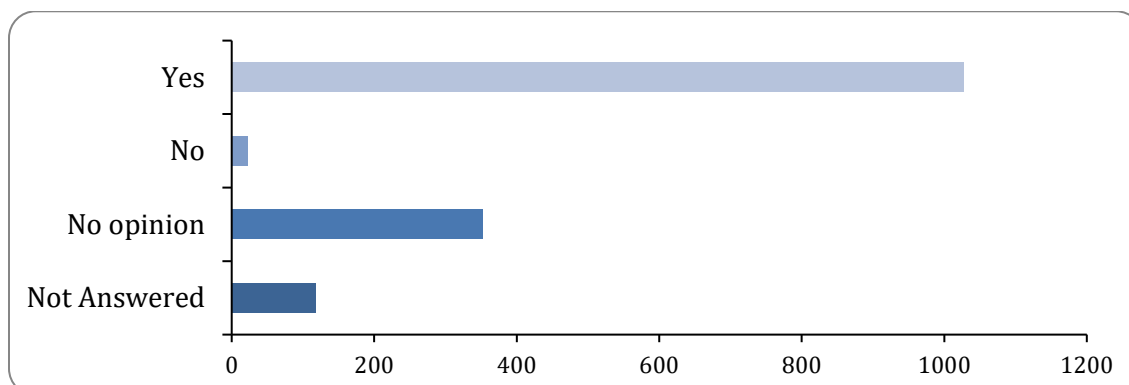
There were 1447 responses to this part of the question.



Option	Total	Percent
Yes	1411	97%
No	4	0%
No opinion	32	3%

20.8: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Dispensing appliances (items/equipment to manage health conditions)

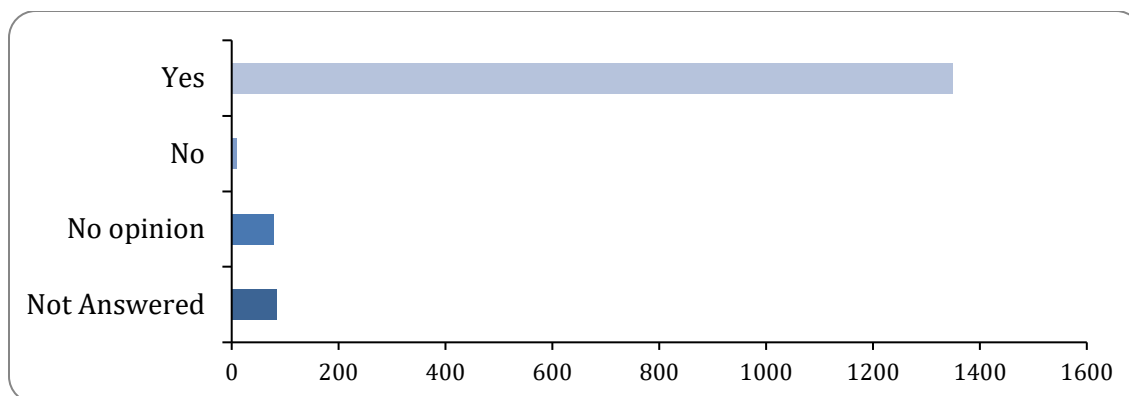
There were 1404 responses to this part of the question.



Option	Total	Percent
Yes	1028	73%
No	23	2%
No opinion	353	25%

20.9: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Repeat dispensing services

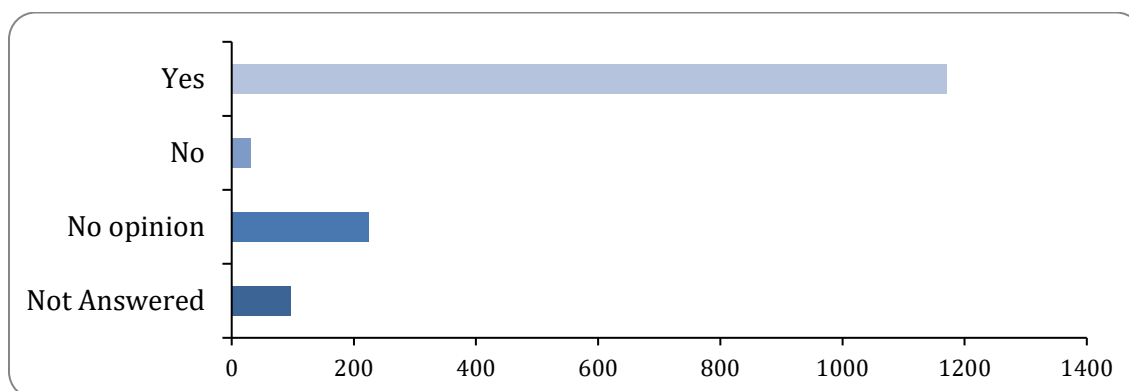
There were 1437 responses to this part of the question.



Option	Total	Percent
Yes	1349	94%
No	10	1%
No opinion	78	5%

20.10: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Home delivery and prescription collection services

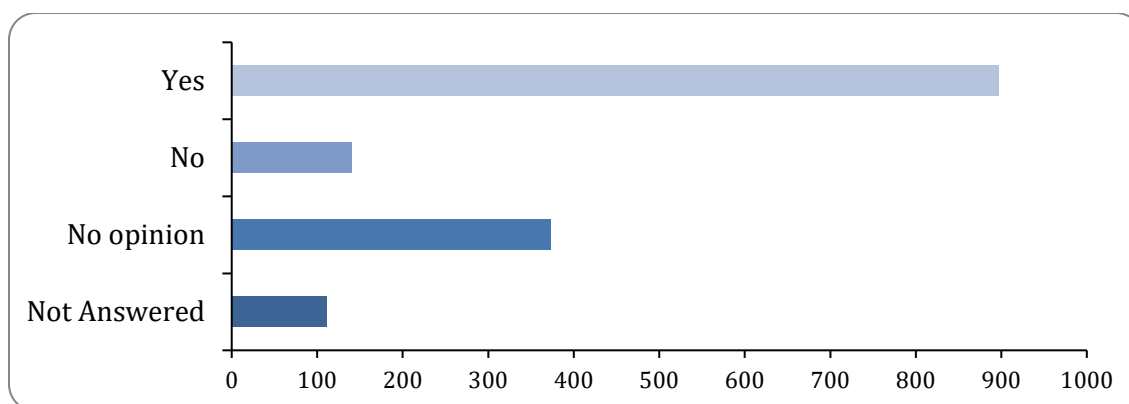
There were 1426 responses to this part of the question.



Option	Total	Percent
Yes	1171	82%
No	31	2%
No opinion	224	16%

20.11: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Medication review

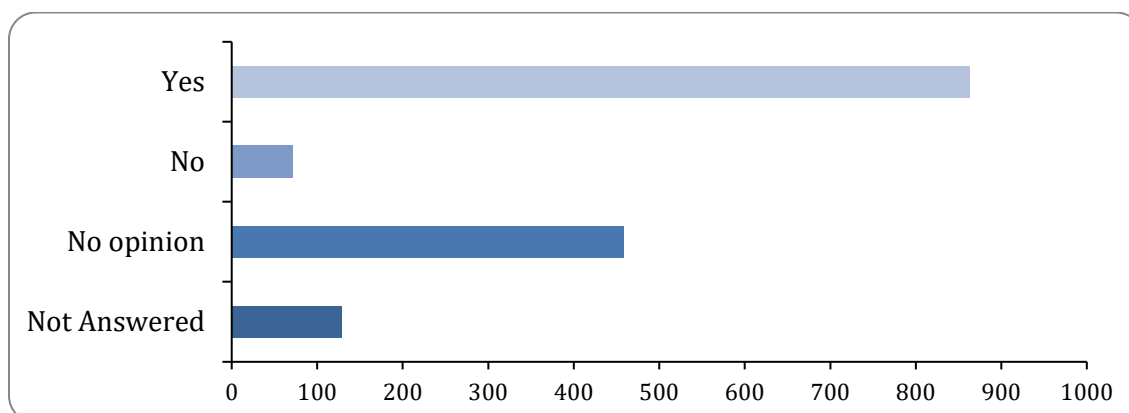
There were 1411 responses to this part of the question.



Option	Total	Percent
Yes	897	64%
No	141	10%
No opinion	373	26%

20.12: And which of the following pharmacy services would you like to see always provided by your pharmacy? - New medicine service

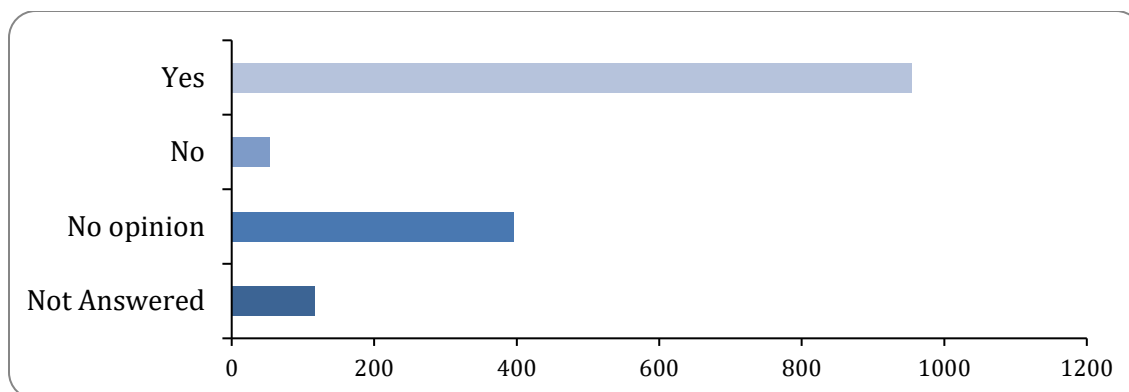
There were 1393 responses to this part of the question.



Option	Total	Percent
Yes	863	62%
No	71	5%
No opinion	459	33%

20.13: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Discharge from hospital medicines service

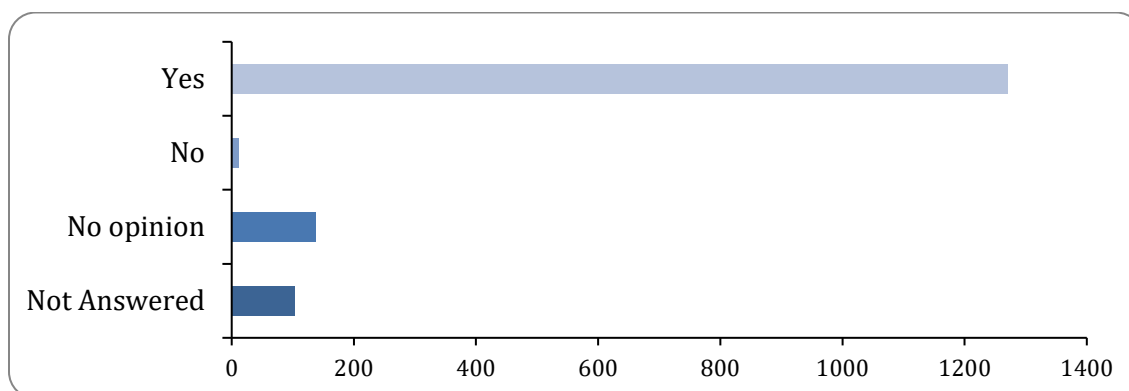
There were 1405 responses to this part of the question.



Option	Total	Percent
Yes	955	68%
No	54	4%
No opinion	396	28%

20.14: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Emergency supply of prescription medicines

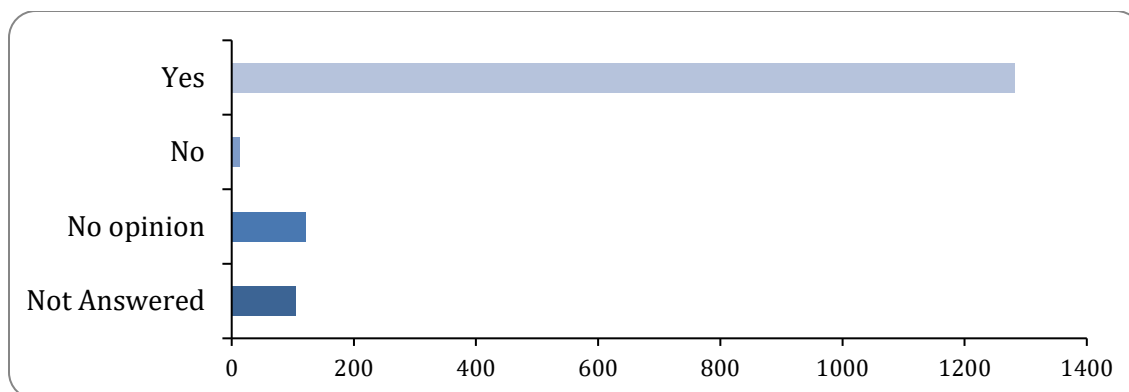
There were 1419 responses to this part of the question.



Option	Total	Percent
Yes	1270	84%
No	12	1%
No opinion	137	15%

20.15: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Disposal of unwanted medicines

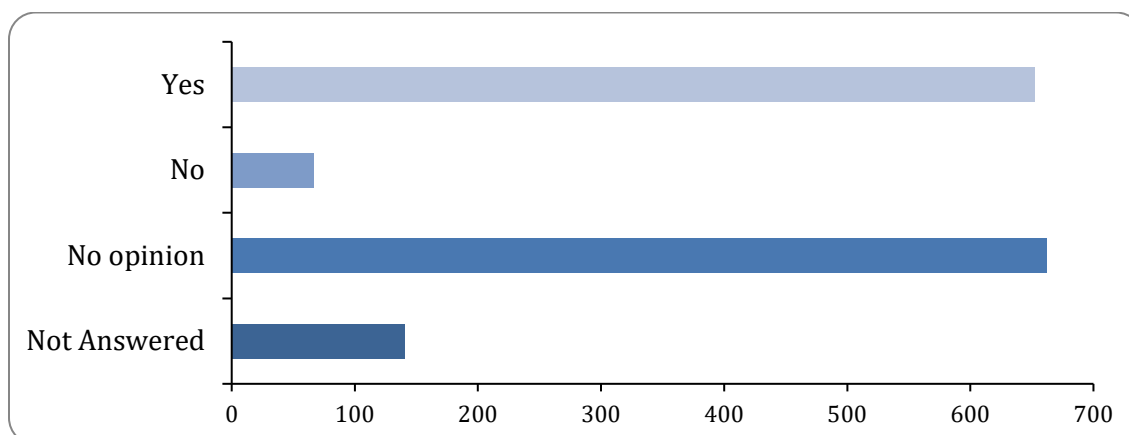
There were 1417 responses to this part of the question.



Option	Total	Percent
Yes	1282	90%
No	13	1%
No opinion	122	9%

20.16: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Appliance use review

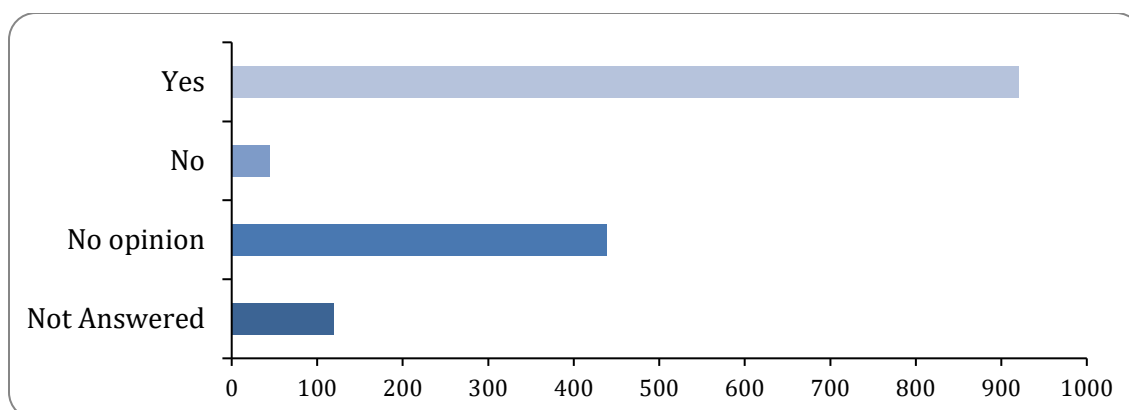
There were 1381 responses to this part of the question.



Option	Total	Percent
Yes	652	47%
No	67	5%
No opinion	662	48%
Not Answered	141	10%

20.17: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Community Pharmacist Consultation Service (urgent care referral)

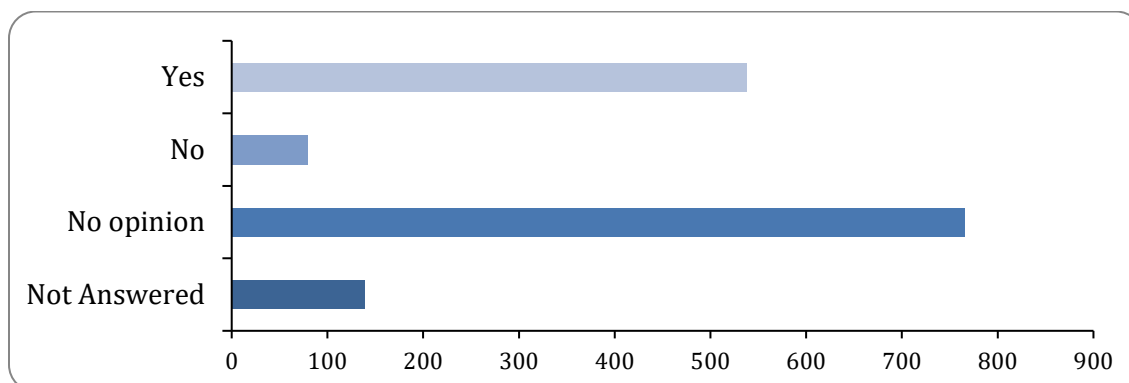
There were 1403 responses to this part of the question.



Option	Total	Percent
Yes	920	66%
No	44	3%
No opinion	439	31%

20.18: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Hepatitis testing service

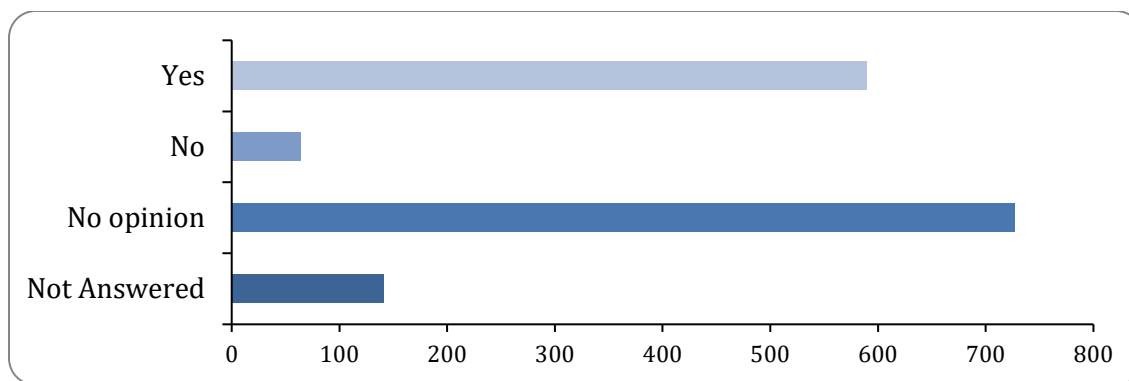
There were 1383 responses to this part of the question.



Option	Total	Percent
Yes	538	39%
No	79	6%
No opinion	766	55%

20.19: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Stoma appliance customisation service (stoma/ ostomy bag: pouch used to collect waste from the body)

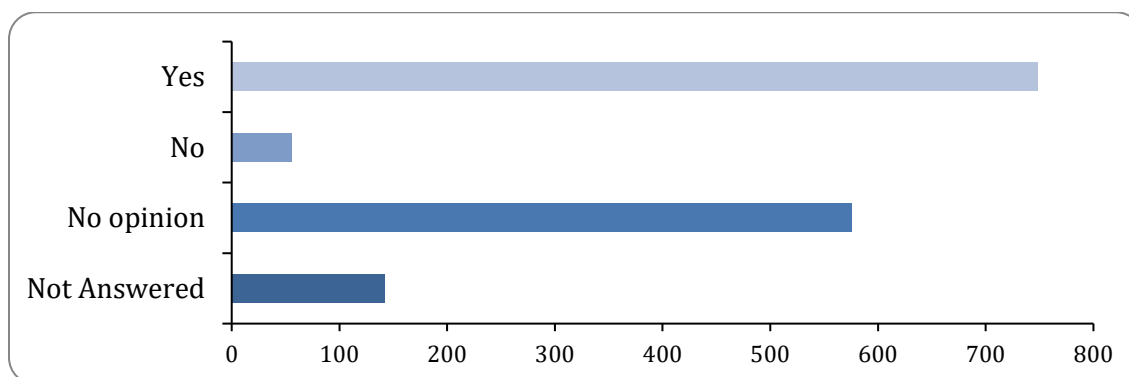
There were 1381 responses to this part of the question.



Option	Total	Percent
Yes	590	43%
No	64	7%
No opinion	727	50%

20.20: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Needle exchange (Disposal of used needles and providing clean ones)

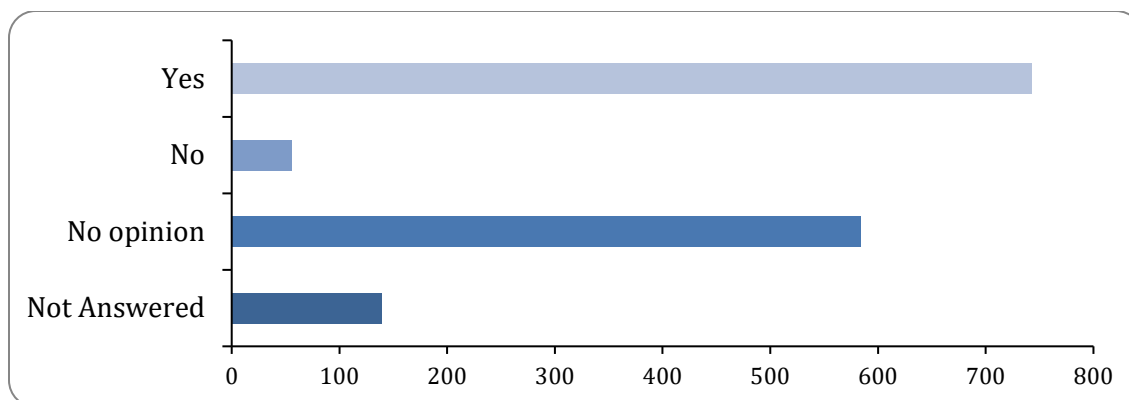
There were 1380 responses to this part of the question.



Option	Total	Percent
Yes	748	54%
No	56	4%
No opinion	576	42%

20.21: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Stopping smoking / nicotine replacement therapy

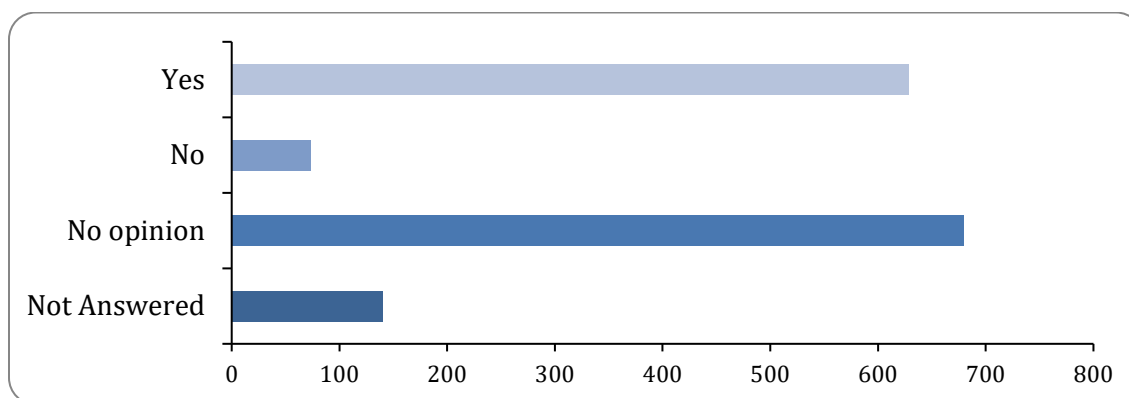
There were 1383 responses to this part of the question.



Option	Total	Percent
Yes	743	54%
No	56	4%
No opinion	584	42%

20.22: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Chlamydia testing / treatment (Sexually transmitted infections)

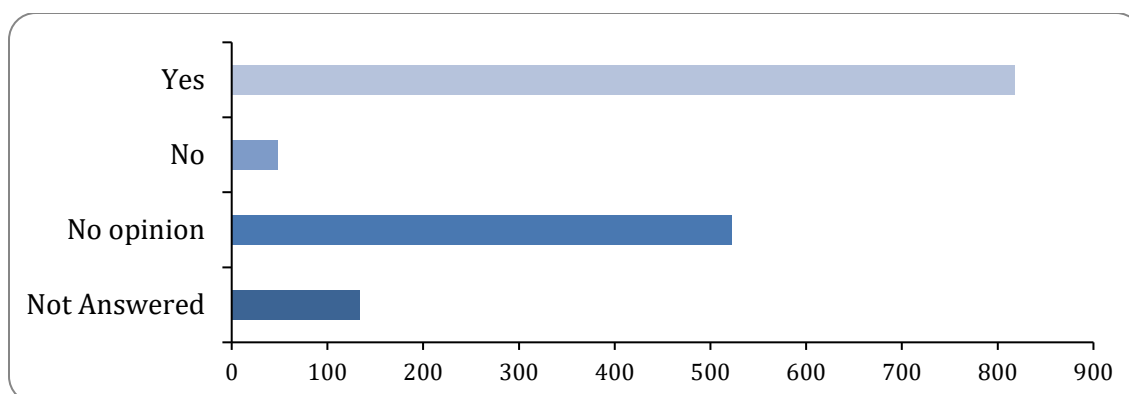
There were 1382 responses to this part of the question.



Option	Total	Percent
Yes	629	46%
No	73	5%
No opinion	680	49%

20.23: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Condom distribution, emergency contraception

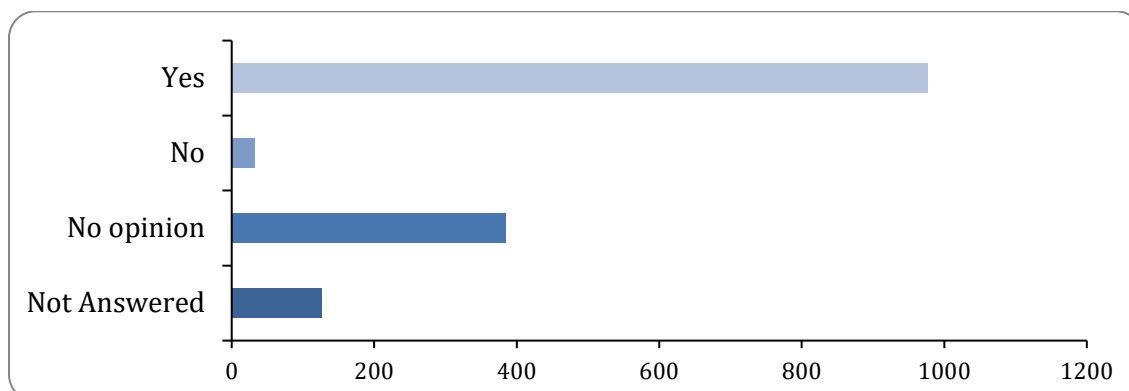
There were 1388 responses to this part of the question.



Option	Total	Percent
Yes	818	59%
No	48	3%
No opinion	522	38%

20.24: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Immediate access to specialist drugs e.g. palliative (end of life) medicines

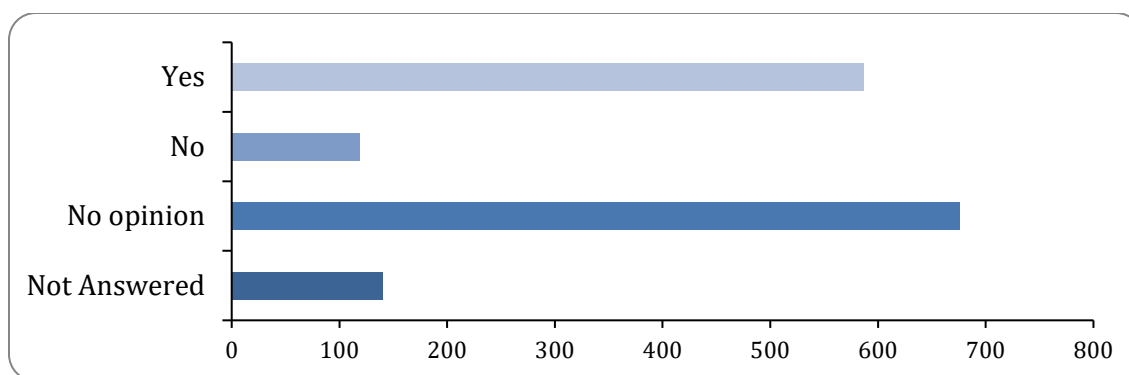
There were 1395 responses to this part of the question.



Option	Total	Percent
Yes	977	70%
No	33	2%
No opinion	385	28%

20.25: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)

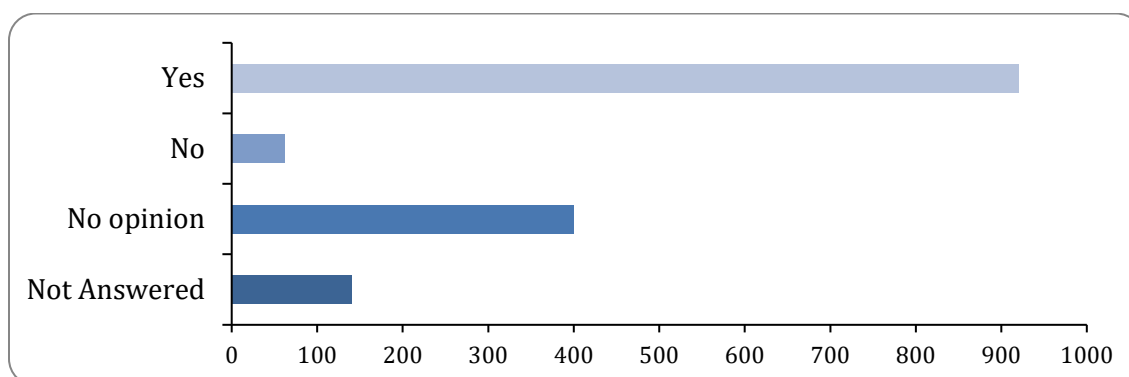
There were 1382 responses to this part of the question.



Option	Total	Percent
Yes	587	42%
No	119	9%
No opinion	676	49%

20.26: And which of the following pharmacy services would you like to see always provided by your pharmacy? - Travel immunisation

There were 1382 responses to this part of the question.



Option	Total	Percent
Yes	920	67%
No	62	4%
No opinion	400	29%

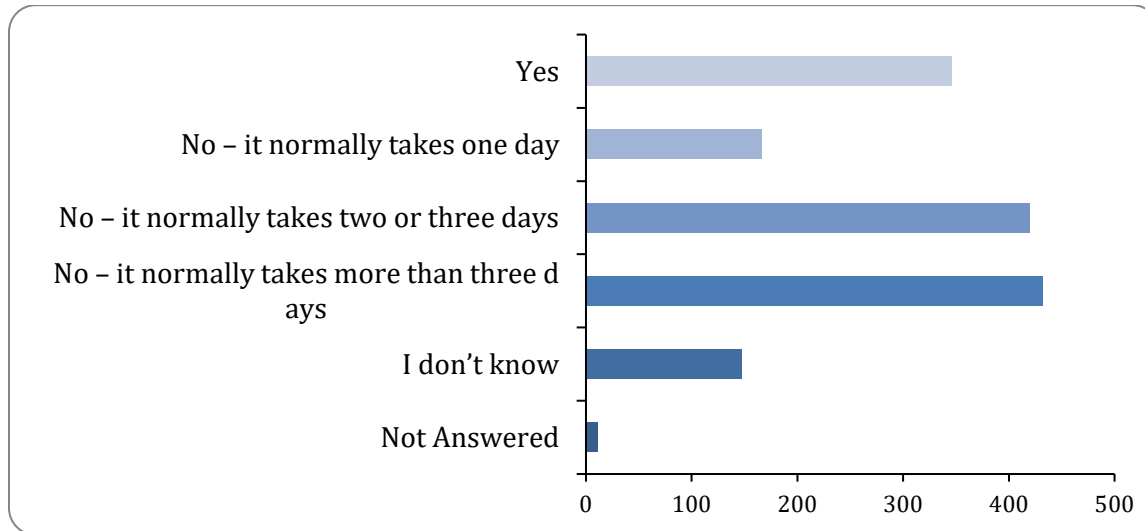
Other, please specify:

Prescription request	12	POD service	3
Medicines stock availability	3	Disposal of sharps bins	2
Automatic prescription ordering	2	Opening times extended to Saturdays	2
Lateral flow tests COVID	1	Should all be provided	1

Good service with competence	1	Private consultation	1
Regular pharmacist	1	Physical assessments	1
Discrete addiction service	1	Dentistry	1
Lack of other clinical services	1	Don't know	1
Weighing scales	1	Dossette boxes	1
eRD	1		

21: Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

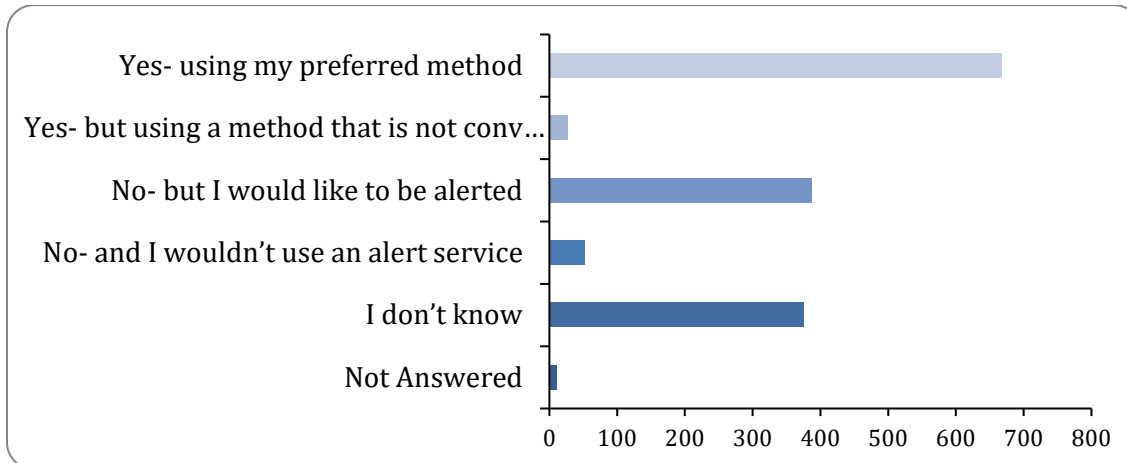
There were 1511 responses to this part of the question.



Option	Total	Percent
Yes	346	23%
No – it normally takes one day	166	11%
No – it normally takes two or three days	420	28%
No – it normally takes more than three days	432	29%
I don't know	147	10%

22: Is your pharmacy able to alert you (by call / text / email) when your medication is ready for collection? (Please select one answer)

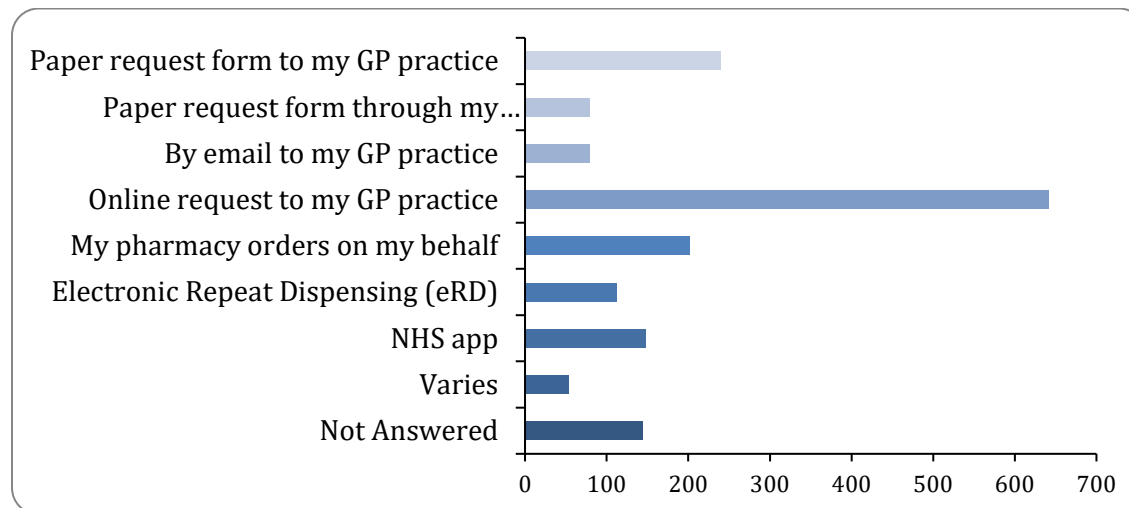
There were 1511 responses to this part of the question.



Option	Total	Percent
Yes- using my preferred method	668	44%
Yes- but using a method that is not convenient to me	27	2%
No- but I would like to be alerted	388	26%
No- and I wouldn't use an alert service	53	4%
I don't know	375	25%

23: If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

There were 1378 responses to this part of the question.



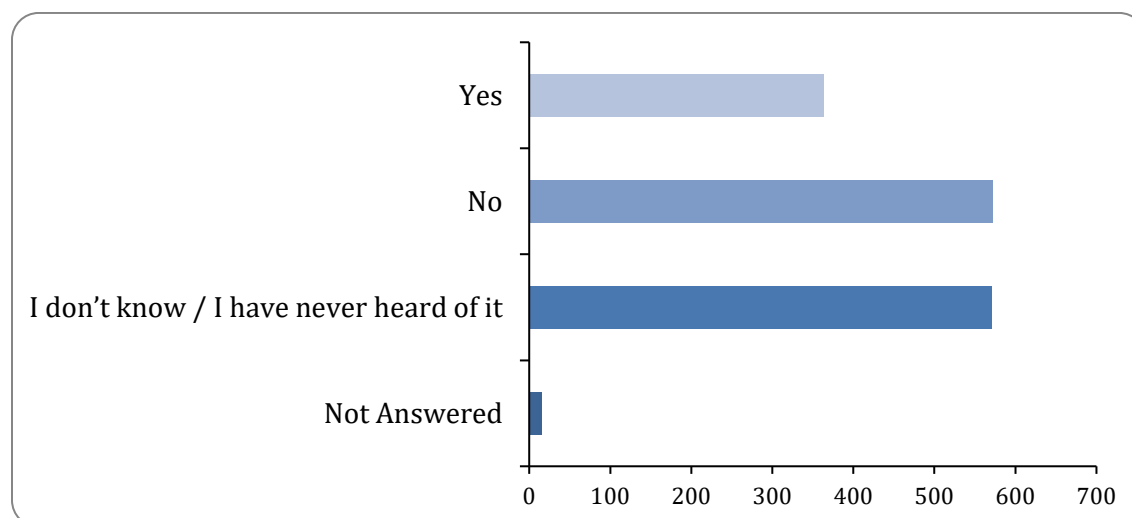
Option	Total	Percent
Paper request form to my GP practice	239	17%
Paper request form through my pharmacy	79	6%
By email to my GP practice	79	6%
Online request to my GP practice	641	47%
My pharmacy orders on my behalf	202	15%
Electronic Repeat Dispensing (eRD)	112	8%
NHS app	147	11%
Varies	53	4%

Other, please specify:

POD service	17	Telephone request to GP	14
Telephone request to pharmacy	12	Don't use regular medicines	8
Online pharmacy	6	Pharmacy present in GP surgery	4
Repeat dispensing	4	NHS app	3
Don't know	3	GP's website	2
Give prescription to pharmacy	2	Notify the HUB	2
Pharmacy app	2	Drop prescription in letter box	1
Email the pharmacy	1	Ring POD	1

24: Have you ever used Electronic Repeat Dispensing (eRD)? (Electronic repeat dispensing is a process that allows your GP to authorise and issue a batch of repeat prescriptions for medication / appliances until you need to be reviewed. The prescriptions are then available at your nominated pharmacy at the intervals specified by your GP).

There were 1506 responses to this part of the question.



Option	Total	Percent
Yes	363	24%
No	572	38%
I don't know / I have never heard of it	571	38%

Any other comments you would like to make about Electronic Repeat Dispensing?

Not aware	16	Good idea, want to know more	11
Yes	10	Many problems, missing medications	9
Not all GP surgeries provide this service	7	Repeat prescription never ready	6
Pharmacy too busy to support this service	6	Yes, but it has been stopped	5
Very good service	5	Let down by pharmacy, e.g. stock	5
Prefer online ordering	5	Don't have regular medications	5
Too complicated, e.g., getting login and password or changing password, elderly people struggle with technology	4	Unsafe due to overprescribing and supply every month plus wastage of drugs	4
Service has stopped	3	Quicker to order myself	3
Prefer this eRD	3	Use POD	3
To avoid confusion, prefer to order myself	3	Order via telephone	2
Pharmacy needs to communicate with patients when to book for a review with GP	2	Convenient if GP can prescribe more than one month prescription at a time	1
All medications should be due at the same time, for eRD to work	1	Not suitable for patients whose medicines keep changing by GP	1
Prefer paper repeat prescriptions	1	Does not allow flexibility	1
Pharmacy closed most of time, e.g. How do you collect your medications	1	Prefer to order meds via GP, monthly to avoid wastage	1
No home delivery service	1	Service was cancelled due to COVID	1
Dispensing doctors should offer this service	1	Service should start again	1
Different to ordering meds via app	1	Too much review on meds	1

25: Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. **Are there any treatments or advice would you like to receive from pharmacies so they can better meet your needs?**

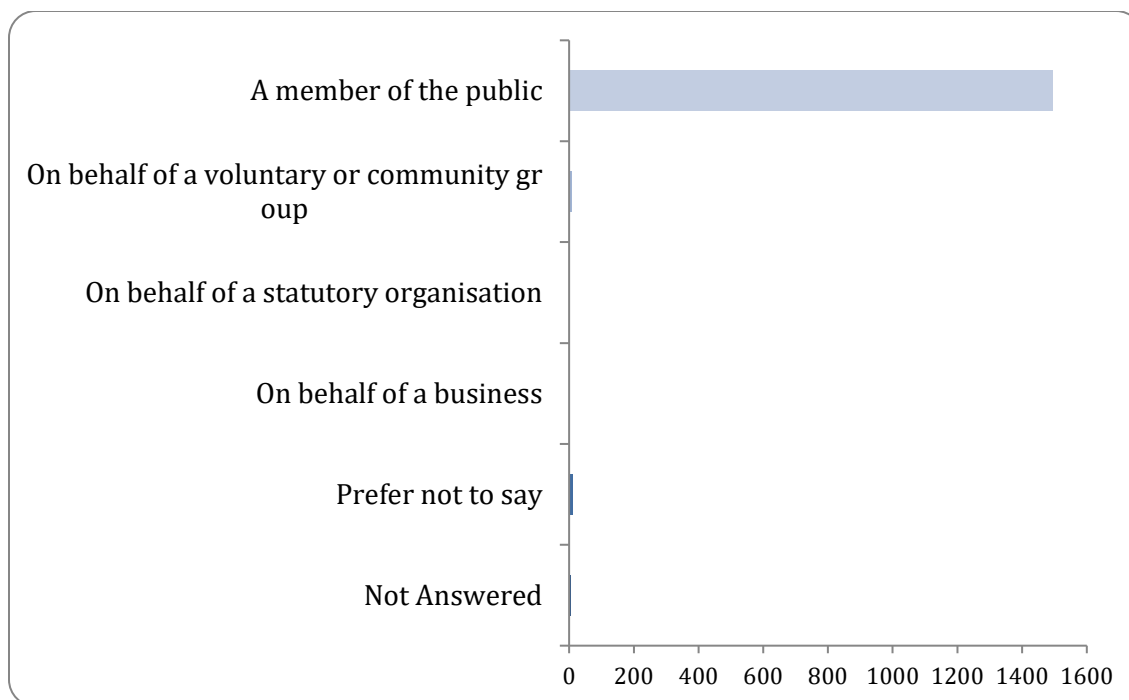
None	138	Minor illness clinic plus prescription	59
Pharmacy to improve staffing, privacy, stock	39	Prefer to see GP	22
Pharmacy is helpful	20	Don't know	16
Advertisement and education for services	16	Major injuries	13
Pharmacist to be competent and upskilled	12	No confidence in pharmacy	12
Wound care	10	Asthma review clinic	9
HRT	7	Skin clinic including mole examination	7
Medication advice including OTC, brands	6	Blood tests	6
Pharmacy open during opening hours	5	Pain management	5
Prefer 111	4	Blood pressure monitoring	4
Diabetes test/ monitoring	4	Open longer hours and out of hours	4
Disabled not able to travel	3	Contraception and EHC	3
Vaccine clinics- flu, travel, covid, shingles	3	Podiatry	3
Hospital discharge clinic	3	Medication review	3
Healthy living- nutrition, exercise, herbal	3	Pharmacist to be present	3
Emergency medication	2	First aid clinic	2
Cholesterol test	2	Home delivery	2
Services should be free	1	Ear wax removal	1
NHS funded treatments for minor ailments	1	Sexual health	1
Baby breastfeeding and weaning clinic	1	Triage as first point of contact	1
Emergency supply of medication	1	Referral for hospital appointments	1
Support for elderly people and lonely	1	Dentist clinic	1
ECG checks	1	Mental health clinic	1
Dossett boxes	1	Hearing aid batteries	1

26: Do you have any other comments you would like to make about your pharmacy?

Good customer service, advice support	167	Too much pressure - staff shortage	96
Prescriptions not ready for collection	88	Shortage of pharmacists, hence pharmacy closes	83
Need to be polite and helpful, answer the phone and build relationship with customers	60	Pharmacy needs to remain open during opening hours and not closed	57
Shortage of medicines in stock	51	Reduce long queues up to 45 mins	46
Not happy with the service	41	Pharmacy too small for local demand	34
Open on weekends and bank holidays	32	Lack of parking and disabled parking	25
Dispensing errors	24	Reduce prescription dispensing time to 5-10 minutes wait	24
No pharmacist- unable to collect prescription	24	Repeat prescription and items missed	19
Prefer online pharmacy	18	Pharmacy needs to be organised	18
No consistency with pharmacist	17	No near pharmacy- a few miles away	16
To be alerted when prescriptions are ready	15	Need more pharmacies	14
Patient ran out of medication due to shortage or prescription not ready	10	Staff require more training	10
Need to stock OTC range	9	Pharmacy closed at lunch hours	9
Lack of communication between pharmacy and GP surgeries	8	Minor illness clinic who can issue prescriptions	8
Opening hours inconvenient	7	Staff are not fluent in English	7
Home delivery required	7	Need 24 hours a day service	6
Lack of confidentiality/privacy	6	Great location next to surgery	5
Home delivery is charged	4	Safeguarding support for vulnerable and elderly	4
Prefer online ordering	3	Disabled accessibility for wheelchairs.	3
Difficult to commute to a pharmacy	3	Vaccination clinic e.g. flu	3
Delay in delivery of meds	3	Repeat prescription reviews should be done at pharmacy	2
Dossett boxes preparations	2	Affordable prices of medicines	1
Medication disposal service	1	No controlled drugs held as stock	1
Methadone user to have priority in queues	1	Pharmacy next to car park	1
Prefer pharmacy to order my repeat prescription	1	Sexual health clinic emergency contraception, free condoms	1
Post box for repeat prescription requests outside pharmacy	1	Palliative care medicines available in all pharmacies	1
More than three weeks to deliver medications	1	Provide sharp bin disposal	1
Disability - difficult to get medication	1	No consultation room	1

27: Are you responding as...?

There were 1517 responses to this part of the question.



Option	Total	Percent
A member of the public	1495	99%
On behalf of a voluntary or community group	8	1%
On behalf of a statutory organisation	3	0%
On behalf of a business	1	0%
Prefer not to say	10	1%

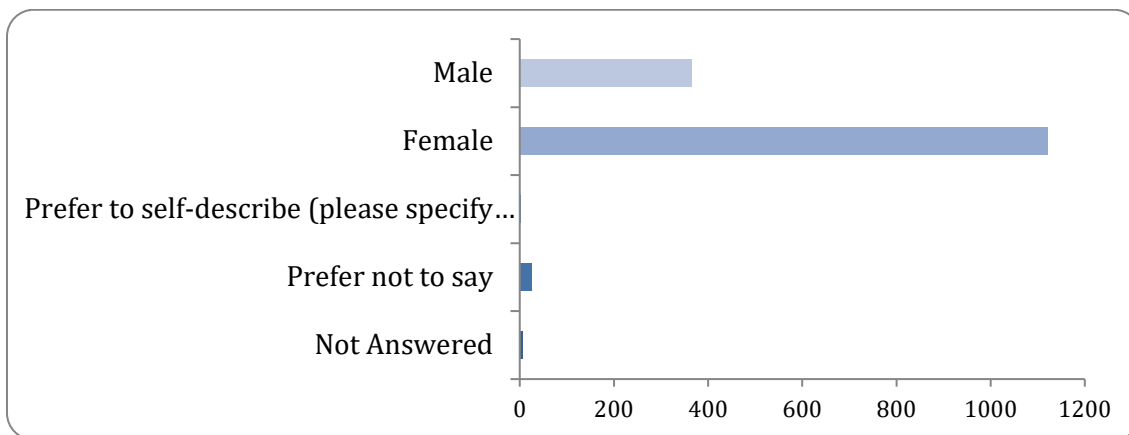
28: If you are responding on behalf of another organisation, what is the name of the organisation, group or business?

Norfolk Resident Panel	2	Support at Home	1
Disability Advice Centre	1	Sail Close	1

Norfolk County Council	1	District Councillor of South Norfolk County	1
Sheringham Community Support	1		

29: Are you...?

There were 1515 responses to this part of the question.



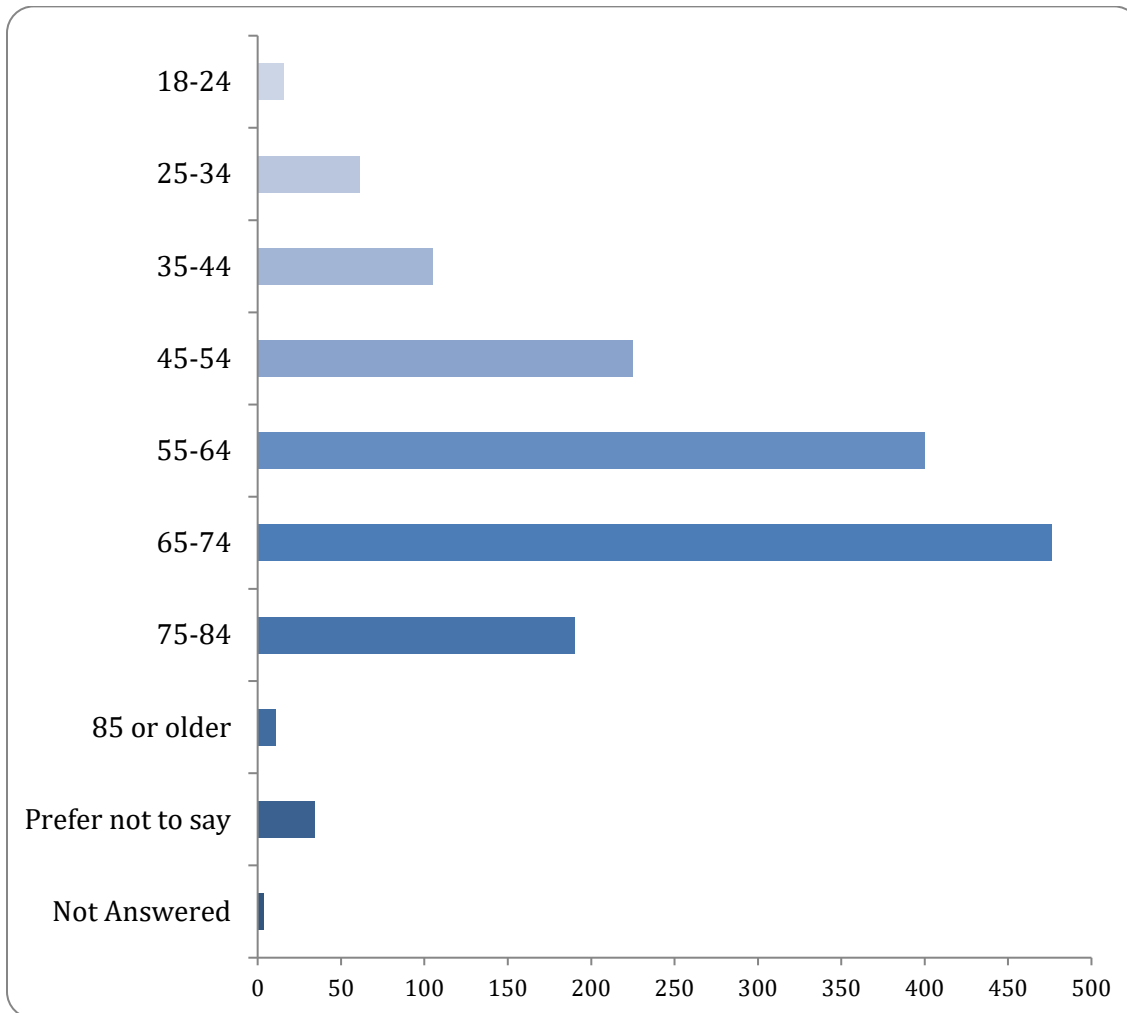
Option	Total	Percent
Male	365	24%
Female	1122	74%
Prefer to self-describe (please specify below)	2	0%
Prefer not to say	26	2%

If you prefer to self-describe please specify here:

Male	2	Female	1
Non-Binary	1		

30: How old are you?

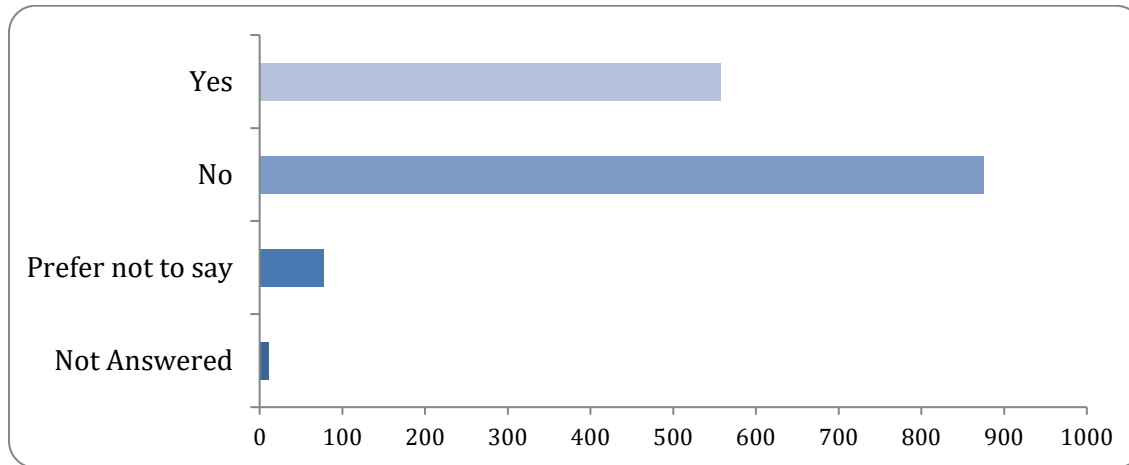
There were 1518 responses to this part of the question.



Option	Total	Percent
Under 18	0	0%
18-24	16	1%
25-34	61	4%
35-44	105	7%
45-54	225	15%
55-64	400	26%
65-74	476	31%
75-84	190	13%
85 or older	11	1%
Prefer not to say	34	2%

31: Do you have any long-term illness, disability or health problem that limits your daily activities or the work you can do?

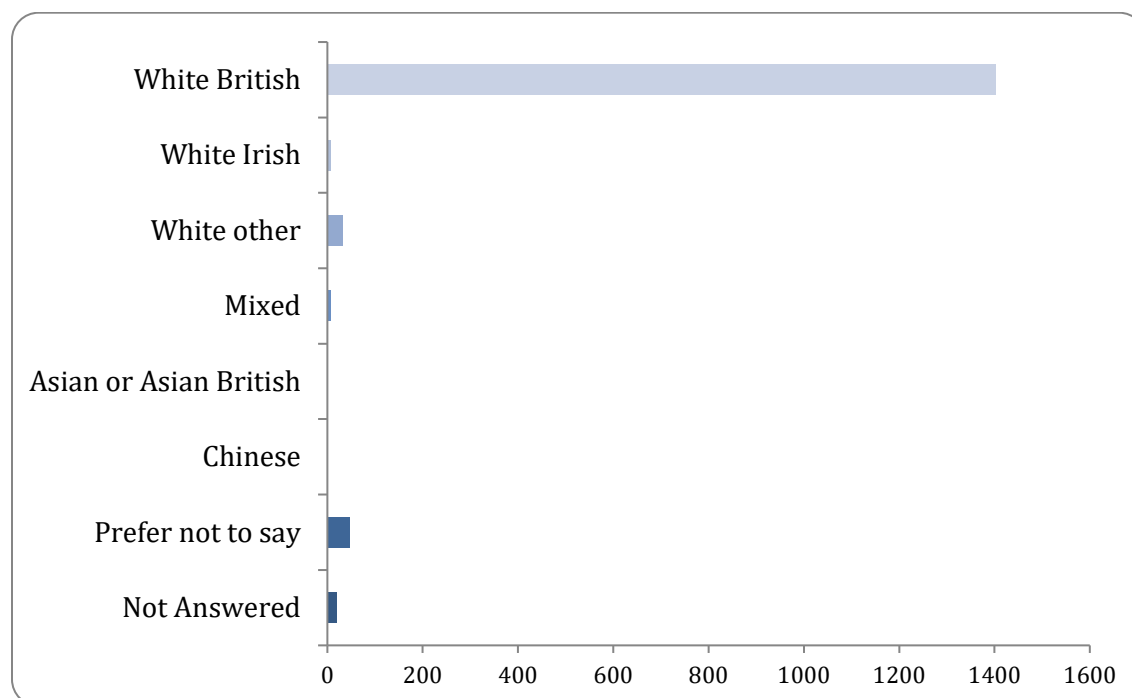
There were 1511 responses to this part of the question.



Option	Total	Percent
Yes	557	37%
No	876	58%
Prefer not to say	78	5%

32: How would you describe your ethnic background? (Please select one only)

There were 1502 responses to this part of the question.



Option	Total	Percent
White British	1402	93%
White Irish	8	1%
White other	33	2%
Mixed	8	1%
Asian or Asian British	2	0%
Black or Black British	0	0%
Chinese	2	0%
Prefer not to say	47	3%

Other, please describe:

White: English	12	White: European	2
White: other background	2	Arabic	1

33: What is your first language?

English	1460	German	4
French	4	Chinese	2
Russian	1	Romanian	1
Malayalam	1	Slovak	1
Portuguese	1	Spanish	1
Arabic	1	Polish	1
Bulgarian	1		

Appendix E: Pharmacy contractor questionnaire

Total responses received:¹ 99

1) Premises and contact details

- Provided contractor code (ODS Code) – 98
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 97
- Provided trading name – 94
- Provided address of contractor pharmacy – 73

2) Does the pharmacy dispense appliances?

Answered – 96; skipped – 3

None		1%	1
Yes – All types		68%	65
Yes, excluding stoma appliances, or		28%	27
Yes, excluding incontinence appliances, or		2%	2
Yes, excluding stoma and incontinence appliances, or		0%	0
Yes, just dressings, or		1%	1
Other (please specify)		0%	0

3) Is there a particular need for a locally commissioned service in your area?

Answered – 95; skipped – 4

Yes (please specify below what is the service requirement and why)		22%	21
No		78%	74

Please specify:

CPCS	6	EHC	4
Smoking cessation	3	Supervised consumption	3
Emergency supply service	2	Needle exchange	2
Weight management	1	Palliative care	1
Hypertension	1	Ella – rather than levonelle	1

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Independent prescribing	1	Out of hours service	1
UTI antibiotics, impetigo treatment, conjunctivitis in children	1	C-Card and vaccinations	1
Blood pressure and blood glucose	1	Cholesterol and BMI checks	1
Diabetes screening with Hb1aC test	1	Unsure, as new to the area	1

4) Non-commissioned services: Does the pharmacy provide any of the following?

Answered – 96; skipped – 3

Collection of prescriptions from GP practices			
Yes		92%	88
No		8%	8
Delivery of dispensed medicines – Selected patient groups			
Yes		86%	76
No		14%	12
Delivery of dispensed medicines – Selected areas			
Yes		44%	38
No		56%	48
Delivery of dispensed medicines – Free of charge on request			
Yes		58%	52
No		42%	37
Delivery of dispensed medicines – With charge			
Yes		56%	50
No		44%	40

Please list your criteria for selected patient groups:

Elderly/frail/housebound	41	Any criteria as charged	10
End of life free of charge	4	All patient groups	2
Care homes	1	Stoma/emergency supply	1

Please list your criteria for selected areas:

Locally	8	All of England	2
5-mile radius	1	3-mile radius	1

5) Are there any services you would like to provide that are not currently commissioned in your area?

Answered – 96; skipped – 3

Yes		16%	15
No		84%	81

Please specify:

CPCS	5	Minor ailments	3
Weight management	1	Ella one prescribing	1
C-Card	1	Patient self-referral system	1
Needle exchange	1	Adults screening – insulin resistance	1
Willing to provide all services if commissioned	1	Happy to take on any properly funded local services	1

6) Details of the person completing this form:

- Provided name of person completing questionnaire on behalf of the contractor – 96

Provided contact telephone number – 70

Appendix F: Dispensing practice questionnaire

Total responses received:¹ **43**

1) Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)?

Answered – 43; skipped – 0

Yes		100%	43
No		0%	0

2) Do you provide the following service outside the dispensing service: DRUMs?

Answered – 43; skipped – 0

Yes		93%	40
No		7%	3

3) Do you provide the following service outside the dispensing service: Compliance aids?

Answered – 42; skipped – 1

Yes (please list below)		76%	32
No		24%	10

Comments:

Monitored dosage trays	20	MAR Charts	6
Large print labels	2	Carousel	1
NMSS	1	Applicator for compression hosiery	1
Blister packs	1	Don't know	1

4) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Selected patient groups?

Answered – 42; skipped – 1

Yes (please list below)		71%	30
No		29%	12

Comments:

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Elderly/housebound/frail	12	Anyone requesting	5
CEV patients only during pandemic	1	Offered to all	1
Shielding patients	1	Patients with transport difficulties	1

5) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines –Selected areas?

Answered – 32; skipped – 11

Any eligible patient within our practice inner boundary		59%	19
Any eligible patient within a smaller area than our practice boundary		9%	3
Any eligible patient wherever they live		31%	10

6) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Free of charge on request?

Answered – 42; skipped – 1

Yes		74%	31
No		26%	11

7) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – With charge?

Answered – 42; skipped – 1

Yes		0%	0
No		100%	42

8) Do you provide any other service outside the dispensing service?

Answered – 14; skipped – 29

No	8	High quality dispensing service, which lacks from some local chemist	1
Truss and stocking measurements, new (specific) meds counselling	1	Hearing loops, dementia friendly surgery service	1
Clinical pharmacist medication reviews – delivery of emergency medication, sharps disposal	1	Inhaler technique training, message patients when medication is ready for collecting	1

In-home surgical stockings measurements	1		

9) Are there any services you would like to provide that are not currently commissioned in your area?

Answered – 42; skipped – 1

Yes (please list below)		14%	6
No		86%	36

Comments:

Many patients must use pharmacy due to current legislation, despite being closer to our practice	1	Automated medication collection kiosk	1
Would like to be able to offer dispensing to all those within a mile	1	Dispense to any patients regardless of location	1
Pharmaself vending machine	1	Option to dispense blister packs	1

10) Is your practice planning to provide DRUMs?

Answered – 39; skipped – 4

Yes		33%	13
No		0%	0
N/A (already providing)		67%	26

11) Is your practice planning to provide Compliance aids?

Answered – 37; skipped – 6

Yes (please list below)		62%	23
No		38%	14

Comments:

Already providing	8	Dosette	6
MDS already supplied	1	After agreed by medicines support	1
MAR charts, dosette boxes, weekly and bi-weekly medicine supplies	1	Continue current services	1

12) Is your practice planning to offer delivery of dispensed medicines?

Answered – 39; skipped – 4

Yes (please provide date/timescales if known)		5%	2
No		26%	10
N/A (already providing)		69%	27

Comments:

Elderly or housebound	1

13) Is your practice planning to provide any other services?

Answered – 37; skipped – 6

Yes (please specify below)		8%	3
No other additional services		92%	34

Comments:

We provide a full range of GMS services which cover most of the pharmacy commissioned services	1
Hearing support – Dementia friendly practice. Provides dispensary hearing loop and personal listening devices. Staff training in BSL.	1

14) If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract, would you be prepared to do so?

Answered – 38; skipped – 5

Yes (please specify the type of service below)		53%	20
No		47%	18

Comments:

Already providing all services	6	Happy to look into any service	5
All of these	1	Possibly in the future	1
Yes – Although hybrid set-up	1	Smoking cessation	1
We provide this through GP practice	1	OTC medicines provision	1

Appendix G: Alphabetical list of pharmaceutical service providers in Norfolk HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Acle Medical Partnership	D82104	Dispensing GP Practice	Bridewell Lane	NR13 3RA	07:00-18:30	Closed	Closed																										
Alan Stockley & Co Ltd	FF277	Community	37-39 Lynn Road, Snettisham	PE31 7LR	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Aldborough Surgery	D82628	Dispensing GP Practice	Chapel Lane	NR11 7NP	08:30-18:00	Closed	Closed																										
Asda Pharmacy	FLF58	Community	Acle New Road, Vauxhall	NR30 1SF	08:30-20:00	08:30-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-
Asda Pharmacy	FRW01	Community	Drayton High Road, Hellesdon	NR6 5DT	08:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-
Attleborough Surgeries	D82034	Dispensing GP Practice	Station Road Surgery	NR17 2AS	08:30-12:00, 14:00-18:00	Closed	Closed																										
Beechcroft Pharmacy	FYE70	Community	Beechcroft Surgery, 23 Beechcroft	NR5 0RS	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	-	-	Y	-	-	-	Y	-	-
Birchwood Medical Practice	D82059	Dispensing GP Practice	Park Lane	NR28 0BQ	08:00-18:00	Closed	Closed																										
Blofield Surgery - Drs Gaskin & Ledward	D82080	Dispensing GP Practice	Plantation Road	NR13 4PL	08:00-18:30	Closed	Closed																										
Boots	FXM05	Community	17 The Thoroughfare, Harleston	IP20 9AH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	Y	-	Y	-	Y	-
Boots	FLL19	Community	9 Market Place, Diss	IP22 4AB	08:30-18:00	08:30-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-
Boots	FGH54	Community	29-31 King Street, Thetford	IP24 2AN	09:00-13:30, 14:30-17:00	09:00-13:30, 14:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Boots	FTM69	Community	1 Chaston Place, 29 High Street, Watton	IP25 6XE	08:30-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	
Boots	FE181	Community	Unit 5, Riverside Retail Park, Albion Way	NR1 1WR	08:30-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Boots	FKK18	Community	The Castle Mall Shopping Centre, Norwich	NR1 3DD	08:30-17:30	08:30-17:00	10:30-16:00	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FVN30	Community	78 Hall Road, Norwich	NR1 3HP	08:30-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FQ736	Community	68 High Street, Stalham	NR12 9AS	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Boots	FM892	Community	4 High Street, Loddon	NR14 6AH	08:30-18:00	08:30-17:30	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FFN78	Community	The Old School, The Common, Mulbarton	NR14 8AE	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Boots	FR791	Community	Wymondham Medical Centre, Postmill Close	NR18 0RF	08:00-18:00	10:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-
Boots	FDD08	Community	35 Market Place, Dereham	NR19 2AP	08:30-17:30	08:30-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FAR67	Community	34-36 London Street, Norwich	NR2 1LD	08:30-14:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y
Boots	FQ286	Community	124 Merchants Hall, Chapelfield	NR2 1SH	09:00-17:00	09:00-17:00	10:00-16:30	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FP850	Community	Wessex Street, Norwich	NR2 2TJ	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FXJ37	Community	7-10 Market Place, Fakenham	NR21 9BG	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FMA27	Community	21 High Street, Holt	NR25 6BN	08:45-18:00	09:00-17:00	Closed	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FRD48	Community	46-48 High Street, Sheringham	NR26 8DT	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FAV53	Community	54-56 Church Street, Cromer	NR27 9HH	09:30-17:30	08:30-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FK436	Community	13 Market Place, North Walsham	NR28 9BP	08:30-17:30	08:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Boots	FDH21	Community	11-12 Anglia Square, Norwich	NR3 1DY	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Boots	FGD89	Community	93 Aylsham Road, Norwich	NR3 2HW	08:30-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FKJ13	Community	Lawson Road Health Centre, Lawson Road	NR3 4LE	08:30-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	
Boots	FMD92	Community	Magdalen Medical Practice, Lawson Road	NR3 4LF	08:15-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FV898	Community	3 Market Gates, Great Yarmouth	NR30 2AX	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Boots	FAG01	Community	Unit E1 Gapton Hall Retail Park, Gapton Hall Road	NR31 0NL	08:30-00:00	08:30-00:00	10:30-16:30	Y	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FFY77	Community	Coliseum Precinct, High Street, Gorleston-on-Sea	NR31 6QX	09:00-13:00, 14:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FQ859	Community	Eaton Centre, Church Lane	NR4 6NU	08:00-20:00	08:00-19:00	10:00-16:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Boots	FAV81	Community	University of East Anglia, Bluebell Road	NR4 7LG	08:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Boots	FWH68	Community	Unit D, Longwater Retail Park, Alex Moorhouse Way	NR5 0JT	07:30-22:30	07:30-22:30	08:30-18:30	Y	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	-	-	
Boots	FCQ45	Community	562A Dereham Road, Norwich	NR5 8TU	08:45-18:00	08:45-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FY734	Community	Bowthorpe Main Centre, Bowthorpe	NR5 9HA	08:30-18:30	08:45-15:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-	
Boots	FQP45	Community	Aslake Close, Aslake Close, Sprowston	NR7 8ET	08:30-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FW090	Community	35A Great Melton Road, Hethersett	NR9 3AB	09:00-18:00	08:30-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Boots	FT627	Community	4 The Market Place, Hingham	NR9 4AF	09:00-18:00	09:00-16:00	Closed	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-	
Boots	FCF31	Community	94-96 High Street, King's Lynn	PE30 1BL	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FA671	Community	Unit 4 Hardwick Retail Park, Campbells Meadow	PE30 4WP	09:00-18:00	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FL272	Community	Southgates Medical Centre, 41 Goodwins Road	PE30 5QX	08:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Boots	FQT60	Community	1 Jubilee Court, Hunstanton Road	PE31 6HH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Boots	FDD96	Community	44-46 Station Road, Heacham	PE31 7EY	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FAP54	Community	19 High Street, Hunstanton	PE36 5AB	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Boots	FDM43	Community	37 Market Place, Swaffham	PE37 7LA	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Boots	FFK32	Community	11-13 Wales Court, Downham Market	PE38 9JZ	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Boughton Surgery	D82604	Dispensing GP Practice	Chapel Road	PE33 9AG	08:00-18:30	Closed	Closed																											
Bradwell Pharmacy	FFT46	Community	2 Church Lane, Bradwell	NR31 8QW	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Bridge Street Surgery	D82015	Dispensing GP Practice	30 Bridge Street	PE38 9DH	08:30-12:30, 13:30-18:00	Closed	Closed																											
Brundall Medical Partnership	D82032	Dispensing GP Practice	The Dales	NR13 5RP	08:30-18:30	Closed	Closed																											
Burnham Surgery	D82072	Dispensing GP Practice	1 Creake Road	PE31 8EN	08:00-18:00	Closed	Closed																											

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA												
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Central Pharmacy	FRW99	Community	Central Surgery, Sussex Road	NR31 6QB	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	
Chet Valley Medical Practice	D82006	Dispensing GP Practice	George House, 40-48 George Lane	NR14 6QH	08:00-18:30	Closed	Closed																												
Church Hill Surgery	D82046	Dispensing GP Practice	Station Road	IP21 4TX	08:30-18:30	Closed	Closed																												
Clock Pharmacy	FEY12	Community	1 Gayton Road, Gaywood	PE30 4EA	09:00-14:00, 15:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Coltishall Medical Practice	D82062	Dispensing GP Practice	St Johns Close	NR12 7HA	08:30-18:30	Closed	Closed																												
Costessey Pharmacy	FDK20	Community	192 Norwich Road, New Costessey	NR5 0EX	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	
Cromer Group Practice	D82004	Dispensing GP Practice	Mill Road, Cromer	NR27 0BG	08:30-18:00	Closed	Closed																												
Cromer Pharmacy	FJH12	Community	Mill Road, Cromer	NR27 0BG	08:30-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	Y	-	
David Jagger Ltd	FX609	Community	5-7 Staithe Street, Wells-next-the-Sea	NR23 1AG	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	Y	Y	-	-	Y	-	-	Y	Y	-	Y	-	-	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y	-
Day Lewis Pharmacy	FAW63	Community	Community Health Centre, Croxton Road	IP24 1JD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Day Lewis Pharmacy	FR554	Community	Newtown Surgery, 147 Lawn Avenue	NR30 1QP	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Day Lewis Pharmacy	FXV28	Community	54 Springfield Road, Gorleston-on-Sea	NR31 6AD	09:00-13:00, 13:30-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Drayton Medical Practice	D82029	Dispensing GP Practice	Manor Farm Close	NR8 6EE	08:00-18:00	Closed	Closed																												

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Drayton Pharmacy	FW516	Community	Drayton Medical Practice, Manor Farm Close, Drayton	NR8 6EE	07:00-23:00	08:00-20:00	09:00-17:00	Y	-	Y	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	Y	Y	-	-	Y	Y	-	Y	-	Y	-	
Dye's Pharmacy	FXR66	Community	67 North Walsham Road, Old Catton	NR6 7QA	08:30-13:00, 14:00-17:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y	-	-	-
East Harling & Kenninghall	D82042	Dispensing GP Practice	Market Street	NR16 2AD	08:30-18:00	Closed	Closed																											
East Harling Pharmacy	FAT07	Community	Memorial Green, East Harling	NR16 2ND	09:00-18:00	09:00-13:00	Closed	-	Y	-	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	
Elmham Surgery	D82056	Dispensing GP Practice	Holt Road	NR20 5JS	08:30-18:00	Closed	Closed																											
Fakenham Pharmacy	FQT84	Community	Meditrina House, Trinity Road	NR21 8SY	07:00-22:00	08:00-22:00	08:00-19:00	Y	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Feltwell Surgery	D82079	Dispensing GP Practice	Old Brandon Road	IP26 4AY	08:00-18:30	Closed	Closed																											
Fittleworth Medical Ltd	FWP87	DAC	8 Longs Business Centre, 232 Fakenham Road	NR8 6QW	09:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Fleggburgh Surgery	D82600	Dispensing GP Practice	Mill Lane	NR29 3AW	08:30-18:00	Closed	Closed																											
Greyfriars Pharmacy	FTW58	Community	5 Greyfriars Way, Great Yarmouth	NR30 2QE	07:00-22:00	08:00-21:00	08:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y
Grimston Medical Centre	D82010	Dispensing GP Practice	Congham Road	PE32 1DW	09:00-17:00	Closed	Closed																											
Gt Massingham & Docking Surgeries	D82070	Dispensing GP Practice	The Surgery, Station Road	PE32 2JQ	08:00-18:30	Closed	Closed																											
Hado Pharmacy	FHC61	Community	66 Mount Street, Diss	IP22 4QQ	07:00-23:00	07:00-20:00	10:00-17:00	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Halls The Chemist	FWH40	Community	85 Saddlebow Road, South Lynn	PE30 5BH	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y	Y	Y	
Harleston Medical Practice	D82084	Dispensing GP Practice	Bullock Fair Close	IP20 0DS	08:30-13:00, 14:00-18:30 (Evening Clinic 18:30-20:30)	Closed	Closed																											
Heacham Group Practice	D82027	Dispensing GP Practice	45 Heacham Group Practice	PE31 7EX	09:00-12:00, 14:00-17:00	Closed	Closed																											
Heathgate Medical Practice	D82078	Dispensing GP Practice	The Street	NR14 7JT	08:00-18:00	Closed	Closed																											
Hingham Surgery	D82085	Dispensing GP Practice	26-28 Hardingham Street	NR9 4JB	0800-18:30	Closed	Closed																											
Holt Medical Practice	D82001	Dispensing GP Practice	Kelling Hospital, Old Cromer Road	NR25 6QA	08:00-18:30	Closed	Closed																											
Hopton Pharmacy	FKA86	Community	1 Warren Road, Hopton on Sea	NR31 9BN	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Hoveton & Wroxham	D82025	Dispensing GP Practice	Stalham Road	NR12 8DU	08:30-18:00	Closed	Closed																											
Howdale Surgery	D82068	Dispensing GP Practice	Howdale Road	PE38 9AF	09:00-18:30	Closed	Closed																											
Hunt's Pharmacy	FVQ71	Community	205 Plumstead Road, Norwich	NR1 4AB	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y
Hurn Chemist	FEN53	Community	143 Unthank Road, Norwich	NR2 2PE	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-
Hurn Chemist Ltd	FRP25	Community	Cringleford Surgery, Cantley Lane, Cringleford	NR4 6TA	08:30-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	
Jai Chemist	FLG23	Community	65 High Street, King's Lynn	PE30 1AY	08:30-17:15	09:00-15:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	-	Y	-	Y	-	Y	-	Y	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service		
Kelling Pharmacy	FWK09	Community	Holt Medical Practice, Old Cromer Road	NR25 6QA	08:30-18:30	Closed	Closed	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-		
Key Chemists	FGV20	Community	44 Sutton Road, Terrington St Clement	PE34 4PQ	09:00-12:30, 14:00-18:30	Closed	Closed	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-		
Lawns Medical Practice	D82022	Dispensing GP Practice	Health Centre, Mount Street	IP22 4WG	08:30-18:30	Closed	Closed																												
Lime Pharmacy	FP870	Community	Grove Surgery, Grove Lane, Thetford	IP24 2HY	07:30-23:00	08:00-20:30	08:00-18:00	Y	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	
Lincoln Co-Op Chemists Ltd	FVM19	Community	8 Valentine Road, Hunstanton	PE36 5DN	08:30-14:00, 14:30-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	
Lionwood Pharmacy	FD424	Community	30B Wellesley Ave North, Norwich	NR1 4NT	08:30-18:15	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-		
Litcham Health Centre	D82049	Dispensing GP Practice	Manor Drive	PE32 2NW	08:00-18:30	Closed	Closed																												
Lloyds Pharmacy	FQJ35	Community	Thetford Forest Retail Park, London Road	IP24 3QL	07:00-23:00	07:00-22:00	10:00-16:00	Y	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-
Lloyds Pharmacy	FE814	Community	Sainsbury's, 1 Brazen Gate, off Queen's Road	NR1 3RX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y
Lloyds Pharmacy	FKV43	Community	6 Market Place, Aylsham	NR11 6EH	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Lloyds Pharmacy	FK248	Community	The Guiltcross Club, Queen's Square	NR17 2AF	08:00-18:00	09:00-13:30, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	
Lloyds Pharmacy	FPF06	Community	7 Church Street, Attleborough	NR17 2AH	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Lloyds Pharmacy	FV830	Community	The Orchard Surgery, Commercial Road	NR19 1AE	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Lloyds Pharmacy	FMK50	Community	2 Chapel Lane, Toftwood	NR19 1LD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced		CCG		LA												
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service		
Lloyds Pharmacy	FC679	Community	22 West End Street, Norwich	NR2 4JJ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Lloyds Pharmacy	FKY73	Community	31 Station Road, Sheringham	NR26 8RF	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y
Lloyds Pharmacy	FG801	Community	51 Church Street, Cromer	NR27 9HH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-
Lloyds Pharmacy	FCH87	Community	2 Mandela Close, Oak Street	NR3 3BA	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Lloyds Pharmacy	FXJ07	Community	Caister Medical Centre, 44 West Road	NR30 5AQ	08:30-18:00	Closed	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-
Lloyds Pharmacy	FA056	Community	William Frost Way, Costessey	NR5 0JS	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y
Lloyds Pharmacy	FKJ25	Community	42 Earlham West Centre, West Earlham	NR5 8AD	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lloyds Pharmacy	FLF04	Community	81 Middletons Lane, Hellesdon	NR6 5SR	08:45-18:15	08:45-17:30	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lloyds Pharmacy	FDC73	Community	94 The Paddocks, Old Catton	NR6 7HS	09:00-18:00	09:00-17:30	Closed	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Lloyds Pharmacy	FQ856	Community	Sainsbury's, Pound Lane Dussindale Park	NR7 0SR	08:00-22:00	07:30-22:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y
Lloyds Pharmacy	FDP86	Community	262 Fakenham Road, Taverham	NR8 6AD	09:00-18:00	09:00-17:00	Closed	-	Y	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lloyds Pharmacy	FTG38	Community	School Road, Drayton	NR8 6DW	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-
Lloyds Pharmacy	FKW27	Community	1 Priory Court, 43 St Augustine's Way	PE30 3TE	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y
Lloyds Pharmacy	FTE89	Community	Hardwick Roundabout, Hardwick Industrial Estate	PE30 4LR	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Long Stratton	D82037	Dispensing GP Practice	Swan Lane	NR15 2UY	08:15-18:00	Closed	Closed																												

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA												
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking : service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Medical Partnership																																			
Ludham and Stalham Green Surgeries	D82028	Dispensing GP Practice	Staithe Road	NR29 5AB	08:30-18:00, 18:30-19:30	Closed	Closed																												
Magdalen Pharmacy	FK795	Community	77 Magdalen Way, Gorleston-on-Sea	NR31 7AA	08:30-18:30	08:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	
Manor Farm Medical Centre, Swaffham	D82065	Dispensing GP Practice	Mangate Street	PE37 7QN	08:30-19:45	Closed	Closed																												
Mattishall & Lenwade Surgeries - Dr Jones & Partners	D82039	Dispensing GP Practice	15 Dereham Road	NR20 3QA	08:30-18:00	Closed	Closed																												
Mattishall Pharmacy	FKH35	Community	15 Dereham Road, Mattishall	NR20 3QA	08:30-13:00, 14:00-18:30	Closed	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	
Morrisons Pharmacy	FH304	Out of Town	4 Albion Way, Riverside Retail Park	NR1 1WU	08:30-20:00	08:00-19:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Motts Pharmacy	FM388	Community	Market Place, Reepham	NR10 4JJ	09:00-18:00	09:00-17:00	Closed	-	Y	-	-	-	Y	-	Y	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	
Mundesley Medical Centre	D82053	Dispensing GP Practice	Munhaven Close	NR11 8AR	08:30-17:30	Closed	Closed																												
Natural Health Pharmacy	FTF42	Community	117F Ipswich Road, Norwich	NR4 6LD	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
North Walsham Pharmacy	FN670	Community	Birchwood Medical Practice, 20 Park Lane	NR28 0BQ	08:00-22:30	08:00-22:00	08:00-20:30	Y	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA															
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service				
Old Mill and Millgates Medical Practice	D82036	Dispensing GP Practice	Hardley Road	NR14 7FA	08:00-13:00, 14:00-18:00	Closed	Closed																															
One Pharmacy	FHR55	DSP	28 Curtis Road, Norwich	NR6 6RB	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-			
Online Chemist	FGF70	DSP	82 Middleton Road, Gorleston	NR31 7AH	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-			
Paston Surgery	D82066	Dispensing GP Practice	9-11 Park Lane	NR28 0BQ	08:30-18:00	Closed	Closed																															
Pharmacyexpress	FPM72	DSP	183A King Street, Great Yarmouth	NR30 1LS	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-		
Pledger Pharmacy Ltd	FHJ82	Community	205 Holt Road, Horsford	NR10 3DX	09:00-13:00, 14:15-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	
Plowright Medical Centre	D82621	Dispensing GP Practice	1 Jack Boddy Way	PE37 7HJ	08:30-13:00, 14:00-18:00	Closed	Closed																															
Rackheath Pharmacy	FAV25	Community	1 Bernard Close, Rackheath	NR13 6QS	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	
Rainbow Pharmacy	FE205	Community	Langley Road, South Wootton	PE30 3UG	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Reepham & Aylsham Medical Practice	D82030	Dispensing GP Practice	The Surgery	NR10 4QT	08:30-18:00	Closed	Closed																															
Roundwell Medical Centre	D82023	Dispensing GP Practice	25-27 Dr Torrens Way	NR5 0GB	08:00-13:00, 14:00-18:00	Closed	Closed																															
Roundwell Pharmacy	FX253	Community	27 Dr Torrens Way, Old Costessey	NR5 0GB	07:00-23:00	07:00-19:00	07:00-15:00	Y	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution		Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption
Roys Pharmacy (Wroxham Ltd)	FRP54	Community	Forge House, Station Road	NR12 8DB	09:00-18:00	09:00-17:30	10:30-14:30	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	Y	-	Y	-
School Lane Pharmacy	FHW56	Community	School Lane Surgery, School Lane, Thetford	IP24 2AG	08:30-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-
Sheringham Medical Practice	D82005	Dispensing GP Practice	The Health Centre, Cromer Road	NR26 8RT	08:00-18:30	Closed	Closed																										
Shipdham Surgery	D82100	Dispensing GP Practice	Chapel Street	IP25 7LA	08:00-18:30	Closed	Closed																										
Southgates Medical & Surgical Centre	D82099	Dispensing GP Practice	41 Goodwins Road	PE30 5QX	08:00-18:30	08:30-11:00	Closed																										
Spixworth Pharmacy	FRP85	Community	106B Crostwick Lane, Spixworth	NR10 3NQ	09:00-17:00	09:00-13:00	Closed	-	Y	-	-	-	Y	-	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	-	-	-	
St Clement's Surgery	D82105	Dispensing GP Practice	Churchgate Way	PE34 4LZ	08:00-18:30	Closed	Closed																										
Stalham Staithe Surgery	D82009	Dispensing GP Practice	Lower Staithe Road	NR12 9BU	08:30-17:30	Closed	Closed																										
Superdrug Pharmacy	FFG38	Community	12 St Stephens Street, Norwich	NR1 3SA	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Superdrug Pharmacy	FCT98	Community	138 High Street, Gorleston-on-Sea	NR31 6QX	08:30-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Tanner Street Pharmacy	FAM13	Community	1 Tanner Court, Tanner Street	IP24 2BQ	07:00-23:00	08:00-20:00	10:00-18:00	Y	-	-	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
Taverham Partnership	D82024	Dispensing GP Practice	Sandy Land	NR8 6JR	08:30-18:00	Closed	Closed																										

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Tesco In-store Pharmacy	FXX05	Community	Tesco Superstore, Norwich Road	IP24 2RL	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	-	-	Y	-	Y		
Tesco In-store Pharmacy	FPX90	Community	Tesco Superstore, Kingston Road	NR19 1WB	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Tesco In-store Pharmacy	FEK84	Community	Pasteur Road, Southtown	NR31 0DW	08:00-22:30	06:30-22:00	10:00-16:00	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-
Tesco In-store Pharmacy	FQP37	Community	Tesco Superstore, Blue Boar Lane	NR7 8AB	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-
The Campingland Surgery	D82057	Dispensing GP Practice	Swaffham	PE37 7RD	08:30-18:00	Closed	Closed																											
The Fakenham Medical Practice	D82054	Dispensing GP Practice	Meditrina House	NR21 8SY	08:00-18:30	Closed	Closed																											
The Humbleyard Practice	D82064	Dispensing GP Practice	Cringleford Surgery, Cantley Lane	NR4 6TA	08:30-18:30	Closed	Closed																											
The Market Surgery, Aylsham	D82016	Dispensing GP Practice	26 Norwich Road	NR11 6BW	07:30-18:30	Closed	Closed																											
The Parish Fields Practice	D82031	Dispensing GP Practice	The Health Centre	IP22 4WG	08:30-18:30	Closed	Closed																											
Theatre Royal Pharmacy	FCW27	Community	27 Theatre Street, Dereham	NR19 2EN	07:00-22:00	07:00-22:00	08:00-18:00	Y	-	Y	-	-	Y	-	-	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Thorpe Health Centre Pharmacy	FNK33	Community	The Health Centre, St William's Way	NR7 0AJ	08:45-12:45, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Total Health Pharmacy	FAD81	Community	14 Gregor Shanks Way, Watton	IP25 6FA	08:00-23:00	08:00-20:30	08:00-20:30	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Town Pharmacy	FXE50	Community	171 King Street, Great Yarmouth	NR30 2PA	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y
Universal Pharmacy	FJ308	DSP	Unit 25 Turbine Way, Ecotech Innovation Business Park, Swaffham	PE37 7XD	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Upwell Health Centre	D82035	Dispensing GP Practice	Townley Close, Upwell	PE14 9BT	08:00-18:30	Closed	Closed																										
Vauxhall Street Pharmacy	FQM87	Community	22 Suffolk Square, Vauxhall Street	NR2 2AA	08:30-18:00	08:30-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Vida Healthcare	D82044	Dispensing GP Practice	Gayton Road Health Centre, Gayton Road	PE30 4DY	08:15-17:00	Closed	Closed																										
Watlington Health	FLV29	Community	Watlington Medical Centre, Rowan Close	PE33 0TU	08:45-13:00, 14:00-18:30	Closed	Closed	-	Y	-	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-
Watlington Medical Centre	D82043	Dispensing GP Practice	Rowan Close	PE33 0TU	08:30-13:00, 14:00-18:00	Closed	Closed																										
Well	FXL27	Community	29 Noble Close, Heartsease Estate	NR7 9RJ	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Well - Mundesley	FFW07	Community	17 High Street, Mundesley-on-Sea	NR11 8LH	08:30-18:00	08:30-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-
Well Acle - The Street	FDR30	Community	High Street, Acle	NR13 3DY	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service
Well Bradwell - Millwood Surgery	FPQ65	Community	Co-Op Pharmacy, Mill Lane, Bradwell	NR31 8HS	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Well Brundall - The Street	FFM40	Community	118-120 The Street, Brundall	NR13 5LP	09:00-18:30	09:00-12:00	Closed	-	Y	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Well Diss - Market Place	FFY88	Community	11 Market Place, Diss	IP22 4AB	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-
Well Fakenham - Holt Road	FC508	Community	Lidl Retail Park, Holt Road	NR21 8JG	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	-
Well Gorleston - Magdalen Way	FJA58	Community	Magdalen Way, Gorleston-on-Sea	NR31 7AA	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Well Gorleston-On-Sea - Lowestoft Road	FK846	Community	8 Lowestoft Road, Gorleston-on-Sea	NR31 6LY	09:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Well Gt Yarmouth - High Mill Road	FKE72	Community	Cobholm & Lichfield Medical Centre, Pasteur Road	NR31 0DW	08:30-18:30	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Well King's Lynn - Fairstead Estate	FF028	Community	6 Centre Point, Fairstead	PE30 4SR	08:30-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-
Well King's Lynn - Gayton Road Hc	FMF36	Community	Gayton Road Health Centre, Gayton Road	PE30 4DY	08:30-18:30	Closed	Closed	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Well King's Lynn - Loke Road	FW594	Community	38 Loke Road, King's Lynn	PE30 2AB	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	Y	Y	-	
Well Long Stratton - The Angel Site	FV834	Community	The Angel Site, The Street	NR15 2XJ	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-
Well Martham - The Medical Centre	FTE84	Community	The Medical Centre, Hemsby Road	NR29 4QG	08:45-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-
Well North Walsham - Market Place	FNE95	Community	11 Market Place, North Walsham	NR28 9BP	08:45-17:45	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	-
Well Norwich - Aylsham Road	FQJ81	Community	323 Aylsham Road, Norwich	NR3 2AB	08:30-17:30	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y	-
Well Ormesby - Cromer Road	FJ754	Community	2 Cromer Road, Ormesby	NR29 3RH	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	-
Well Pharmacy	FWK22	Community	1 St John's Close, Hall Road	NR1 2AD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Well Pharmacy	FLW94	Community	30 High Street, Coltishall	NR12 7AA	09:00-18:00	09:00-17:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-
Well Pharmacy	FLE71	Community	2-3 Kingsway, Hemsby	NR29 4JT	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Well Pharmacy	FCY04	Community	46 High Street, Caister-on-Sea	NR30 5EP	08:30-18:00	08:30-13:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-
Well Poringland - The Street	FN077	Community	16-18 The Street, Poringland	NR14 7JR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	Pandemic delivery	C-19 LFD distribution	Insect bite PGD	C-19 vaccination	Palliative care	NMSS	Emergency supply	Health checks	Sexual health	Stop smoking: service provision	Stop smoking: NRT	Healthy start vitamins	Healthy start vitamins (free only)	Needle exchange	Supervised consumption	Naloxone service	
Well Swaffham - Market Place	FW475	Community	38 Market Place, Swaffham	PE37 7QH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	Y	Y	-	
Well Wymondham - Market Street	FCF83	Community	47-47A Market Street, Wymondham	NR18 0AJ	09:00-18:00	09:00-15:30	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	-	-	Y	Y	-	
Wellbeing Pharmacy	FMQ39	Community	Station Road, Hoveton	NR12 8UR	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	Y	-	
Wellbeing Pharmacy	FE302	Community	19-21 Station Road North, Belton	NR31 9NF	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Welle Ltd	FD568	Community	Upwell Health Centre, Townley Close	PE14 9BT	09:00-13:00, 14:00-18:30	Closed	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	-	
Wells Health Centre	D82038	Dispensing GP Practice	Bolts Close	NR23 1JP	08:00-18:00	Closed	Closed																											
Willows Pharmacy	FXC38	Community	15 Frazers Yard, Aylsham	NR11 6FB	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-
Willows Pharmacy	FVX25	Community	2 Old Church Road, Terrington St John	PE14 7XA	08:30-12:30, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-
Willows Pharmacy	FXX52	Community	Downham Market Health Centre, Paradise Road	PE38 9JE	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	
Windmill Surgery	D82624	Dispensing GP Practice	London Road	NR18 0AF	08:00-20:00	Closed	Closed																											
Woodgrove Pharmacy	FJN54	Community	7 Woodgrove Parade, Catton Grove Road	NR3 3NS	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	
Woodside Pharmacy	FL369	Community	Thorpewood Medical Centre, 140 Woodside Road	NR7 9QL	08:30-13:00, 13:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	

Appendix H: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (public/pharmacy contractor/ dispensing practice)	Draft PNA link sent
LPC	Y	Y	Y	Y
LMC	Y	Y	Y	Y
Any person on pharmaceutical List (Community Pharmacies)	Y	Y	Y	Y
LPS Pharmacies	Y	Y	Y	Y
Healthwatch	Y	Y	Y	Y
NHS Trust or Foundation in HWB	Y	N	Y	Y
NHSE&I	Y	Y	Y	Y
Neighbouring HWB	Y	N	Y	Y

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (public/pharmacy contractor/ dispensing practice)	Draft PNA link sent
CCG	Y	Y	Y	Y
Neighbouring HWB Area NHS Trust or foundation	N	N	Y	Y
Neighbouring HWB LMC	N	N	Y	Y
Neighbouring HWB LPC	N	N	Y	Y
PH Team	Y	Y	Y	Y
All dispensing GPs	Y	Y	Y	Y

In addition, the consultation on the draft PNA was made available and publicised via the following routes:

- Hosted on Council Website
- Social Media - Facebook, Twitter
- Posters emailed to all libraries, Pharmacies, surgeries, Parish Councils, Norfolk residents panel
- Emails to elected members (Members Bulletin) & Patient Participation Groups and CCG stakeholder briefing (all VCSE contacts)
- Email newsletter to all NCC Staff to take part in survey
- Healthwatch Newsletter

Appendix I: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013¹, Norfolk HWB held a 60-day consultation on the draft PNA from 20 June to 19 August.

The draft PNA was hosted on the Norfolk County Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Norfolk. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Norfolk as identified by Norfolk County Council and Norfolk Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

There were a total of 98 responses, all of them from the internet survey. Responses received:

- 87 (89%) from a member of the public
- 2 (2%) from a healthcare or social care professional
- 5 (5%) from those who identified as “other”
- 3 (3%) from a voluntary or community sector organisation
- 1 (1%) who did not provide a response

Below is a summary of key themes from the comments:

- Provision and access to services
- Population growth
- Quality of service
- Workforce capacity
- Medicine supply
- Provision of other healthcare services across the county

Responses were considered by the PNA Steering Group at its meeting on 6 September for the final report.

Below is a summary of responses to the specific questions asked during the consultation.

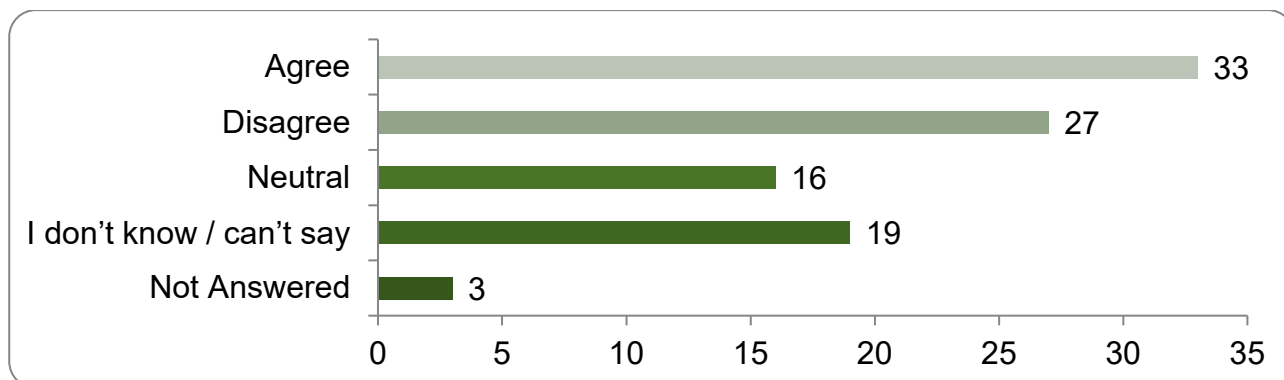
¹ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

Consultation questions and responses:

Q1-3 Personal information questions not included due to privacy.

Q4- The Draft Norfolk PNA does not identify any gaps in the provision of pharmaceutical services.

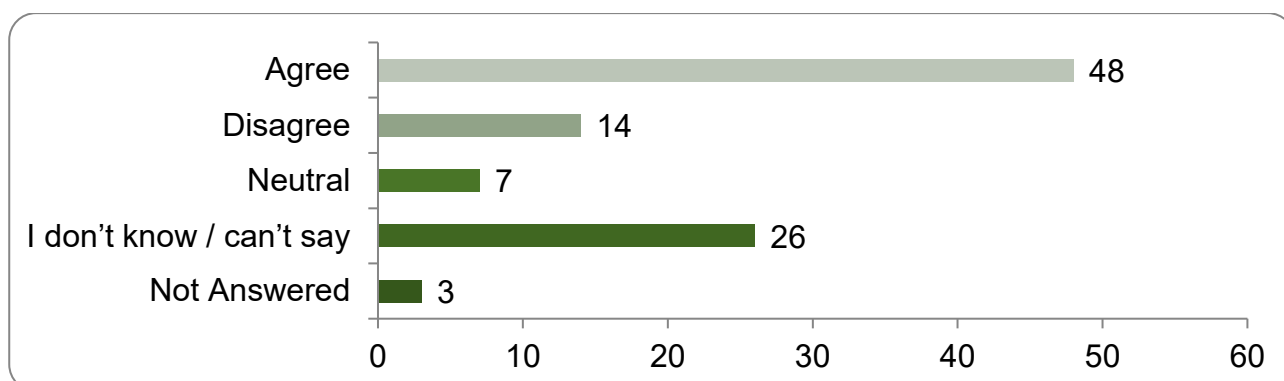
Answered - 95; skipped - 3



Answer choices	Percentage	Responses
Agree	33	34%
Disagree	27	28%
Neutral	16	16%
I don't know / can't say	19	19%
Not Answered	3	3%

Q5- The Draft Norfolk PNA reflects the current provision (supply) of pharmaceutical services within Norfolk County Council.

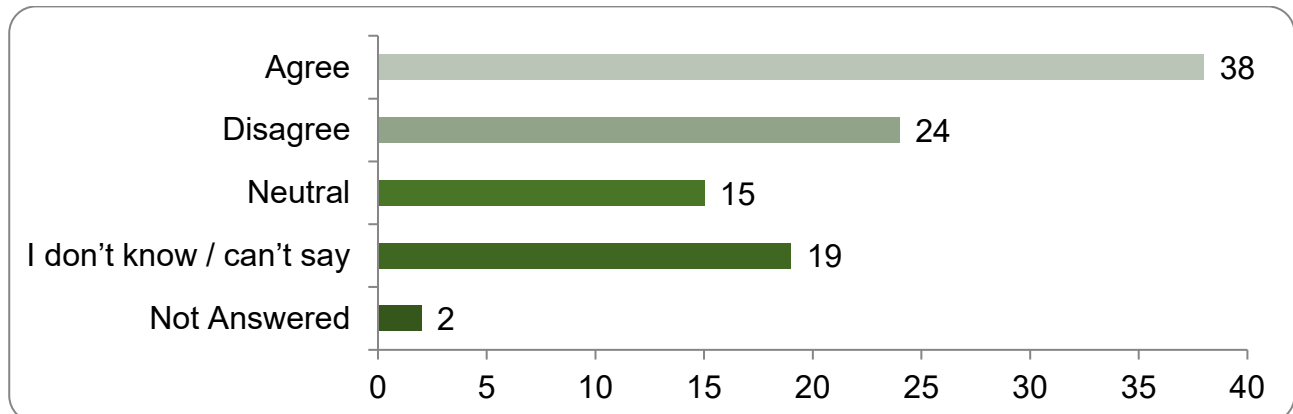
Answered - 95 ; skipped - 3



Answer choices	Percentage	Responses
Agree	48	49%
Disagree	14	14%
Neutral	7	7%
I don't know / can't say	26	27%
Not Answered	3	3%

Q6- The Draft Norfolk PNA reflects the current pharmaceutical needs of Norfolk residents.

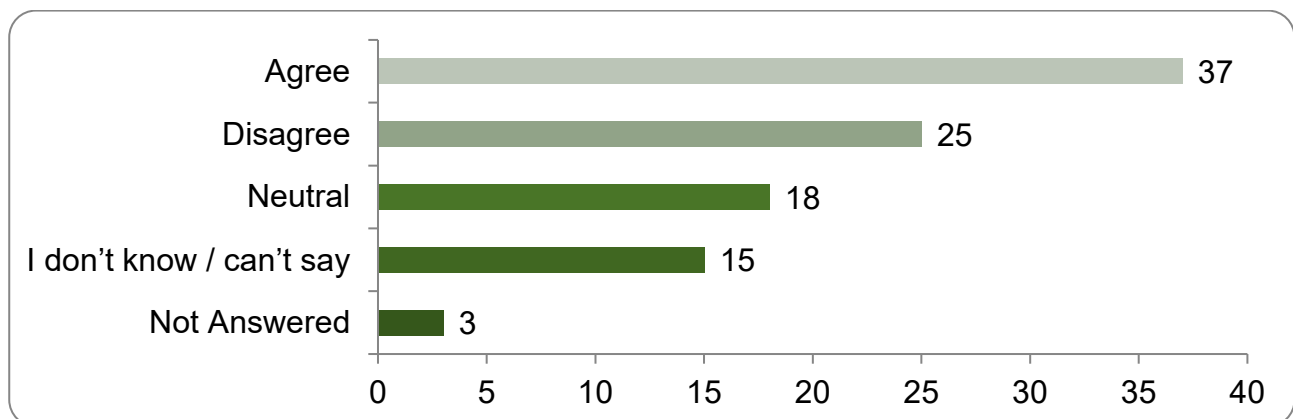
Answered - 96; skipped - 2



Answer choices	Percentage	Responses
Agree	38	39%
Disagree	24	24%
Neutral	15	15%
I don't know / can't say	19	19%
Not Answered	2	2%

Q7- The Draft Norfolk PNA reflects the future (over the next three years) pharmaceutical needs of Norfolk residents.

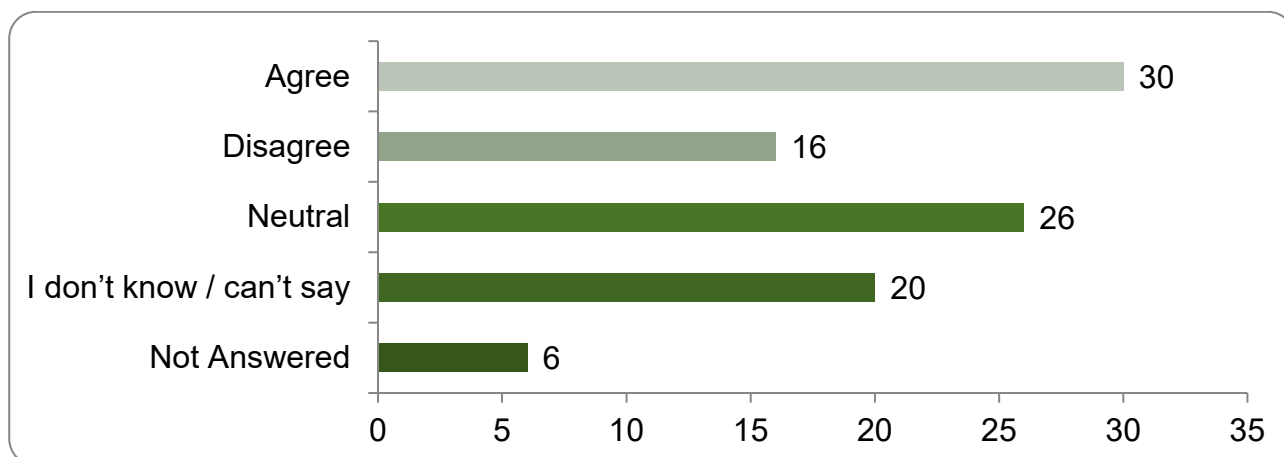
Answered – 95; skipped - 3



Answer choices	Percentage	Responses
Agree	37	38%
Disagree	25	26%
Neutral	18	18%
I don't know / can't say	15	15%
Not Answered	3	3%

Q8- What is your opinion on the conclusions within the Draft Norfolk PNA?

Answered – 92; skipped - 6



Answer choices	Percentage	Responses
Agree	30	31%
Disagree	16	16%
Neutral	26	27%
I don't know / can't say	20	20%
Not Answered	6	6%

Key themes from the consultation comments and responses are shown below.

Theme	Steering Group Response
Provision and access to services	The PNA considered various aspects of access and need, and concluded there were no gaps in provision. See section 6.3 for full details on what measures and data were used to come to this conclusion. Pharmaceutical services are considered to mirror other services available to those living in rural areas e.g. supermarkets. Distance Selling Pharmacies are also available to all residents across Norfolk, which can provide a delivery service.
Population growth	The PNA takes into account the current provision and future three-year provision based on the regulation requirements. The PNA considered various aspects of access and need, concluded there were no gaps in provision. See section 6.3 for full details on what measures and data were used to come to this conclusion.
Quality of service	Quality of service is outside of the scope of the PNA. Patients can follow the complaints process and can complain to the

	pharmacy in the first instance and if this is not resolved are able to take this further to NHSE.
Workforce capacity	There is a national workforce crisis currently and Norfolk is disproportionately affected, however this is outside of the scope of the PNA. If you would like to provide further feedback, please contact your local Healthwatch representative.
Medicine supply	There is a national medicine supply issue currently, however this is outside of the scope of the PNA. If you would like to provide further feedback, please contact your local Healthwatch representative.
Provision of other healthcare services across the county	There is a national workforce crisis currently and Norfolk is disproportionately affected, however this is outside of the scope of the PNA. If you would like to provide further feedback, please contact your local Healthwatch representative.

Comments received from NHSE (as part of the consultation survey):

Comment	SG response
The PNA sets out the wide range of pharmaceutical services available to the population. Compared with the responses to the variety of services, there are no gaps identified.	Noted.
The NHSE commissioned services are clearly detailed. Services commissioned by other organisations are also set out in the draft PNA.	Noted.
Having reviewed the results of the questionnaire and current service provision it appears that the needs of the population are being met.	Noted.
The PNA considers if there are likely to be any future needs and following consideration, it appears that population needs will be met over the next 3 years.	Noted.
Current service provision, current needs and future needs have been considered and there does not appear to be any gaps identified.	Noted.
Contents page 2.6.2 in bold - not sure this is intentional.	Amended for final.
Reference to NHS England and NHS Improvement or NHSE&I. From 1 July 2022, the organisation is to be known as NHS England, NHSE only.	Amended for final.
P.15 - I find the delegation description confusing. From 1 July 2022, primary medical services are delegated to ICSs. For East of England, community pharmacy will not be delegated until 1 April 2023.	Amended for final.
CCGs ceased to exist on 1 July 2022. Noting the publication date will be October 2022 it may be worth referencing ICBs rather than CCGs.	Amended for final.

Report title: Norfolk Drugs and Alcohol Partnership Formation and Governance

Date of meeting: 09 November 2022

Sponsor

(HWB member): Dr Louise Smith, Director of Public Health

Reason for the Report

To approve our approach to developing a new strategic substance misuse partnership in line with government guidance, reporting to the Health and Wellbeing Board (HWB) covering the county of Norfolk with the Director of Public Health as the Senior Responsible Owner.

Report summary

Alcohol and drug misuse can cause harm to individuals' health, families, and communities, as well as drawing on the resources of HWB Board member organisations. Member organisations and other partners frequently work together to tackle a wide range of issues related to drugs and alcohol, and a large number of interventions are in place.

Recent national guidance for implementing a new national drug strategy at a local level requests the formation of multi-agency partnerships to meet the strategic goals of enforcement, treatment, and prevention. It is proposed that the partnership also has a strong focus on addressing harms caused by alcohol. New investment provided alongside the national strategy is helping to increase investment locally. The focus of the national strategy, alongside additional funding, provides an opportunity for the Norfolk system to come together and be ambitious in its aspirations for tackling drugs and alcohol misuse.

This report outlines our proposal to form the Norfolk Drugs and Alcohol Partnership as the strategic substance misuse partnership, with the Health and Wellbeing Board providing senior officer and elected official oversight.

Recommendations

The HWB is asked to:

- a) Agree our proposal for the formation of the Norfolk Drugs and Alcohol Partnership to increase our ability to respond to drugs and alcohol issues by combining prevention, treatment and enforcement:
 - Reporting to the Health and Wellbeing Board to provide elected official and senior leader oversight.
 - With a footprint of the county of Norfolk.
 - With the Director of Public Health as the Senior Responsible Owner and
 - The partnership to cover alcohol as well as drugs.
- b) Agree to delegate the ratification of the Terms of Reference for the Norfolk Drugs and Alcohol Partnership to the Chair of the Health and Wellbeing Board.
- c) Advise on priorities for the new Norfolk strategic partnership to consider.

1. Background

- 1.1 Substance misuse (both alcohol and drugs) can have a significant impact on an individual's physical and mental health, as well as impacting negatively across the wider community through family breakdowns, violence, and associated crime.

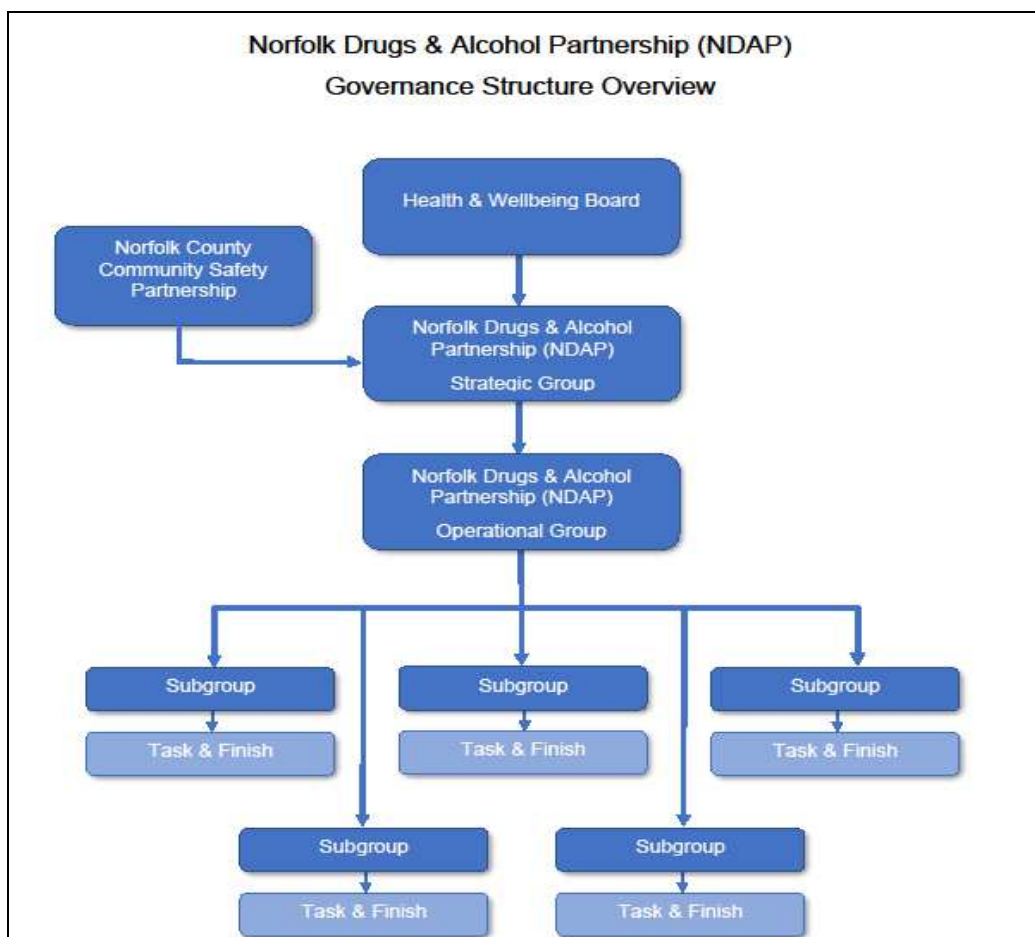
- 1.2 Nationally, the illicit drugs market is estimated to be worth £9.4 billion a year with the total cost to society of illegal drugs being over £19 billion annually. The cost of alcohol to the NHS is estimated to be in the region of £3.5bn annually, with alcohol related crime costs estimated to be around £11.4bn in England and Wales. Alcohol-specific conditions are responsible for around 2% of hospital admissions in England.
- 1.3 National estimates suggest there are around 4,000-5,000 opiate and/or crack users in the county. There are around 9,000 adults with alcohol dependency in Norfolk, just over 12 adults in 1000.
- 1.4 Norfolk's drug related death rate recently came down to be in line with the national average. Norwich's rates are higher but have been declining over the past few years. Death rates due to alcohol in Norfolk have been similar to or lower than the England average over the last several years. The rates for Norwich and Great Yarmouth have recently increased to be higher than the national average.
- 1.5 The government's new 10-year drug strategy 'From Harm to Hope' (see Appendix 1) was published in December 2021 and is the government's formal response to Dame Carol Black's reviews. The strategy sets out the government's overarching aim to reduce drug use to a 30-year low through the implementation of three core strategic priorities: to break drug supply chains, deliver a world-class treatment and recovery system, and achieve a shift in the demand for drugs.
- 1.6 In June 2022 guidance for implementation at a local level was published. The guidance outlined the structures and processes through which local partners in England should work together to reduce drug-related harm.
- 1.7 These partnerships will be held accountable for delivering outcomes in local areas, such as reducing drug use, drug-related deaths, crime, and harm as well as reducing drug supply and increasing engagement with drug treatment and recovery.
- 1.8 Local partnerships are expected to engage with senior officers and elected officials, as well as partners in local authorities, health, the voluntary sector, police, probation, prisons, education, and others. The partnerships will be expected to carry out a joint needs assessment, develop a local performance framework to monitor the implementation and impact of local plans, and report on progress to national government.
- 1.9 The government is investing an additional £900m nationally over three years into areas such as county lines, treatment and recovery, work with rough sleepers and lowering demand for recreational drugs.
- 1.10 Norfolk has strong foundations on which to build the partnership, expanding from the partnership work done on Project Adder for Greater Norwich. Project Adder is part of a government programme to reduce class A drug related crime, disrupt the local/national drug markets and reduce related deaths. It provides assertive outreach and support in courts, the Police Investigation Centre (PIC), homeless hostels and HMP Norwich. Next steps for 2022/23 include the piloting of new medications, funding to assist in early identification of liver disease, better support for those leaving prison and employing a clinical psychologist to work with individuals affected by trauma.
- 1.11 Other new investments have helped to facilitate additional access to residential rehabilitation and medically managed detox, increase the delivery of needle and syringes via treatment services and pharmacies, and the introduction of nasal naloxone to reverse

the effects of an overdose, with Norfolk Constabulary now one of only a few forces nationally to receive training in its use.

- 1.12 The new Norfolk Drugs and Alcohol Partnership would seek to build on this work, looking across the county. The focus of the national strategy, alongside additional funding, provides an opportunity for the Norfolk system to be ambitious in its aspirations for reducing the harm caused by drugs and alcohol misuse.

2. The Norfolk Drugs and Alcohol Partnership – Governance

- 2.1 The following proposals have been agreed by key partners and were submitted in draft to the government at the end of August 2022, to be agreed by the HWB:
- The footprint for the Norfolk Drugs and Alcohol Partnership will be the county of Norfolk. This will allow the partnership to integrate into an already established strategic system, while ensuring Suffolk is not covered by two partnerships. Waveney will be covered by the Suffolk partnership (see further details below).
 - The partnership will cover alcohol as well as drugs.
 - The Senior Responsible Owner for Norfolk will be Dr Louise Smith, Director of Public Health.
 - Oversight by senior officers and elected officials will be provided via the **Health and Wellbeing Board**.
- 2.2 A draft proposed governance structure is shown below – other partnerships with a role to play may be added to this structure:

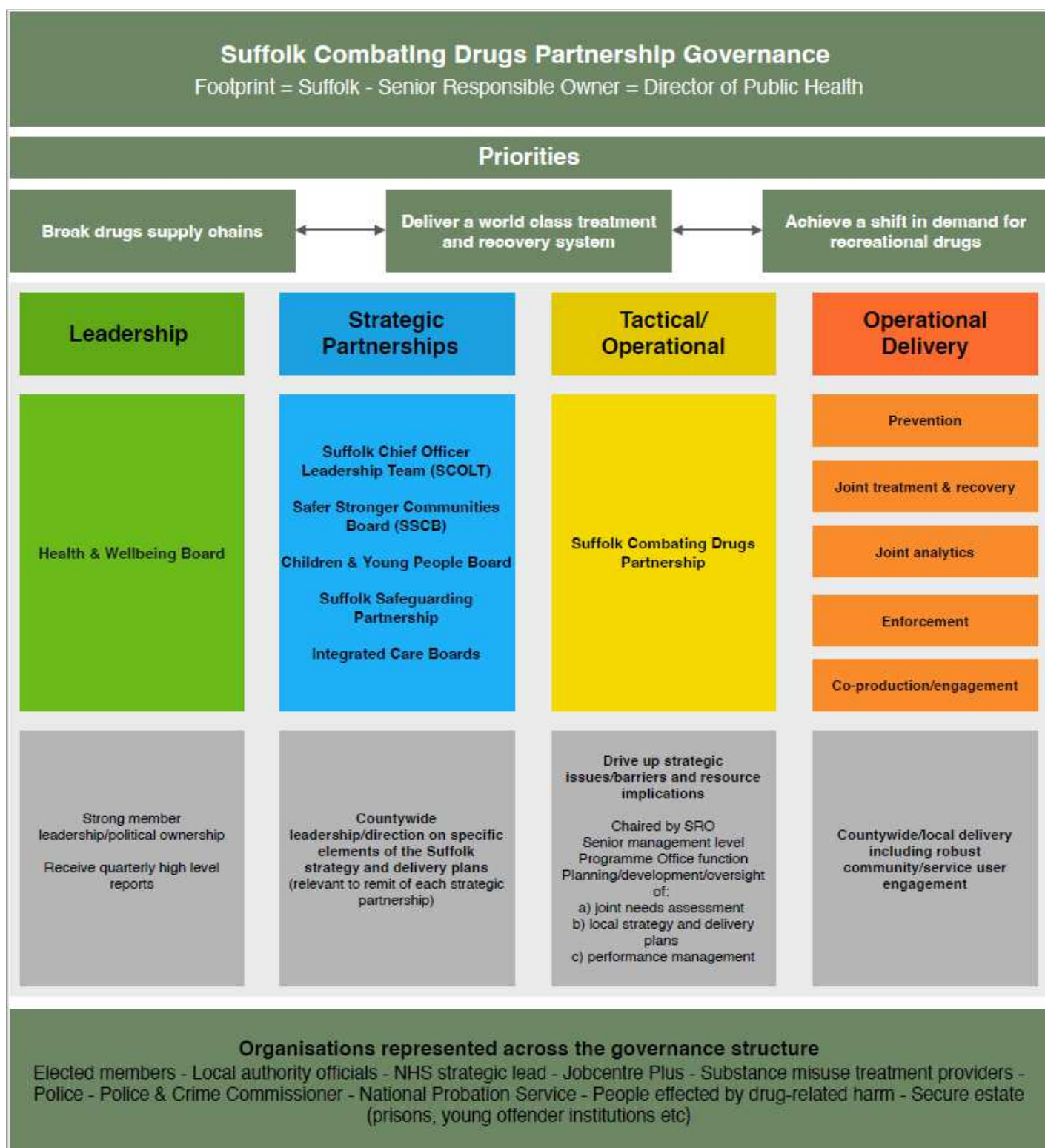


- 2.2 Terms of Reference (TOR) for the Norfolk Drugs and Alcohol Partnership are currently being developed. The TOR will detail the scope of activity to be overseen by the partnership, the roles of different partner organisations, how it will report to the Health and Wellbeing Board and links to other relevant groups and partnerships (e.g. Norfolk County Community Safety Partnership). After engagement amongst partners, it is anticipated the TOR will be finalised early in 2023.
- 2.3 In addition to the oversight role of the Health and Wellbeing Board, government guidance suggests that the core Norfolk Drugs and Alcohol Partnership members would include:
- Norfolk County Council (Public Health, Adult Social Services, Children's Services),
 - District, Borough and City Councils,
 - Norfolk and Waveney Integrated Care Board,
 - Norfolk and Suffolk Foundation Trust,
 - Department of Work and Pensions (Job Centre+),
 - Norfolk's commissioned adult alcohol and drug behaviour change service (Change, Grow, Live),
 - Norfolk's commissioned alcohol and drug behaviour change service for children, young people and affected others (The Mathew Project),
 - Norfolk Constabulary,
 - Office for Police and Crime Commissioner,
 - National Probation Service,
 - Her Majesty's Prison Service,
 - Voices of lived experience.
- 2.4 In addition to these organisations, the partnership is also likely to engage and work with education, housing, the youth justice service, voluntary, community and social enterprises (VCSE) and other community organisations, coroners' office, the fire and rescue service and the Office for Health Improvement and Disparities regional team.
- 2.5 An engagement programme is being rolled out to inform the ambitions and priorities for the partnership, as well as to seek involvement. Scoping of a Joint Needs Assessment is also underway.

3. Update from the Suffolk drugs and alcohol partnership covering Waveney

- 3.1 In May 2022, Suffolk Health and Wellbeing Board agreed to take overall accountability for the Combatting Drugs Partnership (to include alcohol), recognising there are also other key strategic partnerships which will have a role/interest in one or more of the national priorities (break drugs supply chains, deliver a world class treatment and recovery system, and achieve a shift in demand for drugs).
- 3.2 The Senior Responsible officer is Suffolk's Director of Public Health and the footprint will be the county of Suffolk. In October, the first Combatting Drugs partnership meeting was held.
- 3.3 Suffolk has completed a Needs Assessment and Drug Market Profile which will help to inform the Strategy Delivery Plan due for completion in December.
- 3.4 In line with government guidance Suffolk will work across the system with key organisations (Suffolk equivalent to Para 2.7) which will be represented in the overall governance structure which includes strategic and political leadership, co-ordination and delivery underpinned by public engagement and data oversight.
- 3.5 Suffolk would welcome the opportunity to strengthen representation/delivery from the north of the county (Waveney) and continue to share best practice, progress updates and work

closely with Norfolk County Council Public Health and the Health and Wellbeing Board as appropriate.



Officer Contact

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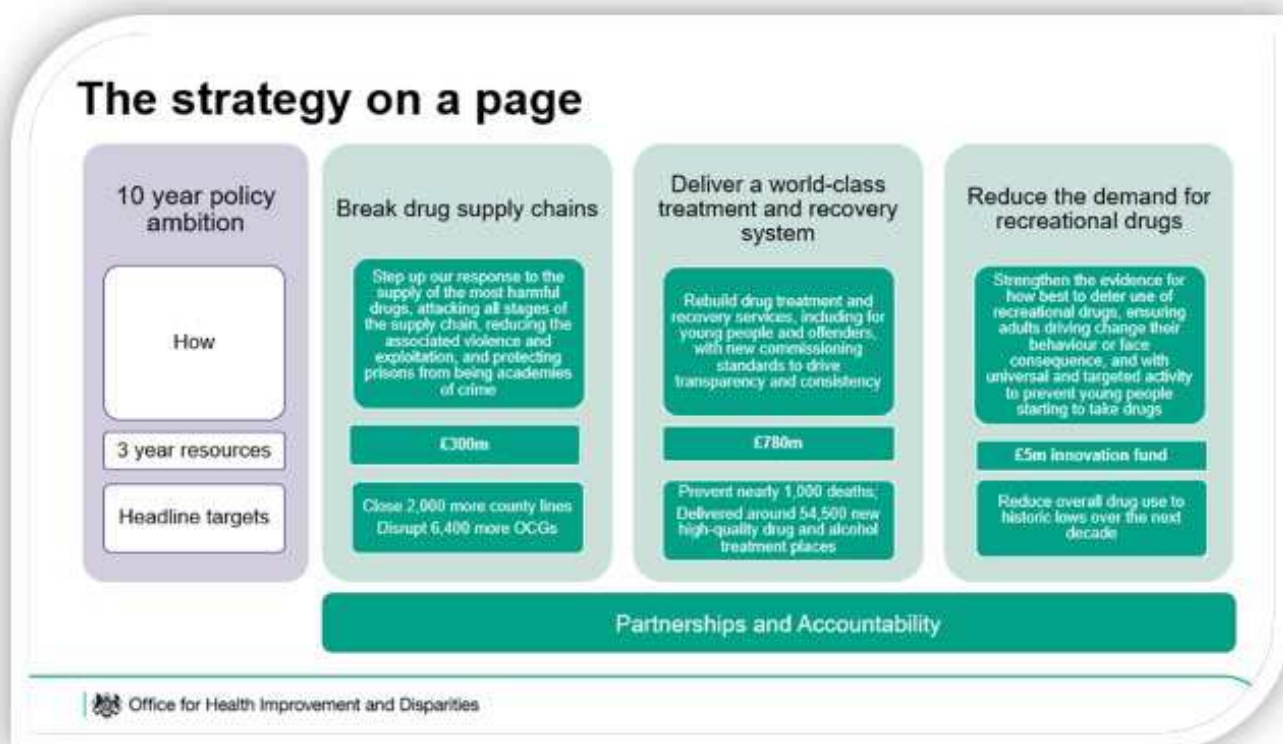


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Appendix 1 – National Drugs Strategy

From Harm to Hope: [Go to the Gov.uk website to read the From harm to hope: A 10-year drugs plan to cut crime and save lives](#)

Guidance for local partnerships: [Go to the Gov.uk website to read the Drugs strategy guidance for local delivery partners](#)



Report title: Norfolk's Better Care Fund: 2022/23 Submission

Date of meeting: 09 November 2022

Sponsor

(HWB member): James Bullion, Director of Adult Social Services

Reason for the Report

Each year Norfolk County Council, Norfolk and Waveney NHS and partners are required to jointly agree an integrated Better Care Fund plan, which must be agreed and signed off by the Norfolk Health and Wellbeing Board. We are bringing the Better Care Fund submission for 2022/23, to update on any changes and for sign off from the Norfolk Health and Wellbeing Board.

Report summary

The Better Care Fund (BCF) is a nationally mandated programme, launched in 2013 with the aim of joining up health and care services, so that people can manage their own health and wellbeing and live independently. Delivered locally under a statutory requirement of HWBs, it is jointly prepared and delivered by LA and NHS partners.

For 2022/23 we are asked to submit three documents to National Health Service England and Improvement (NHSE&I) split across a narrative plan, an excel template and a Capacity and Demand Plan. These three documents are included as appendices to this report. Our BCF plans, and these documents, have been created using the five priorities for the BCF and the principles agreed by the Norfolk Health and Wellbeing Board.

The reports cover the BCF income and spend, our expected performance against the four BCF metrics, our approaches to keeping people well at home and supporting discharge, how we're supporting carers and addressing inequalities. For the first time we have also been asked to submit a Capacity and Demand Plan, which looks at our system capacity for supported discharge and intermediate care and expected demand for these services.

Recommendations

The HWB is asked to sign off the BCF submission for 2022/23 which includes:

- a) A narrative plan, describing our approach to integration, discharge, housing, and health inequalities.
- b) An excel template, describing the BCF income and expenditure, our planned performance against the four key metrics and affirmation that we are meeting the national conditions as set out in the current BCF Planning Guidance.
- c) A Capacity and Demand plan for supported discharge and intermediate care services.

1. Background

- 1.1 The Better Care Fund (BCF) is a nationally mandated programme, launched in 2013 with the aim of joining up health and care services, so that people can manage their own health and wellbeing and live independently. Delivered locally under a statutory requirement of HWBs, it is executed through three key funding streams under the BCF 'banner':
 - Core BCF - bringing LAs and NHS partners together to agree integrated priorities, pool funding and jointly agree spending plans.
 - Disabled Facilities Grant (DFG) - Help towards the costs of making changes to a person's home so they continue to live there, led by District Councils in Norfolk.

- iBCF - Available social care funds for meeting adult social care needs, ensuring that the social care provider market is supported, and reducing pressures on the NHS.
- 1.2 Partners in Norfolk have long utilised the BCF to fund and develop critical services that support the health and wellbeing of our population, including care from the provider market, key health and care operational teams, and community-based support from the VCSE sector.
- 1.3 In 2020/21 NHS and LA partners completed a review of the Core BCF, engaging with partners across the system. This review set out our five priorities for the BCF which are:
- Prevention
 - Sustainable Systems inc. Admission Avoidance
 - Person Centred Care and Discharge
 - Inequalities and Support for Wider Factors of Wellbeing
 - Housing, DFGs, and overarching pieces of work
- 1.4 The review also set a number of principles for developing the BCF in place including:
- The BCF is rebaselined, to create a series of 'buckets' that contain the funding pots for services/projects based around the recommended Norfolk BCF priorities, improving joint financial working and drivers for integration and focus on system & place priorities.
 - The BCF is developed to encompass both system and place priorities and processes.
 - The BCF fully funds projects to improve our understanding of the impact of the funding.
- 1.5 This year's BCF has been developed with these principles and priorities at the fore.

2. BCF Delivery Priorities in 2022/23

- 2.1 For 2022/23 we are asked to submit three documents to NHSE&I split across a narrative plan, an excel template and a Capacity and Demand Plan. The contents are summarised below.
- 2.2 **Narrative Plan (Appendix A):** The BCF Narrative Plan follows the template given to us by NHSE&I and details:
- How we engaged stakeholders in developing and preparing the plan.
 - Our priorities for 2022/23 and key changes made to the previous BCF Plans.
 - The governance routes for the BCF.
 - Our overall approach to integration in Norfolk, including joint priorities; joint commissioning; and how BCF funded services are support this.
 - Our overall approach to discharge in Norfolk, including plans for supporting people to remain at home; the approach in our area to improving outcomes for people being discharged from hospital; and how BCF funded services are support safe, timely and effective discharge.
 - How we are supporting carers using the BCF funding.
 - Our approach to the Disabled Facilities Grant and wider housing services.
 - Our priorities for addressing health inequalities and equality for people with protected characteristics (under the Equality Act 2010).
- 2.3 **Excel Template (Appendix B):** The Excel Template takes a more detailed look at the income and expenditure associated with the Better Care Fund, and our expected performance against the metrics. A summary of the information included within each tab is:
- **Tab 1 Guidance:** Guidance to completing the document.

- **Tab 2 Cover:** A cover page for the document, including who is submitting the return and contact details of key stakeholders.
- **Tab 3 Summary:** A brief summary of the information within the template document
- **Tab 4 Income:** Details of the BCF income for 2022/23, including the core Better Care Fund, improved Better Care Fund, and Disabled Facilities Grant.
- **Tab 5a Expenditure:** A very detailed summary of the services and projects funded by the income on Tab 4, including where the money has come from, a description of the schemes being funded, which sector the commissioner and provider come from, and the category of the scheme being delivered.
- **Tab 5b Scheme Type:** Details the scheme types that can be picked, and how to allocate them on Tab 5a.
- **Tab 6 Metrics:** Looks at the four key metrics, our past performance against these, and our expected performance moving forward. It is worth noting that the Length of Stay metric has been removed for this year.
- **Tab 7 Planning Requirements:** Asks us to confirm that we have met the National Conditions set out in the BCF Planning Requirements document.

2.4 **Capacity and Demand Template (Appendix C):** The Capacity and Demand Template looks at expected capacity in our system to support people being discharged from acute hospital. It also looks at expected demand for these services. Below provides a summary of the information in each tab:

- **Tab 1:** Guidance for completing the document.
- **Tab 2:** A cover page for the document, including who is submitting the return and contact details of key stakeholders.
- **Tab 3.1:** Summarises expected demand for supported discharge by discharge pathway from our acute hospitals.
- **Tab 3.2:** Summarises expected demand into intermediate care services from community sources.
- **Tab 4.1:** Looks at expected capacity for supported discharge by discharge pathway.
- **Tab 4.2:** Looks at expected capacity for referrals from community sources.
- **Tab 5:** Considers spend on these services – primarily via the BCF.

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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Appendix A: BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans but use of this template for doing so is optional. Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (Excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their Excel planning template.

An example answers and top tips document is available on the Better Care Exchange to assist with filling out this template.

Cover

Health and Wellbeing Board(s)

Norfolk

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

The key groups involved in preparing the BCF Plan for 2022-23, via the engagement process described below include:

- Norfolk and Norwich University Hospital NHS Foundation Trust
- Queen Elizabeth Hospital Kings Lynn NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- Norfolk Community Heath and Care NHS Trust
- East Coast Community Health CIC
- Norfolk and Suffolk NHS Foundation Trust
- Primary Care Networks
- General Practice Partnership Organisations
- VCSE Representation Organisations
- District Councils
- Norfolk County Council (NCC)
- NHS Norfolk and Waveney Integrated Care Board (NHS N&W/NWICB)
- Norfolk Pharmacies
- District Councils
- Healthwatch Norfolk
- System partners from the voluntary, community and social enterprise (VCSE) sector
- Norfolk police and the Police and Crime Commissioner (PCC)
- Main providers of health and care services in Norfolk.

How have you gone about involving these stakeholders?

System partners in Norfolk have long utilised the Better Care Fund (BCF) to fund and develop critical services that support the health and wellbeing of our population, including care from the provider market, key health and care operational teams, and community-based support from the VCSE sector.

In 2022-23, with the launch of statutory Integrated Care Systems (ICS) and a new local approach to Place-based working in development, Norfolk has been further building engagement with system partners in the BCF's development. The aim has been to develop an ambitious BCF programme which meets the future needs of our population. There is the opportunity to shape the BCF to further deliver local priorities by aligning with local and national strategic directions, strengthening joint commissioning and service design, and focusing the Norfolk BCF strategy and funding on the most important emerging priorities for integration across the Norfolk and Waveney system.

In 2020-21, Norfolk County Council (NCC) and NHS Norfolk and Waveney (NHS N&W) worked in partnership to jointly develop the future priorities for the BCF and led an initial review with partners of the Core BCF. The Norfolk BCF now acts as a delivery arm for integrated working across the system and supports Place-based priorities. Engagement with a wide range of system and Place stakeholders was integral to this process, including attending Place-based fora across the county to directly engage with representatives from:

- Norfolk and Norwich University Hospital NHS Foundation Trust
- Queen Elizabeth Hospital Kings Lynn NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- Norfolk Community Heath and Care NHS Trust
- Norfolk and Suffolk Foundation Trust
- Primary Care Networks
- General Practice Partnership Organisations

for planned spend by adult social care, with outcomes that must contribute to the BCF aims (national and local).

The key aim of this new approach is to develop collaborative proposals that best support the delivery of the BCF metrics / aims and work together at Place. The Health & Wellbeing Partnerships have formed Task & Finish Groups to lead the development of collaborative proposals.

Proposals will be developed through the HWB Partnerships for each Place to build ideas and gain consensus on the proposals. They will be evaluated at Partnership level to ensure local decision making and that the core BCF requirements are met. The BCF will also be signed off by the Norfolk Health and Wellbeing Board which includes membership from

- District Councils
- NHS Norfolk and Waveney Integrated Care Board (NHS N&W)
- Healthwatch Norfolk
- Representatives from the voluntary, community and social enterprise (VCSE) sector
- Norfolk police and the Police and Crime Commissioner (PCC)
- Main providers of health and care services in Norfolk.

District Councils were also specifically engaged and involved in developing priorities and plans for the Disabled Facilities Grant.

Executive summary

This should include:

- Priorities for 2022-23
- Key changes

In 2018, the Norfolk Health and Wellbeing Board (HWBB) launched a joint Health and Wellbeing Strategy which detailed its key priorities as follows.

- A single sustainable system – working together, leading change and using resources in the most effective way.
- Prioritising prevention – supporting people to be healthy, independent and resilient throughout life. Early help to prevent and reduce demand for specialist services.
- Tackling inequalities in communities – providing support for those who are most in need and addressing wider factors that impact on wellbeing, such as housing and crime.
- Integrating ways of working – collaborating in the delivery of people-centred care to make sure services are joined up, consistent and make sense to those who use them.

These priorities remain relevant in 2022-23 as Norfolk and Waveney continues to recover from the Covid pandemic and to support Norfolk's residents to live happy, healthy and independent lives in their own home for as long as possible.

The Norfolk and Waveney Integrated Care System (NWICS) has a common purpose, which aims to

- make Norfolk and Waveney the best place to work in health and care
- make sure that people can live as healthy a life as possible
- make sure people only have to tell their story once.

These remain the overall priorities and purpose of the Norfolk system. However, there is also now a specific set of priorities for the BCF programme which is based on the lessons learned from previous BCF submissions and discussions with system partners from across Norfolk. For part of the Norfolk BCF review, the key strategies and policies that affect the system both nationally and locally have been utilised including the national BCF Directives, the Norfolk Joint Health and Wellbeing Strategy, our Integrated Care System aims, Ageing Well, Promoting Independence and the local emerging Place-based priorities. The Norfolk BCF is focused on the following priorities

- Prevention, including admission avoidance
- Sustainable systems
- Person-centred care and discharge
- Inequalities and support for the wider factors of wellbeing
- Housing, DFGs and overarching pieces of work.

These priorities are being translated into the delivery of the BCF

- strategically - through engagement with the new ICS system partners, Place structures and the ICS' system governance,
- tactically - as the core requirement for any future funding for the Core BCF and re-baselining the BCF utilising these priorities, and
- operationally - through developing a monitoring and outcomes delivery approach to the BCF which is shaped around these priorities.

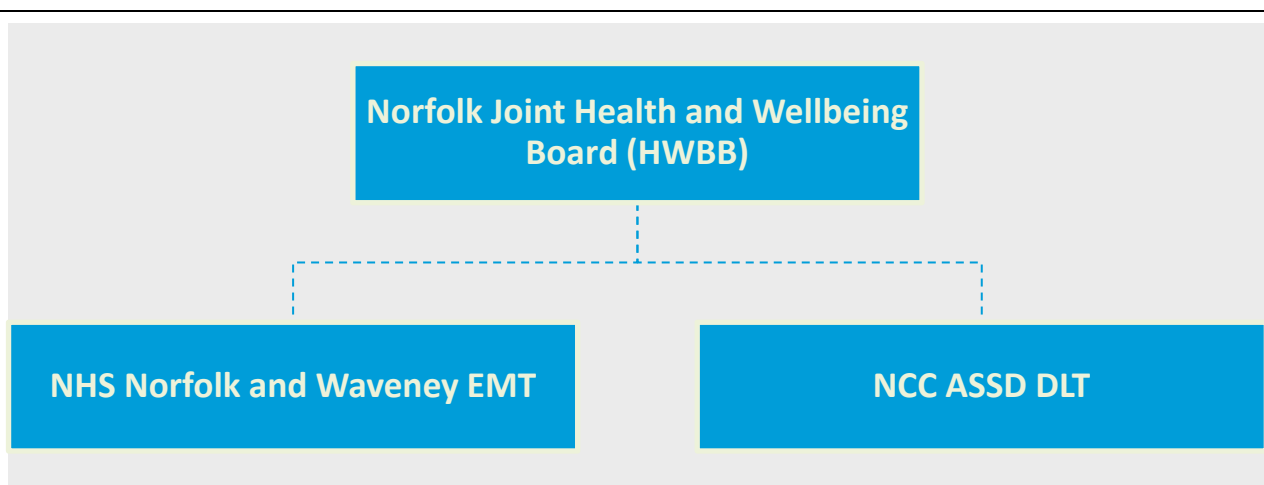
Following the review in 2021-22, the HWBB agreed a new plan for Norfolk's BCF which detailed revised priorities for the BCF programme moving forward and proposed a new set of Principles for how the BCF should be developed in the future. This will support us to increase the direct impact of the fund on our priorities and improve integration across the system. The BCF principles are

- funding programmes - which benefit from joint funding and deliver joint impact across health and social care, although they may not currently be jointly funded
- funding fewer whole schemes - so we can more closely monitor their impact on the system
- encompassing system and Place priorities and processes - via the local approach to the 2022/23 planning process which includes increased engagement with Place partners, theme leads such as intermediate care and discharge, and service leads responsible for the delivery of all services funded through the BCF
- creating an Impact Review - which details the aims, KPI's and expected benefits of each BCF funded service – including developing a BCF dashboard for reporting on these services

In this way, Norfolk hopes to have a more cohesive BCF programme, which better reflects Norfolk's integration priorities and will help us to understand the impact the BCF fund is having across Norfolk. By focussing on these four principles, the BCF programme is being targeted towards schemes, projects, workstreams and services which will best achieve the aims of the local health and social care system.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.



The Better Care Fund (BCF) in Norfolk is governed by the Norfolk Joint Health and Wellbeing Board, who agree the approach to the BCF and sign off plans and submissions.

The BCF is also governed by the NHS Norfolk and Waveney (NWICB) Executive Management Team (EMT) and the Norfolk County Council (NCC) Adult Social Services Directorate (ASSD) Leadership Team (DLT). These groups include the ICB's Chief Executive Officer, Tracey Bleakley, and the Director of Adult Social Services, James Bullion.

The development of the approach, plan and submission brings Local Authority and ICB commissioners and finance colleagues together to make integrated financial and commissioning decisions, engaging with partners across the health and care system in those decisions.

An Integrated Commissioning Steering (ICS) Group brings together membership from NCC, NWICB and Suffolk County Council (SCC) to lead the Core BCF. Membership from SCC also

ensures that Norfolk has a forum to strengthen joint working within our ICS footprint that includes two separate BCF plans (Norfolk and Suffolk)

Chair and Vice-Chairs (which includes the HWBB chair and lead member), the ICP chair, the ICB Chair and ICB Chief Exec, DASS – agreed the priorities and the BCF planning approach.

The development of the BCF plan has brought together a single strategic approach to the local and national themes it must deliver against, the services/schemes it funds and the Places and their priorities.

For 2022-23, funding through Norfolk's annual BCF uplift has been identified to support delivery of the BCF priorities at Place. There is £574,000 total, recurrent, or £82,000 per Health & Wellbeing Partnership area in Norfolk. This portion of the BCF is drawn from the Core BCF's annual uplift for planned spend by adult social care, with outcomes that must contribute to the BCF aims (national and local).

The BCF Plan was also discussed at the NWICS' Transformation Board – which aligns with the multi-themed BCF approach.

Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person-centred health, social care and housing services including:

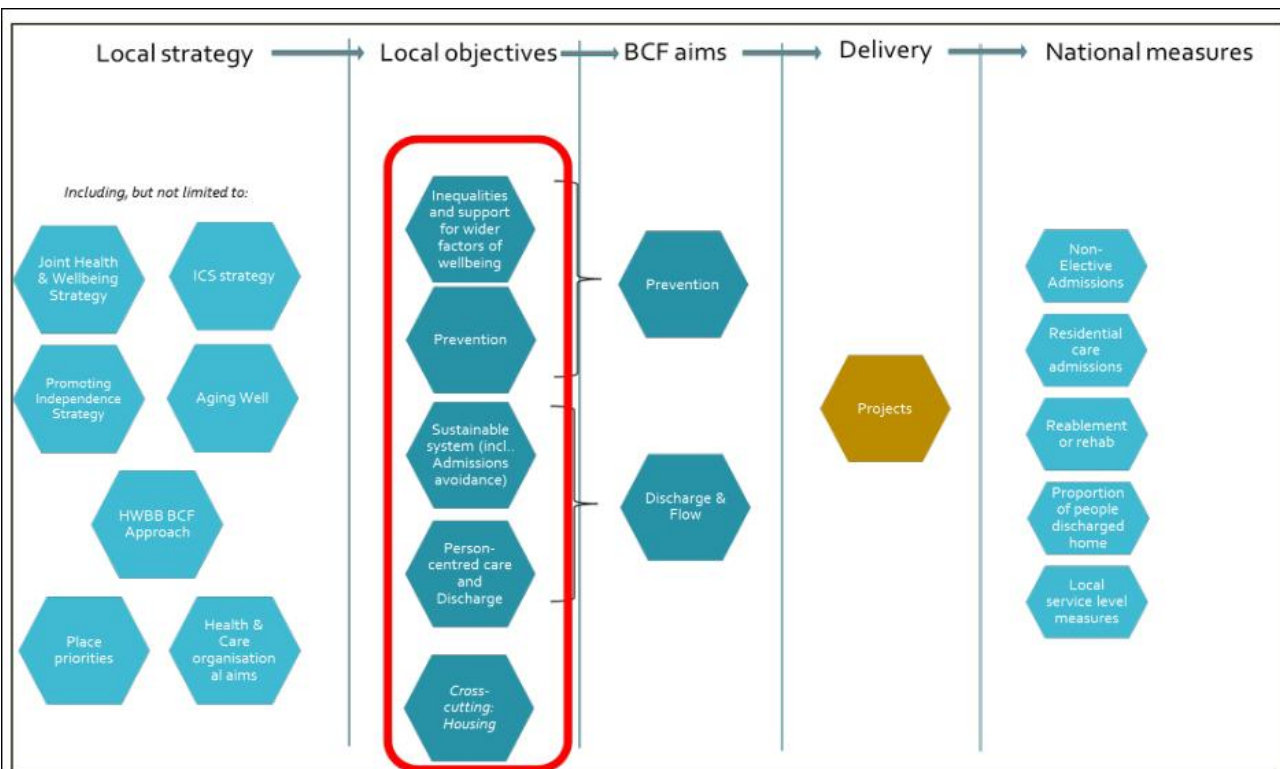
- Joint priorities for 2022-23
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.

Our Joint Priorities 2022-23

To build our BCF Programme we worked with system partners across health and social care to capture our priorities for the system. We agreed five key priorities:

- Prevention
- Sustainable Systems inc. Admission Avoidance
- Person Centred Care and Discharge
- Inequalities and Support for Wider Factors of Wellbeing
- Housing, DFGs and overarching pieces of work.

The illustration below shows the alignment of system priorities with the BCF priorities.



It was also agreed to focus the Norfolk BCF on projects that were either jointly funded, or would benefit strongly from integrated oversight, or had outcomes that would positively impact the health and social care system. The Norfolk BCF programme was then built with these priorities in mind.

Alongside this the NWICS has developed the following common purpose and aims, to support the people of Norfolk – to make

- Norfolk and Waveney the best place to work in health and care
- sure that people can live as healthy a life as possible
- sure you only have to tell your story once.

Approaches to joint/collaborative commissioning

Norfolk is committed to integrated working and joint commissioning across the health and social care system. This is reflected in the governance routes and the number of joint funded and cross organisational teams in the system.

One of the longest running examples is the joint/integrated senior management structure for NCC and NCH&C operational teams - the teams which are focused on supporting discharges and preventing unplanned admissions by supporting individuals to remain safely at home are managed by integrated NCC/NCHC leaders.

Norfolk has a jointly funded Social Care and Health Partnerships Team and jointly funded Quality Assurance and Market Development functions. These teams work across health and social care to commission and monitor services.

Many of the BCF services are also jointly funded and commissioned, including:

- A Social Impact Bond for Carers – support carers with information, advice, support and Carers Assessments to improve their wellbeing and help them maintain their caring role. This is joint funded by NCC and NHS N&W, with joint membership at the Strategic Board.

- Norfolk Advice Network and Advocacy Partnership – this is a new service jointly funded by NCC and NHS N&W, which aims to provide a single point of contact for information, advice and advocacy in Norfolk.
- Intermediate Care – NCC and NHS N&W are working together to deliver appropriate, integrated intermediate care both preventing hospital admission and supporting discharge.

How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23

As the local Integrated Care System develops, the integrated BCF team has worked with the seven Norfolk Health and Wellbeing Partnerships to fund prevention services/schemes specific to each Place. They have developed services/schemes which meet both the BCF aims and their own local Place priorities. In this way the BCF can support the NWICS to deliver services relevant to Place. The integrated BCF team will continue to support the Places to measure the impact of these new schemes and the outcomes that they deliver to support the needs of the local population.

A new approach has been implemented for sharing intelligence with Places about the existing BCF services/themes. There is also a new joint approach to working with the Places, which will continue to be used in the future. We have worked with our seven Norfolk Health and Wellbeing Partnerships to develop project proposals for the Core BCF that will deliver the five key objectives for the Norfolk BCF and the four key national metrics. Place-facing system partners were invited to submit proposals for the funding, to meet our national and local BCF aims and improve people's health and social care outcomes. As these services/schemes start their delivery, the integrated BCF team will be working with the Places to help identify and understand their impact on the BCF metrics.

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

Please use this section to outline, for each objective:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective

Plans for supporting people to remain independent at home for longer should reference

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level.

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
- Carry out collaborative commissioning of discharge services to support this.

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

Overarching approach to supporting people to remain independent at home and how BCF services are supporting this approach.

Norfolk's overarching approach to supporting people to remain independent at home focuses on three key ambitions

- Promoting Independence – supporting people to stay at home for longer through linking in with their communities
- Preventing Crisis – offering additional targeted and tailored interventions to prevent crises occurring
- Rapid Response – taking action to divert people away from hospital or long-term care admissions.

In Norfolk, there is a strong focus on supporting people to make links into their communities to enable them to stay at home for longer. As part of the BCF, we fund both community connector roles and universal services to support people to remain independent. This includes:

- Integrated Care Coordinators – ICCs work differently across each Place according to the local need. For example, in North Norfolk ICC's will receive referrals, primarily from GPs, for people who need community services to meet their needs. ICC's will work with the person to look at their strengths and needs, then if appropriate they will refer or signpost them to relevant community resources.
- Social Prescribing – a community wellbeing service that focuses on improving wellbeing. A free and confidential service that provides support to get healthier and feel better.
- Carers' Support Services – the key service 'Carers Matter Norfolk' offers information, advice, and assessment to unpaid carers.
- Norfolk Volunteer Services – encourages and enables people to use their time, skills, and talents to find meaningful and enjoyable volunteering roles, for their own benefit and for the benefit of their local community.
- Transport schemes – due to Norfolk's rural nature we fund transport services to support people to attend health, social care, and wellbeing appointments.

Importantly, the prevention and admission avoidance schemes in Norfolk work in a joined-up way across system partners – examples include

- Eating Matters service - which counsels individuals living with mild to moderate eating disorders below the criteria for Statutory services, working closely with NHS Eating Disorders services and GPs to ensure every individual receives safe and appropriate care.
- Norfolk Medications Support Service – which works collaboratively with community pharmacies to implement practical, patient-friendly solutions to increase medications compliance (e.g. dosing regime, least intrusive intervention) and GP surgeries (e.g. repeat items no longer required, medicines taken more/less than prescribed).

- Early Help Hub in Great Yarmouth – which is multi-agency model with 20+ system partners working together to achieve better outcomes for local people and supporting individuals with issues such as social care, homelessness, welfare benefits and mental health. During 2022-23, the Community Marshals within the Early Help Hub team are focusing on engaging with vulnerable and seldom heard communities to help reduce inequalities in health and wellbeing.
- Dementia Support Service (DSS) – which has been recommissioned in 2022 as a three tier service providing Information, Advice & Guidance, non-clinical and clinical support to individuals, unpaid carers and family members pre-diagnosis and for those with a formal diagnosis of dementia/Alzheimer's. The DSS works closely with the Memory Assessment service and the mental health dementia support team. GPs can submit a joint referral to the Memory Assessment service and the Dementia Support Service.

There are many multi-disciplinary/multi-agency teams which work to identify people who would benefit from targeted and tailored interventions. Our Early Help Hubs, GP led MDT's, NEAT and Discharge Hubs are all multi-disciplinary, integrated collaborative teams. These teams make use of the diverse skillsets in the team to triage cases and take a holistic view of the person's needs to identify how to provide appropriate and proportionate support to the individual – promoting independence and, where possible, preventing a health/social care crisis.

We also fund specific services aimed at preventing an escalation of need – which include:

- Assistive Technology and Integrated Community Equipment – by providing assistive technology and equipment into people's own homes (e.g. detectors (smoke, heat, carbon monoxide), access (key safe, video doorbells) and personal alarms (falls detection, assistance alarms)) we help the individual, and the people that care for them, to manage their health and social care needs. The technology can be used to alert family, friends or call aid services to a crisis developing in someone's home, allowing them to intervene quickly and where possible prevent a hospital admission.
- Specialist Dementia Nurses – who provide expert practical, clinical and emotional support to individuals and their families living with dementia.
- Community Nursing and Occupational Therapy – working in the community to help maintain quality of life and support people to live as independently as possible.
- Community Stroke Support Services – a variety of services to support people to recover after a stroke and prevent the recurrence of further strokes.

Where crisis does occur, rapid response and intervention can prevent a hospital admission and enable the person to recover at home – or, where an admission has been necessary, early intervention in a crisis can help to reduce the person's length of stay in hospital. Some of the services our communities draw on are:

- Norfolk First Response Swifts and Night Owls – are a 24-hour/7-day service which is directly accessible by residents in Norfolk who have an urgent, unplanned need at home that doesn't require emergency medical services. The teams can support people who have had a non-injury fall that doesn't require attention from emergency medical services, using specialist lifting equipment and providing help and reassurance. The Swifts and Night Owls liaise with GPs, 111 and where required 999 services. They make onwards referrals, for example to a Falls Prevention service, if agreed by the individual. A follow-up welfare call is also offered to the individual/family to provide further support following a fall.
- In My Place Carers Emergency Planning – Unpaid Carers can register a contingency and emergency plan with NCC. This both prepares them for what to do if they have an emergency or crisis, but also supports carers in case they have an emergency which leaves them unable to care. This reduces the number of cared for people entering hospital or emergency respite care in a crisis.

Discharge and support post hospital stay

Across Norfolk, there is an Urgent and Emergency Care governance structure which includes

- daily multi-agency, integrated system calls to discuss and drive discharge plans at tactical and operational levels
- a 24/7 escalation route to senior ICS staff to help resolve live issues related to discharges
- a multi-agency, integrated D2A Board for Norfolk which is accountable for the strategic direction and tactical development of the operational models for discharge management
- a multi-agency, integrated UEC Strategic Transformation Steering Group for the Norfolk & Waveney system which drives UEC transformation and continuous improvement for the system.

Norfolk has continued to implement the High Impact Change Model for Transfers of Care, alongside the national guidance on discharge models, to design and embed the HomeFirst/D2A operational models for East, Central and West Norfolk. In April 2022, a system review was completed against the HICM for Transfers of Care. This assessment was led by the Integrated Discharge Director for NWICB and involved system partners from across Norfolk & Waveney at operational, tactical and strategic levels. An action plan was developed against each of the domains based on a maturity model and Task & Finish Groups have been established to deliver against the actions. Progress has been overseen by the system-wide Discharge Steering Group and at Locality/Place level by the System Operations and Transformation (SORT) groups. The operational models are increasing the efficiency and effectiveness of the discharge processes and aim to improve the person's experience whilst on their discharge journey. Several schemes in the BCF Plan contribute to the delivery of these operational models – more information on these schemes can be found later in this section.

Norfolk has also been utilising the new 'Reducing preventable admissions' High Impact Change Model, including holding workshops at Place level facilitated by the LGA (Local Government Association). The outcome of those workshops has been used to shape the next steps to further develop prevention activity supported by the Better Care Fund, including new schemes developed for the 2022/23 BCF.

Across Norfolk, Transfer of Care/HomeFirst (ToC/HF) Hubs have been established using integrated health and social care resources to triage cases and determine the most appropriate and proportionate discharge pathway and response to the person's needs. These ToC/HF Hubs make good use of IT systems and digital technology to work proactively with acute and community discharge teams to discuss and determine the next steps for each case.

A single Transfer of Care Form was agreed for the Norfolk & Waveney system in November 2021. All acute and intermediate care bed-based services received extensive training on the form before it was introduced. Acute hospital providers are working hard to reinforce the 'describe not prescribe' ethos with staff who complete the forms and good progress has been seen over the months on improving the quality of referral information. The contents and format of the Transfer of Care Form will be reviewed in November 2022.

As a system, we are focused on continually improving the discharge model and ensuring that there are the right resources and the right skills, available at the right time, to respond to discharge demands.

There are a range of BCF-funded schemes specifically designed to support discharges from the acute hospitals and the intermediate care bed-based recovery services, alongside other services funded through wider core NHS and local authority budgets and national funding schemes supporting discharge. Examples include

- a Home from Hospital Service (VCSE) for individuals leaving on Discharge to Assess (D2A) Pathway 0, delivered via the British Red Cross. This service ensures that homes are safe and warm to return to, that there is food available and that neighbours, family networks and local community - where appropriate - know when the person is being discharged.

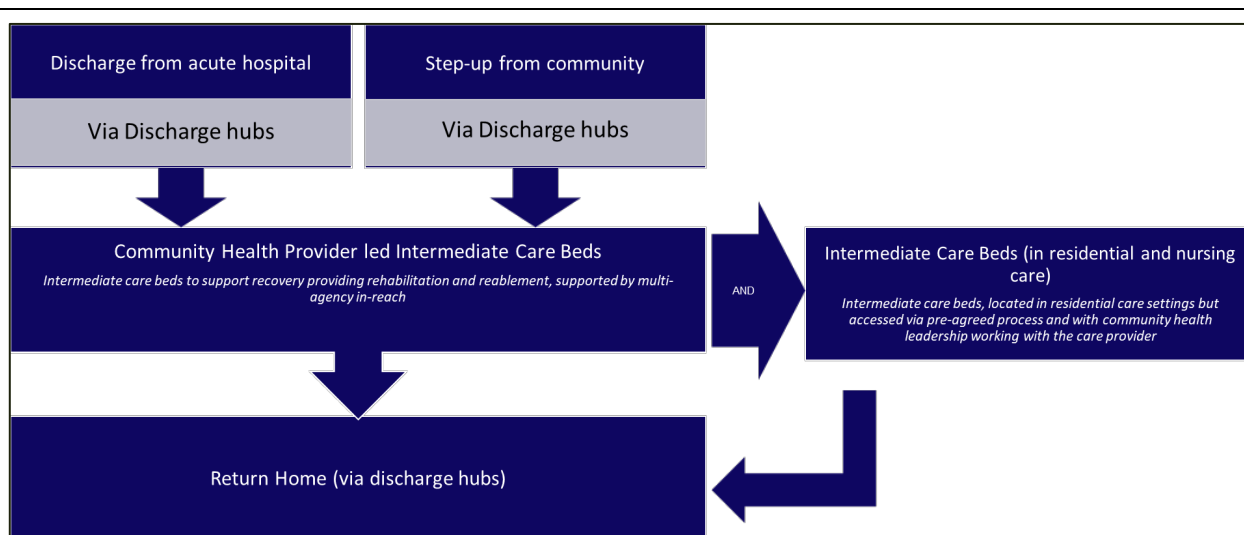
- each of the acute hospitals in Norfolk have commissioned services which call and check-in on individuals post discharge to ensure they have settled in well at home and have appropriate support.
- Age UK have a presence in the dedicated discharge ward at the Norfolk & Norwich Hospital providing cognitive stimulation activities and identifying needs that can be supported post-discharge by the Complex Community Support Team or the Befriending service to support with low mood, anxiety, connecting to community services and widening friendship circles.
- MIND provide a Psychiatric Liaison Service which receives referrals from the NSFT Mental Health Trust Liaison Teams within the Queen Elizabeth Hospital and James Paget Hospitals. They respond to these referrals within 72 hours and provide post discharge support to people with mental health diagnoses leaving those hospitals.

For individuals leaving on D2A Pathway 1, services include

- intermediate care reablement services provided by Norfolk First Response – delivering support to enable the person to regain their independence and functional capabilities for up to six weeks post-discharge.
- intermediate care rehabilitation services such as HomeWard in Norwich and the Primary Care Home teams in East Norfolk - multi-disciplinary clinical teams, including therapy, to support the person to recover and regain their independence for up to six weeks post-discharge
- assistive technology (AT) ‘take home’ packs – provided at point of discharge for individuals who would benefit from AT to enable them to remain safe at home prior to a full assessment of AT needs whilst at home – for example, an alarm which alerts in case of falls, smoke detectors, carbon monoxide detectors and light/movement sensors.
- community equipment services (ICES) – which provide equipment in the home to support the person post-discharge, such as beds, raisers, walking frames etc.
- District Direct housing services – which work with the acute hospitals whilst the person is on the ward to assist with housing issues that could otherwise delay the discharge and work with the Transfer of Care/HomeFirst Hubs to identify the need at point of triage to undertake housing adaptations for individuals being discharged to support independent living e.g. grab rails.
- Integrated Care Co-ordinators - within the Transfer of Care/HomeFirst Hubs who can help resolve issues at home or support the person’s needs, such as referrals to the Men’s Shed scheme or to the Age UK Community Support Service for assistance with daily living e.g. gardening, shopping etc.
- Social care teams – which support the person’s social care needs post-discharge and undertake Care Act and Carer’s Assessments to identify a person’s longer-term needs after the initial six weeks period of intermediate care, such as an ongoing package of care.

During 2022, the ICS has been developing and activating a new shared plan to implement a single Intermediate Care bed offer for individuals on D2A Pathways 2 and 3. The provision will be led by community health, in partnership with other ICS organisations, and will provide a single consistent pathway across Norfolk. Evidence and best practice demonstrates that this will lead to improved outcomes for local people, as well as value for money across the system. The offer will have a focus on ‘recovery’, as specified in national policy guidance, with wraparound services - which include therapy – being provided to support the person’s needs during their recovery and, where possible, enable the person to regain their independence. In East and West Norfolk there has been for several years dedicated community healthcare teams that deliver inreach into the intermediate care beds. A similar model has been piloted on a small scale in Central Norfolk and the learning from this model is helping to inform the new single Intermediate Care bed offer.

The illustration below shows a high-level flow diagram of the proposed discharge and step-up model.



In order to smooth the discharge process from the acute hospitals to the intermediate care services run by the community healthcare provider, the Community Access Team (CAT) also working with system partners, including the HomeFirst Hub in Central Norfolk, to streamline the D2A2 step-down pathway with the aim of improving operational flow for transfer of care discharges and other D2A2 services as they come online.

Work is ongoing with care homes to improve discharges for individuals, including supporting people to returning to their usual place of residence after an acute admission. This includes actively supporting the formation of the Norfolk Care Association to improve the system's engagement with care providers.

Supporting Carers.

Please describe how BCF plans and BCF funded services are supporting Carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Carers play a vital role in the health and wellbeing of Norfolk. They are key to maintaining the independence of people with care needs. However, providing care can have a major impact on carers' lives and we all have a duty to support them. There are almost 100,000 people in Norfolk providing essential support to a family member or friend. They may not think of their role as a 'carer' or know that support is available to them.

In Norfolk, the BCF funds the Social Impact Bond for Carers. This service, which was launched in September 2020, delivers an enhanced offer for carers in Norfolk. Under the brand name "Carers Matter Norfolk" it provides our carers with a single place to go for any support they need in their caring role.

Norfolk has delegated its Carers Assessment function to Carers Matter Norfolk, meaning it can offer support from one-off queries from carers to its advice line all the way up to a full Carers Assessment with ongoing support from a Family Carer Practitioner. The range of support offered by the service allows it to be flexible to meet carers needs, wherever they are in their carers journey. As part of this support, they can also offer carers access to a Health and Wellbeing Fund and Carers Breaks.

In the first 21 months of the service, there have been 4,417 new carers who were not previously known to Carers Matter Norfolk, registered with the service. 1,964 carers have had a Carers Assessment, and 700 have received high-level support. This represents a success story for the

BCF in funding carers support and gives a platform to build on to develop further support for carers in our county.

The service has also supported the following.

- 361 people to sustain their caring role for 6-months post assessment
This represents 85% of all 6-month checks
- 171 people to sustain their caring role for 12-months post assessment
This represents 84% of all 12-month checks
- 291 people to increase their wellbeing after 6-months post assessment
- 89% of people who complete a carers star two increased their score by at least two points from carers star 1.
- 149 people to increase their wellbeing 12-months post assessment
- 93% of people who completed a carers star three increased their score by at least 2 points from carers star 1.

We also deliver support to our carers outside of the BCF funded services through

- a recently launched Carers Passport scheme with all three acute hospitals in Norfolk – allowing carers a way to identify themselves as carers when their cared for person is in hospital, and to discuss extended visiting hours to support their cared for person.
- In My Place Emergency Planning – support carers to develop an emergency plan held by NCC which can be enacted in the case they have an emergency to make sure their cared for person still received the necessary care.
- Carers Charter – a charter coproduced between NCC and carers to outline both our ambitions and commitments to all age carers across Norfolk.
- Carers Assessment and Support Plans – Some carers still receive their support primarily through Norfolk County Council, including Carers Assessments, Support Plans, Direct Payments and Carers Breaks.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social care and housing services to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The Government is committed to person-centred integrated care, with health, social care, housing and other public services working together to provide better joined up care. Enabling people to live healthy, fulfilled, independent and longer lives will require these services to work ever more closely together towards common aims. The response to the COVID-19 pandemic has accelerated the pace of collaboration across many systems and the government is keen to maintain momentum and build upon positive changes.

The BCF is one of the Government's national vehicles for driving health and social care integration. It requires integrated care boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

The right home environment is essential to health and wellbeing throughout our life. Disabled Facilities Grants (DFG) adaptations for people with disabilities provide a lifeline to thousands of people every year. They allow people to continue living in their homes independently. The Care Act requires Local Authorities to promote the wellbeing of individuals by

- supporting them to remain living in suitable accommodation
- preventing, reducing or delaying the need for care and support, and

- to work with statutory partners, including Local Authority housing departments.

One of the recommendations from the 2018 BCF Review was to improve alignment of the BCF to the policy objectives that reflect the priorities for health and social care integration, including a link to the prevention agenda. BCF plans must include a clear approach for delivery against the following two policy objectives in 2022-23:

- enable people to stay well, safe and independent at home for longer
- provide the right care in the right place at the right time

Plans formulated by the seven Norfolk Local Housing Authorities detail how they will meet the challenges of delivery in a post pandemic landscape.

Work is ongoing to improve consistency and reporting of performance information.



locality plan 22-23
final.docx

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

The Norfolk Health and Wellbeing Board's joint Health and Wellbeing Strategy details "tackling inequalities in communities – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime" as one of its key priorities.

Alongside this, the High Impact Change Model for prevention requires the use of Population Health Management to identify which population groups are at risk of preventable admissions and assess the effects of health and wider inequalities and local levels of deprivation on admission rates.

As part of this the Place Boards - which bring together partners across each of the five Places in Norfolk - have been focusing on identifying the specific health inequalities experienced in their area and how the demography, geography and community support available impacts on this. This work is still in its early stages of development, but it has been seen as an important factor in the decision to involve the Norfolk Places in the development of the system's BCF priorities.

Data recently provided by Public Health colleagues has shown that there are 42 communities across Norfolk and Waveney where some or all the population live in the 20% most deprived areas in England, including 40% of the populations of Great Yarmouth and Norwich (<https://www.norfolkinsight.org.uk/jsna/health-inequalities/>).

The Core20plus5 approach in Norfolk system is being used to develop a strategic programme of work to help address these inequalities and to underpin a framework for Health Inequalities improvement. There is a Norfolk Health Inequalities Oversight Group (HIOG) which has wide participation from the ICS system partner organisations.

There are Place-based data packs for Norfolk which have a focus on the Core20plus populations, and the 5 clinical areas, to help target interventions to improve on health outcomes in selected populations. This is further being developed at both PCN-level and Practice-level to support the approaches at Place to address Health Inequalities.

A systemwide Core20plus5 dashboard is under development to provide an 'at a glance' view of key performance indicators related to the approach. A Practice-level version of this dashboard is soon to become available via the Eclipse tool.

We are supporting Core20plus5 Ambassador applications in our NHS Providers and are currently recruiting into 5 GP Fellowships in Health Inequalities, who will have a Core20plus5 improvement framework focus. The Fellowships will link with Place and system Clinical Pathways for individuals with Autism, a Learning Disability, SMI and in respect of maternity personalised care to address Health Inequalities.

A 6-month secondment has been approved for a resource to be hosted by NWICB and to work with the Local Authority partners to provide dedicated support for Asylum Seekers coming to Norfolk. It is hoped that this role will be a forerunner to a dedicated Health Inclusion Team in Norfolk.

It is acknowledged that there is a potential gap between the initiatives identified through the emerging understanding of the Core20plus5 approach in Norfolk and the current BCF-funded schemes/services. As the Core20plus5 approach becomes more fully embedded in Norfolk, it presents us with the opportunity to review some of the BCF-funded schemes/services through the Core20plus5 'lens'. The ambition of this review will be to ensure that BCF allocations can be targeted on those communities in greatest need and equally that any targeted interventions don't unintentionally exacerbated inequalities.

Currently, as part of our BCF programme we have specific information and advice services targeted at those with protected characteristics and those groups/individuals know experience health inequalities, such as people with disabilities, older people, and unpaid carers. As the Place-based work on health inequalities develops and the system's understanding matures over time, Norfolk can start to use this knowledge to influence a more comprehensive targeting of BCF services to tackle inequalities.

Our services are also developed with Equality Impact Assessments, which aim to understand and mitigate the potential inequalities experienced by people with protected characteristics as a result of new services or service changes. Many of our services seek to positively target inequalities, for example, by offering additional support to people with protected characteristics.

We are also developing a comprehensive dashboard on the impact of our BCF programme, as detailed in the 'Executive Summary'. This alongside the 2021 census data, once it is published, will enable us to better identify and evidence inequality of outcomes related to how we deliver the BCF national metrics locally and their expected impacts on the people of Norfolk.

BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution.
4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.
6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics [\(click to go to sheet\)](#)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.

- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.

- The population data used is the latest available at the time of writing (2020)

- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:

<https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704>

- Technical definitions for the guidance can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

2. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.

- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.

- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:

- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover



HM Government



Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Norfolk
Completed by:	Nick Clinch
E-mail:	nicholas.clinch@norfolk.gov.uk
Contact number:	01603 223329

Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Mon 21/11/2022 << Please enter using the format, DD/MM/YYYY
If using a delegated authority, please state who is signing off the BCF plan:	n/a

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	n/a
Name:	n/a

*Area Assurance Contact Details:	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
	Health and Wellbeing Board Chair	County Councillor	Bill	Borrett	bill.borrett.cllr@norfolk.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Chief Executive	Tracey	Bleakley	t.bleakley@nhs.net
	Additional ICB(s) contacts if relevant	Director of Primary &	Mark	Burgis	mark.burgis@nhs.net
	Local Authority Chief Executive	Head of Paid Service	Tom	McCabe	tom.mccabe@norfolk.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Executive Director of	James	Bullion	james.bullion@norfolk.gov.uk
	Better Care Fund Lead Official	Director of Commissionin	Gary	Heathcote	gary.heathcote@norfolk.gov.uk
	LA Section 151 Officer	Executive Director,	Simon	George	simon.george@norfolk.gov.uk
	Assistant Director, Social Care & Health Partnership Commissioning	Assistant Director	Nicholas	Clinch	nicholas.clinch@norfolk.gov.uk
	Commissioning Manager, Social Care & Health Partnership Commissioning	Commissioning Manager	Bethany	Small	bethany.small@nhs.net

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board:

Norfolk

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£9,157,782	£9,157,782	£0
Minimum NHS Contribution	£73,032,095	£73,032,096	-£1
iBCF	£39,618,564	£39,618,564	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	£121,808,441	£121,808,442	-£1

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£20,713,522
Planned spend	£32,452,178

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£36,047,639
Planned spend	£47,013,190

Scheme Types

Assistive Technologies and Equipment	£7,237,209	(5.9%)
Care Act Implementation Related Duties	£4,269,762	(3.5%)
Carers Services	£31,172	(0.0%)
Community Based Schemes	£10,420,592	(8.6%)
DFG Related Schemes	£9,189,502	(7.5%)
Enablers for Integration	£2,035,290	(1.7%)
High Impact Change Model for Managing Transfer of C	£3,949,310	(3.2%)
Home Care or Domiciliary Care	£16,259,508	(13.3%)
Housing Related Schemes	£243,426	(0.2%)
Integrated Care Planning and Navigation	£4,182,428	(3.4%)
Bed based intermediate Care Services	£9,462,790	(7.8%)
Reablement in a persons own home	£11,714,888	(9.6%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£987,684	(0.8%)
Prevention / Early Intervention	£3,304,516	(2.7%)
Residential Placements	£38,229,261	(31.4%)
Other	£291,104	(0.2%)
Total	£121,808,442	

[Metrics >>](#)

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.0%	92.3%	92.4%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	554	607

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.5%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board:

Norfolk

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Norfolk	£9,157,782
DFG breakdown for two-tier areas only (where applicable)	
Breckland	£1,329,644
Broadland	£1,013,705
Great Yarmouth	£1,348,045
King's Lynn and West Norfolk	£1,782,807
North Norfolk	£1,354,615
Norwich	£1,293,541
South Norfolk	£1,035,425
Total Minimum LA Contribution (exc iBCF)	£9,157,782

iBCF Contribution	Contribution
Norfolk	£39,618,564
Total iBCF Contribution	£39,618,564

Are any additional LA Contributions being made in 2022-23? If yes, please detail below

No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

NHS Minimum Contribution	Contribution
NHS Norfolk and Waveney ICB	£73,032,095
Total NHS Minimum Contribution	£73,032,095

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below

No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding

Total Additional NHS Contribution	£0	
Total NHS Contribution	£73,032,095	

	2021-22
Total BCF Pooled Budget	£121,808,441

Funding Contributions Comments	
Optional for any useful detail e.g. Carry over	
N/A	

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board:

Norfolk

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£9,157,782	£9,157,782	£0
Minimum NHS Contribution	£73,032,095	£73,032,096	-£1
iBCF	£39,618,564	£39,618,564	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	£121,808,441	£121,808,442	-£1

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£20,713,522	£32,452,178	£0
Adult Social Care services spend from the minimum ICB allocations	£36,047,639	£47,013,190	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

One or more Funding Sources have an underspend/overpend (see first table at top of this sheet)

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Expenditure								
						Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Norfolk Advice Network and Advocacy	Provider: Age UK, Equal Lives To provide a single point	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		Joint	2.8%	97.2%	Charity / Voluntary Sector	Minimum NHS Contribution	£1,057,178	New
2	A Social Impact Bond for Carers	Provider: Carers Matter Norfolk To support carers to	Care Act Implementation Related Duties	Carer advice and support		Social Care		Joint	12.7%	87.3%	Private Sector	Minimum NHS Contribution	£1,318,000	Existing
3	Community Nursing and Occupational	Community nurses and OTs working in the community to help	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£10,356,918	Existing
4	Dementia/Alzheimer's Support	Support & advice service and funds support workers.	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£311,487	Existing
5	Early Help Hub	Provider: Great Yarmouth Borough Council	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		CCG			Local Authority	Minimum NHS Contribution	£12,000	Existing
7	Homeward	Planned discharge care (including cancer care)	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£1,507,780	Existing
8	RATS & Virtual Ward	Planned discharge care (including cancer care)	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£1,915,151	Existing

9	ICES	Provider: Nottingham Rehab Services To facilitate people to	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	92.8%	7.2%	Private Sector	Minimum NHS Contribution	£7,058,708	Existing
10	Integrated Care Coordinators	Provider: Norfolk County Council A first point of contact	Integrated Care Planning and Navigation	Care navigation and planning		Primary Care		Joint	90.2%	9.8%	Local Authority	Minimum NHS Contribution	£660,944	Existing
11	Intermediate Spot Purchase Beds	Accommodation based commissioning.	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Private Sector	Minimum NHS Contribution	£1,911,490	Existing
12	Equipment at home (BOC)	Oxygen at home service	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			Private Sector	Minimum NHS Contribution	£30,414	Existing
13	Early Interv. & Discharge Liaison Teams & Co-	Admission avoidance, early intervention and inpatient discharges	Integrated Care Planning and Navigation	Care navigation and planning		Acute		CCG			NHS Community Provider	Minimum NHS Contribution	£1,006,384	Existing
14	Medical Loans Service & Care Navigation	Provider: British Red Cross Short term loans of	Assistive Technologies and Equipment	Community based equipment		Primary Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£178,501	Existing
16	Meds Management	Arden and GEM Commissioning Support Unit funds advice, help	Other		Information and advice on managing	Community Health		CCG			Local Authority	Minimum NHS Contribution	£291,104	Existing
17	Equal Lives	Provider: Equal Lives Supporting people to empower themselves to	Integrated Care Planning and Navigation	Care navigation and planning		Other	information, advice and support service	CCG			Local Authority	Minimum NHS Contribution	£146,078	Existing
18	Norfolk Volunteer Services	Provider: Voluntary Norfolk Encourages and enables	Enablers for Integration	Voluntary Sector Business Development		Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£220,150	Existing
19	Palliative Beds & Hospice	Accommodation based commissioning.	Residential Placements	Nursing home		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£768,399	Existing
20	Norfolk First Response - Reablement	Provider: Norfolk County Council NFR Reablement	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		Joint	12.2%	87.8%	Local Authority	Minimum NHS Contribution	£8,436,917	Existing
20	Norfolk First Response - Referrals	Provider: Norfolk County Council Provides intensive	Reablement in a persons own home	Reablement service accepting community and		Social Care		CCG			Local Authority	Minimum NHS Contribution	£1,328,000	Existing
21	Swifts and Nightowls	Provider: Norfolk County Council 24 hour, rapid response	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Social Care		Joint	83.9%	16.1%	Local Authority	Minimum NHS Contribution	£1,550,000	Existing
22	Sensing Change	Social Work Practice providing a range of services including social	Prevention / Early Intervention	Risk Stratification		Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£7,500	Existing
23	Safe at Home	Handy person service in Great Yarmouth and Waveney	DFG Related Schemes	Handyperson services		Social Care		CCG			Local Authority	Minimum NHS Contribution	£31,720	Existing
24	Weight Management Scheme	Scheme to support people at risk of further health conditions due to	Prevention / Early Intervention	Risk Stratification		Primary Care		CCG			Private Sector	Minimum NHS Contribution	£479,414	Existing
25	Dementia/Alzheimer's Support	Specialist dementia nurses who give expert practical, clinical and	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Local Authority	Minimum NHS Contribution	£224,792	Existing

26	Neuro Cardiac & Pulmonary Support Services	Specialist Community Nurses - Neuro Cardiac & Pulmonary Support	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£491,676	Existing
27	Specialist Nursing Teams	Specialist Nursing Teams to support people in the community	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£496,008	Existing
28	Mid Norfolk Heartwork	To provide a structured, supervised exercise scheme which will	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£8,258	Existing
29	Norfolk & Norwich Scope Association	Improving children's physical and cognitive skills	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£15,809	Existing
30	Norfolk Deaf Association	Aims to relieve the Audiology depts workload as well as help	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£248,561	Existing
31	Stroke Association	Provides a range of community stroke support services in the	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£118,989	Existing
32	Together	The Health and Wellbeing Volunteer Service will be available	Reablement in a persons own home	Preventing admissions to acute setting		Mental Health		CCG			Local Authority	Minimum NHS Contribution	£399,971	Existing
33	NEAT	Network of Escalation Avoidance Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Other	Acute and Social Care	CCG			Local Authority	Minimum NHS Contribution	£615,279	Existing
34	Discharge Practitioner Services	Funding of practitioners to support multi-agency discharge teams.	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Acute		CCG			Local Authority	Minimum NHS Contribution	£62,448	Existing
35	Staff recharges - GP's & Ass. Practitioners	Work focussed on healhier communities, better healthcare for	Care Act Implementation Related Duties	Other	Staffing charges for GP's and AP's.	Other	Primary and Social Care	CCG			Local Authority	Minimum NHS Contribution	£184,762	Existing
36	SOS Bus	Provides a first point of contact, support and first aid to people who are	Prevention / Early Intervention	Other	Information, advice and support focussed	Primary Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£118,305	Existing
37	Social Prescribing	A community wellbeing service that focus' on improving wellbeing. A	Prevention / Early Intervention	Social Prescribing		Primary Care		CCG			Private Sector	Minimum NHS Contribution	£1,708,423	Existing
38	Eating Disorders	To provide a range of services to support clients with an eating	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£96,778	Existing
39	Voluntary Sector MH Services	works in partnership with over 20 voluntary and community groups	Enablers for Integration	Voluntary Sector Business Development		Mental Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£530,959	Existing
40	West Norfolk Carers Project	Independent charity supporting unpaid family carers & creating a	Carers Services	Other	Information, advice and support service	Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£31,172	Existing
41	Care Navigators	Supports older people to 'navigate' their way around health, social	Integrated Care Planning and Navigation	Care navigation and planning		Other	primary and Social Care	CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£68,038	Existing
42	Day Centres / Daycare	Marion Road Day (norwich)Centre & Glaven Day Centre	Home Care or Domiciliary Care	Other	Day Care Centres	Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£69,719	Existing
43	Wellfamily Services	Well Family is a one stop health and wellbeing service comprising a	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£76,340	Existing

44	St. Martin's Hub	Provides emergency accommodation and support for rough	Housing Related Schemes			Mental Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£64,426	Existing
45	West Norfolk Disability Information	Provides a range of information and support to all disabled people,	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£13,248	Existing
46	GP / Medical cover for Intermediate Care Beds	GP medical cover to intermediate care services help people to	Bed based intermediate Care Services	Other	GP cover of our bed based intermediate	Primary Care		CCG			Private Sector	Minimum NHS Contribution	£18,500	Existing
47	ASD / ADHD / Asperger's Support	offers personal, friendly assistance for everyone with Asperger syndrome	Prevention / Early Intervention	Risk Stratification		Mental Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£295,725	Existing
48	Transport Plus	Provision of transport using volunteer drivers to enable access to	Community Based Schemes	Other	Transport	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£37,660	Existing
49	West Norfolk Community Action Norfolk	CAN is the leading organisation for engagement with the	Enablers for Integration	Voluntary Sector Business Development		Other	Spend is across all areas of health and social care.	CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£40,000	Existing
50	West Norfolk Community Transport	To provide day to day management of a bank of drivers, and to	Community Based Schemes	Other	Transport	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£26,014	Existing
51	Home Support Tactical Winter Plan	Provider: NCC Home Support Framework Schemes aimed to	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,200,000	New
52	Learning Disability Beds	Accommodation based commissioning.	Residential Placements	Learning Disability		Community Health		CCG			Private Sector	Minimum NHS Contribution	£667,428	Existing
56	District Direct	Provider: District & Borough Councils District Council expertise	High Impact Change Model for Managing Transfer	Housing and related services		Acute		Joint	30.5%	69.5%	Local Authority	Minimum NHS Contribution	£151,180	Existing
57	Dementia Support SLA	Support for people with Dementia	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Private Sector	Minimum NHS Contribution	£100,000	Existing
60	Out of Hospital / Short Term Offer	Bed based reablement offer and hospital social work teams	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum NHS Contribution	£7,532,800	Existing
61	Brokerage	Brokerage Team Staff	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Private Sector	Minimum NHS Contribution	£32,000	New
62	Social Care and Health Partnership Commissioning	Joint Commissioning Team across NCC & CCG	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Local Authority	Minimum NHS Contribution	£240,000	Existing
63	Integrated Quality Team	Joint Quality Team across NCC & CCG	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Local Authority	Minimum NHS Contribution	£250,000	Existing
64	LD, MH and Autism Packages of Care	Care services for people with LD, MH and Autism	Residential Placements	Other	LD / MH / Autism residential care	Social Care		LA			Local Authority	Minimum NHS Contribution	£12,437,450	Existing
64	LD, MH and Autism Packages of Care	Care services for people with LD, MH and Autism	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum NHS Contribution	£3,053,209	Existing
65	BCF Health and Wellbeing Partnership Funds	Provider: Norfolk's Health and Wellbeing Partnerships	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Private Sector	Minimum NHS Contribution	£576,181	New

66	Home from Hospital	Provider: British Red Cross The services will support	High Impact Change Model for Managing Transfer	Housing and related services		Social Care		Joint	26.6%	73.4%	Private Sector	Minimum NHS Contribution	£145,751	Existing
67	Disabled Facilities Grant	Spend on DFG's by our district and borough councils	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£9,157,782	Existing
70	ASC Core Care Services (underlying spend	Covering market pressures	Residential Placements	Other	Covering Market Pressures	Social Care		LA			Local Authority	iBCF	£15,412,985	Existing
70	ASC Core Care Services (underlying spend	Covering market pressures	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£6,586,708	Existing
71	Younger Adults Residential Price Uplift for those	Residential placements for younger adults	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£370,000	Existing
72	Home Care Framework and Rate increase	Home care services across Norfolk.	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£2,202,000	Existing
73	Older People Cost of Care Exercise 2018/20	Covering market pressures	Residential Placements	Other	Covering Market Pressures	Social Care		LA			Local Authority	iBCF	£2,681,196	Existing
73	Older People Cost of Care Exercise 2018/20	Covering market pressures	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	iBCF	£1,145,804	Existing
74	Younger Adults Demography and Pressures 2019/20	Covering market pressures	Residential Placements	Other	Covering Market Pressures	Social Care		LA			Local Authority	iBCF	£1,348,872	Existing
74	Younger Adults Demography and Pressures 2019/20	Covering market pressures	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£331,128	Existing
75	Hard to Reach Homecare services	Home Care services targeted at hard to reach areas.	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£144,000	Existing
76	DOLS	Deprivation of Living Safeguards	Care Act Implementation Related Duties	Other	Deprivation of Living Safeguards	Social Care		LA			Local Authority	iBCF	£225,000	Existing
77	Enhancement to Social Care Capacity 2018	Additional Social Work Capacity	Care Act Implementation Related Duties	Other	Additional Social Work Capacity	Social Care		LA			Local Authority	iBCF	£2,342,000	Existing
78	Former Protection of Social Care	Protection of Social Care	Residential Placements	Other	Protection of Social Care	Social Care		LA			Local Authority	iBCF	£3,573,060	Existing
78	Former Protection of Social Care	Protection of Social Care	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	iBCF	£1,526,940	Existing
79	MH Capacity (evolve and practitioners)	MH Capacity	Care Act Implementation Related Duties	Other	MH Capacity	Social Care		LA			Local Authority	iBCF	£200,000	Existing
80	Provider Liaison Service	The service will liaise with hospital discharge staff and advocate for	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Social Care		LA			Local Authority	iBCF	£167,000	New
81	The Old Maltings service provision	Housing with Care service	Housing Related Schemes			Social Care		LA			Private Sector	iBCF	£179,000	Existing

82	Practice Educator Lead	Practice Educator Lead to support good practice.	Enablers for Integration	Workforce development		Social Care		LA			Local Authority	iBCF	£54,000	Existing
83	Autism Diagnostic Service	Autism Diagnostic Service	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	iBCF	£67,000	Existing
84	Technology for agile working	Support agile working for SW Teams	Enablers for Integration	Workforce development		Social Care		LA			Local Authority	iBCF	£42,000	Existing
85	Winter Pressures Project Support	Coordinating Winter Planning for ASC	Enablers for Integration	Programme management		Social Care		LA			Local Authority	iBCF	£50,000	Existing
86	Short Term Beds	Provision of Short Term Beds to support Discharge	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£969,871	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board:

Norfolk

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	194.2	176.4	187.8	156.3	2020-21 Actual = 803	For 2022-23 we are continuing to focus on and invest in (a) planned care/prevention schemes to reduce the likelihood of health/social care crises occurring and (b) urgent community response AA initiatives
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan	2021-22 Forecast/Plan = 985	
	Indicator value	185	182	189	173	2021-22 Actual = 715	

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.2%	92.3%	92.3%	91.8%	Q1 actual, Q2-4 utilises Q1 actual and 21/22 FY for baseline, seasonality applied, linked to operational planning submission.	The percentage of people discharged to their normal place of residence in quarters 1-4 of 2021/22 was 92.15%. We are expecting to achieve a similar figure in 2022/23. We have a number of services in the BCF aiming to support people back to their normal place of residence, including our reablement schemes, aimed at helping people to be as independent as possible: Short Term Offer, bed based reablement
	Numerator	18,811	18,511	17,760	16,572		
	Denominator	20,407	20,048	19,233	18,044		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)	92.0%	92.3%	92.4%	91.9%		
	Numerator	16,838	19,917	20,040	19,043		
	Denominator	18,295	21,572	21,695	20,722		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	553.8	551.1	574.2	607.3	Activity remains high due to high volumes of hospital discharges for older people with a high level of need. Numerator for both 21/22 and 22/23 augmented to allow for the higher population estimates listed	Our focus remains on assessing and reviewing people in the community, rather than in hospital, supporting maximum return to independent living and facilitating moves from short-term care back into peoples' own homes (rather than
	Numerator	1,248	1,265	1,318	1,416		
	Denominator	225,343	229,546	229,546	233,182		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.4%	84.8%	85.9%	86.5%	System has not seen a dramatic fall in capacity. The figures included are much lower as the indicator has only included data for a 3-month period (Oct-Dec) as per the ASCOF guidance.	D2A is significantly re-shaping demands on reablement and home support within Pathway 1, with Norfolk's reablement services (funded via BCF) playing a critical role in supporting people in the community. Volumes of discharges into
	Numerator	1,586	1,636	481	485		
	Denominator	1,880	1,930	560	561		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Norfolk

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Narrative plan: Page 2 describes how we engaged with partners across the system and the conversations we have had with them about the BCF over the past year as part of our BCF review work.		
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20BLISS	Narrative plan	Yes	We have used the given narrative plan template which has guided us through each of these sections.		
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	This is detailed on page 12 of the narrative plan, and in the further document "Integrated Housing and Adaption Teams Prevention and Promoting Independence plan for 2021/22" which we attached to our submission.		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	PR6	Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	Yes, this begins on page 12 of our Narrative Plan, and specifically details some of the BCF services that support us in delivering safe and timely discharge with a Home First focus. Page 2 details how we engaged with partners, including our hospital trusts to develop our BCF plans.		

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	- Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) - Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) - Has the area included a description of how BCF funding is being used to support unpaid carers? - Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes				
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	- Have stretching ambitions been agreed locally for all BCF metrics? - Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes				

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type. Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also each copy in your respective Better Care Manager)

If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance available on Gov.uk)

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -

<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>

We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services

- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest level of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services at a given time.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Norfolk
Completed by:	Nick Clinch
E-mail:	nicholas.clinch@norfolk.uk
Contact number:	01603 223329
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off
If no, please indicate when the report is expected to be signed off:	Wed 09/11/2022
<< Please enter using the format, DD/MM/YYYY	
Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):	
Job Title:	n/a
Name:	n/a

How could this template be improved?	Recommend increasing the space in the boxes to add assumptions to accompany the data. This has been manually achieved by adapting the row height.

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

Norfolk

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -

<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	6709	6890	6736	6460	6236	6730
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	722	722	713	697	663	691
2: Step down beds (D2A pathway 2)	395	395	390	382	363	376
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	333	332	327	322	305	315

Any assumptions made:

- 1) Norfolk and Waveney acute hospital activity (excluding South Waveney and Lowestoft PCN), with JPUH activity based on an apportionment of 52.3% of all Norfolk and Waveney activity recorded from JPUH (21/22 apportionment).
- 2) Breakdown by pathway based on nationally submitted Discharge Daily Sitrep data

!!Click on the filter box below to select Trust first!!

Trust Referral Source
as many as you need

(Select)

Demand - Discharge

Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	2004	2233	2136	1916	1937	2302
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	777	796	764	742	716	790
2: Step down beds (D2A pathway 2)	3928	3861	3836	3802	3583	3638
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	100	111	106	95	96	115
	6	6	6	6	5	6
	616	605	601	596	562	570
	38	43	41	37	37	44
	26	27	26	25	24	26
	331	325	323	320	302	306
	6	7	7	6	6	7
	54	56	53	52	50	55
	273	269	267	264	249	253

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board:

Norfolk

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	1) UCR activity 2 hour responses only, as reported in locally collected UCR data for Norfolk (excluding South Waveney and Lowestoft). 2) 2 day reablement responses as reported by Norfolk County Council in locally collected UCR dataset. 3) Bed based intermediate care based on activity in NCH&C and ECCH intermediate care beds, where referral source reported as patient home/care home. 4) VCSE demand has been matched with the capacity forecast in 4.2 as both are based on historic demand data.

Demand - Intermediate Care						
Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	100	100	100	100	100	100
Urgent community response	1844	1703	1850	1837	1624	1892
Reablement/support someone to remain at home	265	310	237	265	268	357
Bed based intermediate care (Step up)	7	11	11	17	15	17

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Norfolk

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:

- 1) Metric used = 'number of new referrals that can be accepted by the service in the month'. Metric confirmed as acceptable by national BCF team via email 18/08/2022.
- 2) Same local MDT teams deliver Pathway 1 and UCR responses - forecasts have been split to reflect this across sheets 4.1 & 4.2 using historic ratios.
- 3) UCR figure is shown as Zero as capacity data is not available as a separate figure for UCR, it is delivered as part of reablement/rehabilitation in the person's home.
- 4) Pathway 2 contains health-led rehabilitation beds, social care-led reablement beds and commissioned IC beds in private sector homes with inreach therapy. No spot purchase beds included in forecast. Where available, bed occupancy and ALoS were used in calculations.
- 5) Capacity is currently impacted by staff vacancies + recruitment challenges.
- 6) Residential care that is expected to be long-term (discharge only) is shown as Zero. All cases are either discharged home with no support (Pathway 0), home with support Pathway 1 or to short-term bed-based Intermediate Care (Pathway 2/3) for recovery, rehabilitation and/or reablement support to improve independence, quality of life and functional capabilities - if appropriate, an assessment of longer term needs via the Care Act will take place whilst the person is in the short-term IC placement resulting in either a package of care/support to return home or a transfer or care to a long-term placement.

Capacity - Hospital Discharge							
Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	100	100	100	100	100	100
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	541	608	577	572	552	585
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	163	159	163	163	151	163
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board:

Norfolk

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:

- 1) Metric used = 'number of new referrals that can be accepted by the service in the month'. Metric confirmed as acceptable by national BCF team via email 18/08/2022.
- 2) Same local MDT teams deliver Pathway 1 and UCR responses - capacity forecasts have been split across sheets 4.1 & 4.2 using historic ratios.
- 3) UCR figure is shown as Zero as capacity data is not available as a separate figure for UCR, it is delivered as part of reablement/rehabilitation in the person's home.
- 4) Step Up shows health-led rehab beds and commissioned IC beds in private sector homes with inreach therapy. No spot purchase beds or reablement beds are included in the forecast. Step Up data is not available for reablement. Where available, bed occupancy and ALoS were used in calculations.
- 5) Capacity is currently impacted by staff vacancies + recruitment challenges.

Capacity - Community		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service Area	Metric						
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	100	100	100	100	100	100
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	628	665	648	645	634	653
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	16	16	16	16	16	16

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board:

Norfolk

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£30,824,968
BCF related spend	£30,824,968

Comments if applicable	Currently, we have only been able to accurately identify spend on intermediate care services within the BCF, but are working to do this for wider spend.

**Report title: Integrated Adult Social Care and Integrated Care Board,
Winter Plan for 2022/23**

Date of meeting: 09 November 2022

Sponsor

**(ICP member): James Bullion, Executive Director of Adult Social Services.
Tracey Bleakley, Chief Executive, Norfolk and Waveney
Integrated Care Board.**

Reason for the Report

Adult Social Care and the then Clinical commissioning Group (CCG) presented an integrated winter report to the Norfolk Health and Well Being Board on 1 December 2021. Ahead of winter this year we would like to apprise ICP members of work being undertaken to support a resilient system able to face the impact of the colder months and the rise in demand that this traditionally places on our health and care system. This report also notes that the 'traditional' lull in pressure during the summer months once again did not happen, placing increasing pressure on all staff and providers within our system.

Report summary

The Care Quality Commission State of Care Report published on 21 October 2022 stated that our national health and care system is in gridlock, having a 'huge negative impact on people's experiences of care', ([Go to the Care Quality Commission website to view the summary](#)). Our Norfolk and Waveney ICS is no exception, with issues of ambulance response times, longer stays in hospital, access to care in the community for example, set against a backdrop of staff shortages and recruitment issues across the whole of the system. The COVID-19 pandemic has also taken a toll on our workforce, with staff leaving the health and care sectors impacting on resilience and capacity.

These pressures on our health and care system have remained in place all through the summer and we now face a season with uncertainty regarding flu activity, an increase in respiratory issues, and of potential further outbreaks of Covid-19 or the emergence of new variations, as people are facing increasing cost of living expenses and hardship. Imperial College London modelling for the World Health Organisation (WHO) suggests planning for a winter with a similar number of emergency admissions as the previous two years. Emergency admissions have reduced due to lockdowns / other restrictions and have fallen below the expected baseline up to summer 2022 but we may see a particularly acute resurgence if flu and covid admissions peak at the same time.

Initiatives will help our population live as health life as possible during winter through working together to help support communities to remain resilient, address inequalities and prioritise prevention. Activity is grouped under four key strategic areas; Meeting people's needs, Resilient community and care systems, Supporting the provider market and Business Recovery.

Given the year-round pressure, much activity is not new for winter but has been developed and refined, in order to respond to demand with new initiatives being considered and developed. It builds upon collaborative, integrated working developed during the COVID-19 pandemic.

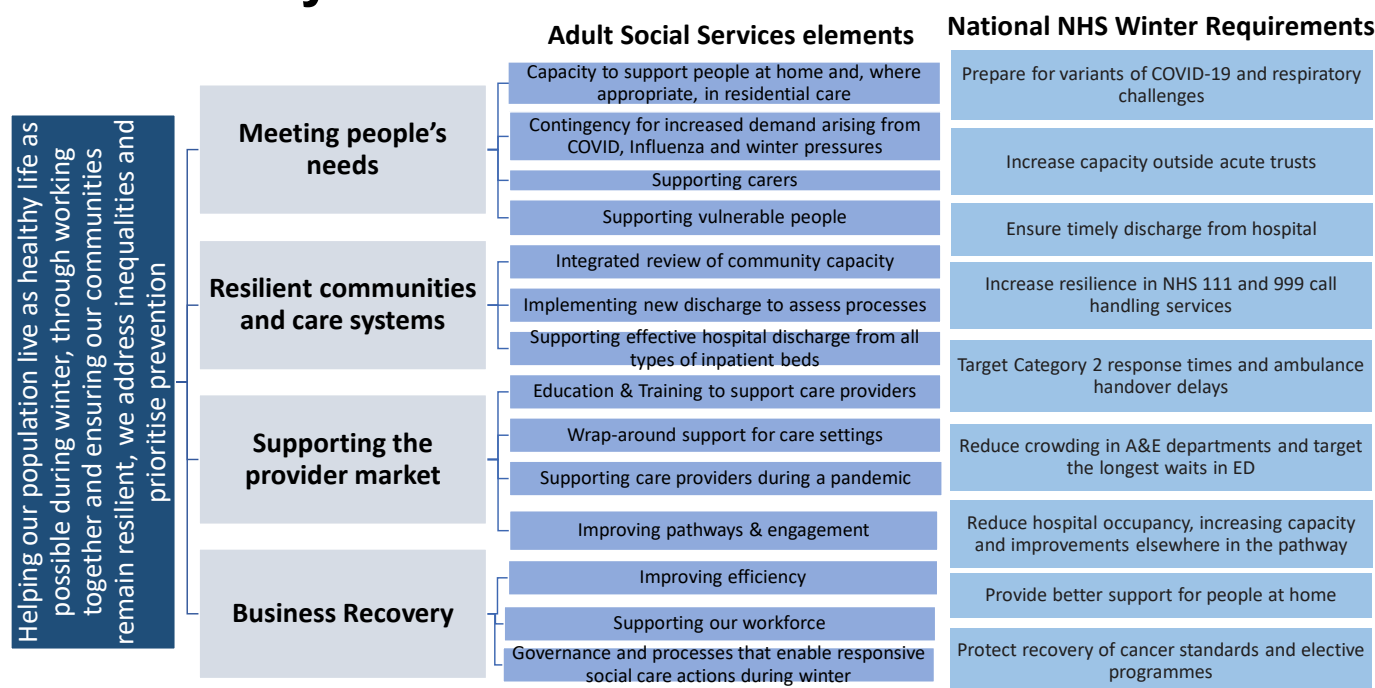
Whilst there is no national Social Care Winter Plan to deliver against this year, NHSE have set out 8 core objectives designed to increase capacity and Operational resilience in Urgent and Emergency Care ahead of Winter. Our Integrated Care System has been awarded £11m from NHSE to; increase "bed" and / or "bed equivalent" capacity in people's homes or in the community,

to improve discharge for individuals, maintain the elective recovery programme and cancer care pathways and accommodate surges in demand in urgent and emergency care that are anticipated this winter.

This report sets out a Winter Framework of key activity planned across Adult Social Care and NHS Norfolk and Waveney, to support system resilience over the coming months to meet the needs of the population of Norfolk and Waveney. The framework supports our organisations at system and place level, to maintain high quality and safe service provision in a climate of increasing pressure as we continue as an Integrated Care System to recover from the COVID pandemic and prepare to face the additional strain that winter and cold weather inevitably bring.

The ICB has appointed a Winter Director and in line with national requirements, an integrated System Control Centre will be set building on the existing resilience and collaborative working within the ICS. It will not monitor the winter framework plan but will be responsible for the day to day monitoring, support and escalation of operational issues. It will adopt a responsive daily approach showing what is working and what isn't so that plans can be adapted and flexed according to need giving a level of 'grip and control' required to manage the combined pressures of winter.

Summary: Winter Framework 2022/23



Recommendations

The ICP is asked to:

- a) Endorse the plan and work being carried out across social care and health to support the system and residents of Norfolk and Waveney during the coming months, and for partners to commit to working collaboratively to promote and support the plan.

2.1 Background

- 1.1 Adult Social Care and CCG (now ICB) presented an integrated winter report to the Norfolk Health and Wellbeing Board on 1 December 2021, this was well received and endorsed by the Board.

- 1.2 As with last year, the system has not experienced a summer where pressures have abated. So, although winter is not an emergency or considered an unusual even, it is traditionally recognised as a period of increased pressure due to demand both in the complexity of people's needs and the capacity demands on resources within social care and the wider system, this winter will present greater challenges than in previous years.
- 1.3 The framework is a dynamic plan, where activity will adapt and change to respond to developing needs and policies.
- 1.4 The rising cost of living further disadvantage vulnerable communities and many households will be at greater risk of both hardship and reduced opportunity, health, and well-being.
- 1.5 The framework focusses on adult social care and health initiatives that include better support for people at home, children and young people, adult mental health services, we have also given an overview of place-based initiatives being delivered at Health and Wellbeing Partnership and Place Board levels.
- 1.6 It sets out initiatives in the community; Primary Care, Hospitals, Ambulance Service NHS 111 and 999 services, preparations for respiratory challenges including variants of COVID-19.

2.2 Winter Plan initiatives

- 2.1 The COVID-19 pandemic has placed strain on Norfolk's social care and health system, and a risk remains of further outbreaks during winter. In addition, winter often brings with it untoward events such as widespread infectious diseases including pandemic flu which can affect our residents and staff alike. This has also taken a toll on our workforce, with staff leaving the health and care sectors impacting on resilience and capacity
Much of what is happening or being planned is not specifically new for winter but is a continuation of the system response to the continual year round pressure, So whilst winter is not an emergency or considered an unusual event but is traditionally recognised as a period of increased pressure due to demand both in the complexity of people's needs and the capacity demands on resources within social care and the wider system, this winter will present greater challenges than in previous years.

2.2 Meeting People's Needs:

- 2.2.1 **Norfolk County Council's Tactical Home Care Improvement Plan:** A number of key deliverables are in progress to ensure winter readiness. They include; commissioning additional block provision, opening up the home care framework and working with new providers, an enhanced home care discharge rate, additional double up capacity and targeted work to reduce the Interim Care list to give customers a longer term solution. Provider support is a vital component of the work with a collaborative approach being developed with place based commissioners to be able to respond swiftly to increasing demand. A collaborative prevention model is being developed to ensure an early detection triage process for referring people to community and VCSE support where their needs could be best met rather than a formal care package. Circa 2500 additional home care hours are being commissioned to further support people in their own homes. Assistive Technology Practitioners are reviewing patient discharge pathways and offer GPS pendants and telephone support to social workers.
- 2.2.2 **Intermediate Care Beds within nursing and residential:** Adult social care have been working with ICB and community health colleagues to stand up intermediate care beds as part of the key part of the system's bed-based offer for hospital discharge. Wrap around support from community health will provide wrap around recovery support.

- 2.2.3 **Waveney:** Key activity in Waveney includes encouraging overseas recruitment to support Home Care Capacity and commissioning of a Provider of Last Resort to pick up care packages from HomeFirst in order to free up reablement capacity to support with hospital discharges. An increased Home Care rate is being offered to providers for new care delivered in the rural areas where it is most difficult for providers to cover. Additional block beds have been commissioned until April 2023, providing solutions for a range of complexities.
- 2.2.4 **Community Step Down model – Housing with Care Flats:** A model has been developed between Norfolk County Council, Housing Providers (Broadland and Saffron Housing) and the ICB to make use of Housing with Care flats, as part of a Community Step Down model. In October we expect the first flats to be made available for people who are awaiting a care package to return home but are currently in an Intermediate Care bed. This is an opportunity to support people in an Independent Living environment but with access to 24/7 support, whilst their longer-term care package is being sourced. In addition to this, one of the other primary benefits of this model is to free up Intermediate Care beds that in turn will be used to support people who need to be discharged from the three acute hospitals.
- 2.2.5 **Infection Prevention and Control (IPAC):** protocols are in place to manage and contain outbreaks of flu and Covid-19, pre-discharge testing for patients discharged to care settings and supporting and monitoring the care market to ensure a consistent IPAC approach. Care home capacity with wraparound care to support reablement and onward progression has been commissioned in Norwich and South Norfolk. Additionally, virtual wards are being scaled up to include community access pathways including frailty support.
- 2.2.6 **Mental Health:** There are a number of operational schemes to support seasonal pressures for people with mental health needs in 5 key areas; Admission avoidance, decreasing ambulance conveyance, reducing the pressures on emergency departments, decreasing length of stay and improving hospital discharge. District Direct is now supporting people with Mental Health issues being discharged from hospital, reducing barriers to housing.
- 2.2.7 **Children & Young People (CYP):** NHSE initiatives focus on providing an alternative to A&E for CYP in a crisis supported by the voluntary sector, providing alternative respiratory pathways to reduce the pressure on Emergency Departments as well as additional support for discharge across the 3 acutes. Improved targeted support has been introduced at the front door for families to Just One Norfolk.
- 2.2.8 **Primary Care:** 80% of urgent care is delivered in general practice. Year to date in August, 41% of appointments were delivered on the day and 41% within 1-14 days. In August, 73% of appointments were delivered face to face, compared to 66% nationally. This percentage is 10% less than pre-pandemic and is in line with the national Digital First strategy and the changing preferences of the population for online or telephone appointments. N&W ICB has invested £142k of resilience funding into 14 GP practices to support strengthening resilience and we are continuing to work directly with the 6 practices rated inadequate by the Care Quality Commission. We are sharing training and best practice on preparing for a CQC inspection with all practices PCN enhanced access services have commenced to improve access for patients. We have commissioned a proactive healthcare service which enables practices to put in place interventions designed to reduce impact on the rest of the system. All 105 practices have signed up to the scheme. Examples are the Norwich home visiting service, discharge support and admission avoidance schemes. The direct care workforce has increased (e.g., pharmacists, physios and healthcare assistants). In August there were 798 staff providing 579 whole time equivalents, 27% of whom are over 55 years. This compares to 740/530 a year ago. On 1 October, Primary Care Networks enhanced access services commenced. This provides 1,121 hours per week of additional

appointments, bookable in advance and on the day until 8pm on weekdays and 9am-5pm on Saturdays and has been designed following engagement with patients. NHSE funding has been used to increase the number of Social Prescribers with new posts at each of the acute hospitals supporting patients in the Emergency Departments and at discharge including promotion of Personal Health Budgets. Two Social Prescribers have been allocated to the ambulance service and will go out with crews to calls where they can offer support.

- 2.2.9 **Carers:** The Carers Matter Norfolk and Family Carers Suffolk services, offer Information advice, assessment and support, carers breaks, access to a health and wellbeing fund and Welfare advice. Over the winter more resource will go in to providing advice focussing on enable carers to access additional financial support to cope with cost of living concerns such as heating and food resources. The service is working to raise the profile of carers with other agencies carers may come in to contact with, so that carers can be identified, and the most appropriate support can be offered.

2.3 Resilient communities and care systems:

- 2.3.1 Expansion of support from VCSE providers for example, Voluntary Norfolk COVID volunteers are being recruited to support residents recently discharged from hospital and will be able to assist with non-CQC regulated tasks. Age UK Norwich have been commissioned to offer additional health coaching and support in the community for those struggling with complex issues. A number of cost of living support schemes are being promoted to ensure people that needs support can find help when needed. Self-directed support and use of Direct Payments is being promoted to give access to untapped support in the community. All three HomeFirst Hubs, working to support hospital discharge, are funded to year end with substantive recruitment offered by providers to secure workforce.
- 2.3.2 **Keep Well Keep Warm campaign:** This system wide prevention campaign has been launched to support people to keep well in the coming months. A communications and marketing will run until March 2023 asking residents whether they are 'winter ready?'. Resources encourage and support residents to stay warm and well as well as helping friends and family to do the same. Winter wellness tips and advice to look after your mental health will form part of the campaign with further advice on hardship and fuel poverty support. [To find out more about this campaign go to the integrated care system website Warm and Well - Norfolk & Waveney Integrated Care System \(ICS\).](#)
- 2.3.3 **Increase Resilience in NHS 111 and 999 Services:** As EEAST Winter Plan includes recruitment of additional call handlers to improve call answer times and the 111 service regionally is moving towards a centralised call centre, providing economies of scale whilst enabling improved call answering times for 111, reducing delays, improving patient experience and improved redirection of ambulance resource. Work to improve hospital discharge will provide additional capacity to admit patients, reducing ambulance waiting times so that they are able to attend to emergency calls as needed.

2.4 Supporting the provider market:

- 2.4.1 Our Home Care Contingency Framework will help manage provider and place level resilience and risk. E-Brokerage is freeing up time, enabling more direct work to support providers. There has been an expansion of Norfolk Care Academies offering free training based on the Care Certificate, to encourage new care workers into the sector. Training through the Enhanced Health and Wellbeing in Care programme is supporting providers to safely help individuals with a growing complexity of need exacerbated by winter conditions. There is joint working across health and social care to promote the Flu and COVID vaccination programme for staff and residents. The Integrated Community Equipment

Service will be increasing its provision to support providers with access to equipment. IC24 are providing additional care home support with 'virtual' ward rounds at the weekends, helping to increase capacity outside acute trusts.

2.4.2 Workforce: Health and Social care have joined up to carry out a large scale recruitment drive, coordinating activities across ICS organisations to improve recruitment, retention and well-being of our staff. The campaign utilises the Norfolk Care Careers website, with health also promoting the call up of reservists to support key areas of work such as the vaccination programme and ambulance handover delays.

2.4.3 Incentives for staff include increased fuel payments for home care workers and the Blue Light card for the social care workforce, to assist with the cost and living and retention of workers. Work to improve the welfare and resilience of senior managers across health and social care working in operational roles, is being developed, supported by a staff survey to inform actions. Targeted recruitment for specialist groups such as therapist to support with care home residents looking to move back to their homes, is also ongoing.

2.5 Business Recovery:

2.5.1 Adult Social Care – Work continues on a recovery programme to reduce the effects of the pandemic. There are a number of workstreams focussed on managing the demand on social care, improving efficiency, adopting a 'trusted assessment' approach, to speed up processes to ensure individuals receive the right care at the right time.

2.5.2 Elective Recovery and Cancer Care Pathways – The three acute hospital Trusts are broadly on target to deliver recovery trajectories for both the elective and cancer care pathways. There remains significant challenge to deliver (the wider winter pressures, surges in 2 weeks wait demand place additional pressure on diagnostic and treatment capacity, staffing issues) which is being overseen via the national/regional tiering process with support from the Elective Recovery Programme.

2.5.3 IT and Data sharing. Agreed commonality around data and the creation of a dashboard to support accessibility for staff, is fundamental to the recovery programme System level work is underway to develop an improved understanding of the systems involved and a commonality across health and social care particularly in relation to hospital discharge.

3. Place Base Working: Health and Wellbeing Partnerships and Place Boards

3.1 Place Boards and Health and Wellbeing Partnerships are leading on wide ranging initiatives that support residents and communities. For Districts and the Housing Sector, the pressures of housing, benefit issues, and debt are immense. Winter is categorised as hardship and cost of living pressure, all of which can lead to mental health and low health and well-being issues that impact on the health system, so support for these issues is important.

3.2 The Health and Wellbeing Partnerships have been able to utilise Public Health Covid recovery funding and Better Care funding for projects, which whilst not directly related to winter, support and help build resilience in people and their communities. The themes of work across the partnerships and board include; support for those waiting elective surgery to remain well at home reducing falls and deconditioning, help with mental health, access in to Active Now exercise programmes, hardship support and referral pathways to practical support maximising the opportunities to link people in with support networks, debt, benefits, fuel and food support.

4. Governance

- 4.1 Day to day operational issues will be monitored by the 24/7 System Control Centre with a clear system support and escalation process in place. It will adopt a responsive daily approach showing what is working and what isn't so that plans can be adapted and flexed according to need giving a level of 'grip and control' required to manage the combined pressures of winter.
- 4.2 There will be ICB level oversight of Winter Plans and performance within the Transformation and recovery supporting Board structure; the UEC Board, Discharge Board and Elective Recovery Board and will report into the Norfolk and Waveney Integrated Care Board.
- 4.3 The NCC Adult Care Winter Plan will be taken to Cabinet in December 2022. Activity will be monitored regularly at the Internal Capacity Meetings and reported to the Director Leadership Team.
- 4.4 The Adult Care Services Senior Management Team will have oversight and governance of the Waveney plan.

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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Report title: Health and Wellbeing Partnerships Update

Date of meeting: 09 November 2022

Sponsor

(ICP member): Dr Louise Smith, Director of Public Health

Reason for the Report

This report is to update the Integrated Care Partnership on the latest developments of the Local Health and Wellbeing Partnerships.

Report summary

This report provides an overview of activity and progress to date of the Health and Wellbeing Partnerships, as part of Norfolk and Waveney's Integrated Care System. The report covers: Background, What we have achieved so far – Case Studies: Covid Recovery Fund (all Norfolk HWPs), Maturity Self-Assessment (North Norfolk and Breckland), Better Care Fund (Kings Lynn and West Norfolk), Recruitment (Broadland, South Norfolk, and Great Yarmouth), Priority Setting (Waveney), What we intend to do next, Strategy Development and Public Health Offer 2023.

Recommendations

The ICP is asked to:

- a) Support the Health and Wellbeing Partnerships to develop local strategies and delivery plans.
- b) Endorse the delivery of the Public Health offer for 2023 – 2025.

1. Background

- 1.1 Norfolk and Waveney's 8 Health and Wellbeing Partnerships (HWPs) were officially launched on 01 July 2022 as part of the new Integrated Care System.
- 1.2 The HWPs will address challenges that no single organisation can address alone, they will collectively drive strategies and activities for their place to:
 - Promote the health and wellbeing of residents,
 - Address the wider determinants of health,
 - Tackle health inequalities,
 - Prioritise the prevention agenda,
 - Align, develop, and influence NHS and local government services and commissioning.
- 1.3 On the 08 June 2022 the Shadow Integrated Care Partnership supported the recommendations to:
 - a) Commit representatives from their organisations to attending the Health and Wellbeing Partnership meetings.
 - b) Commit to bringing relevant projects and areas of joint work to the Health and Wellbeing Partnership meetings.
 - c) Support the Health and Wellbeing Partnerships to produce local priorities and delivery plans.
 - d) Commit to evolving and developing the partnerships to achieve shared vision, objectives, and joint accountability at each place.
 - e) Endorse the proposed framework and associated activities for measuring success of the Health and Wellbeing Partnerships.
 - f) Agree to receive an annual report on achievements of the Health and Wellbeing Partnerships from the HWB District Council Sub-Committee.

2. What we have achieved so far: Case Studies

2.1 Covid Recovery Fund (Norfolk HWP's)

- 2.1.1 The initial focus for Norfolk's HWP's has been to identify opportunities to improve health inequalities that have been exacerbated by the Covid 19 Pandemic in each place.
- 2.1.2 £2.315m Covid Recovery Fund (CRF) was allocated to Norfolk's 7 HWP's for 2022/23. The CRF could be used to support projects, activities or initiatives aimed at addressing poor health and wellbeing outcomes impacted or exacerbated by Covid 19 through:
- Reducing health inequalities
 - Improving health behaviour choices
 - Improving mental health and wellbeing
- 2.1.3 Norfolk's HWP members reviewed the local data and intelligence to identify the key health and wellbeing priorities in their place and guide decision making for CRF activities.
- 2.1.4 By September 2022, all 7 Norfolk HWP's have identified key projects and committed their allocation of funding. Examples of the projects funded through the Covid Recovery Fund for 2022/23 can be found in [Appendix 1 – Examples of Covid Recovery Funded Initiatives](#).

2.2 Maturity Self-Assessment (North Norfolk and Breckland)

- 2.2.1 Via the District Council Sub-Committee of the Health and Wellbeing Board, leaders from the 8 HWP's across Norfolk and Waveney committed to their HWP conducting a Partnership Maturity Self-assessment.
- 2.2.2 The self-assessment tool, adapted by Public Health, aims to help partnerships reflect on their transformation, have focused discussions, and identify which areas need more attention.
- 2.2.3 North Norfolk HWP opted to conduct a small workshop using the King's Fund Maturity Assessment tools (using both a maturity matrix and a reflective learning framework). The outcome from this will be shared with the wider partnership for comments and tabled for discussion and endorsement at the following partnership meeting. The process will be revisited regularly to track and stimulate development. It is led on behalf of the partnership by member Healthwatch Norfolk.
- 2.2.4 Breckland HWP approached the assessment by key officers undertaking a first review with clear rationale, evidence, and outcomes for each area within the maturity self-assessment. This was discussed and scrutinised by all members at a partnership meeting. The partnership reflected on some great examples of existing cooperation and pockets of collaboration to continue to build on as the partnership moves forward.

2.3 Better Care Fund (Kings Lynn and West Norfolk)

- 2.3.1 In August, Adult Social Care announced the allocation of Better Care Fund (BCF) to each of the 7 Norfolk HWP's. This was a significant opportunity to support important local areas of joint health and care working, including prevention and inequalities. Each HWP established a small Task and Finish group to work on behalf of the partnership to review the local need, inspire innovative solutions and develop a funding proposal for their place.
- 2.3.2 Kings Lynn and West Norfolk HWP formed a sub-group consisting of ICB, district council, public health and VCSE sector colleagues to initially share ideas on potential projects. The

group agreed three projects to work up in the initial meeting and liaised over the course of two weeks via email and Teams meeting. The proposal was written by the vice chair of the HWP and senior ICB lead and signed off by the sub-group. The three projects put forward included physical activity for people who have experienced a stroke, independent living activities aimed at preventing unplanned admissions to hospital following a fall and equipment and training relating to single handed care.

2.4 Recruitment (Broadland, South Norfolk, and Great Yarmouth)

- 2.4.1 Norfolk's District, City and Borough Councils, are taking a leading role in the HWPs which bring together statutory and non-statutory bodies at a local level, including the Councils, the NHS, and the wider voluntary and community sector partners to make a positive impact on people's health and wellbeing in each place.
- 2.4.2 Local authorities across Norfolk and Waveney have taken on the role of managing the HWPs, with each partnership being chaired by a Local Councillor. Great Yarmouth, Broadland, and South Norfolk councils in partnership with the ICB have successfully recruited to two new integrated roles to support this emerging leadership function. Broadland and South Norfolk have recruited a Health and Wellbeing Partnership officer and Great Yarmouth have recruited a Head of Health Integration and Communities.

2.5 Priority setting (Waveney)

- 2.5.1 The Waveney Health and Wellbeing Partnership met for the first time as a full group on 20 September 2022. The Partnership focussed on the priorities, building on the work started at the initial briefing that was convened in August on the Partnership. The key areas of focus that emerged were:
- Health Inequalities – reducing smoking, physical activity, diabetes and obesity.
 - Prioritising Prevention – Ease the Squeeze, plus homelessness.
 - Reducing Social Isolation and Loneliness – focus on young people.
 - Improving mental health and wellbeing – Lowestoft and Beccles are each focus areas for the Public Mental Health Fund and the Partnership will oversee the £50k funding allocated to each area.
- 2.5.2 The Waveney HWP have committed to review the focus areas, map out what is already happening in Waveney, identify the gaps and new project ideas to consider at the next meeting.
- 2.5.3 The Partnership agreed to meet every six weeks in order to ensure momentum and will then consider the frequency of future meetings in early 2023.

3. What we intend to do next

- 3.1 Over the coming months the HWPs will continue to develop, and with support of the ICP members and their officers will prioritise developing their HWP strategies focusing on the identified priorities and local need.
- 3.2 Public Health delivered an offer of support to the newly forming HWPs in April 2022. The original offer included funding as well as dedicated officer and senior support to each HWP.
- 3.3 Public Health are committing similar support over the next two years (2023 – 2025).
- 3.4 By early 2023, District Councils will be asked to agree a Memorandum of Understanding for the period April 2023 - end March 2025. This will include the development of a strategic vision and action plan to underpin the place-based work of the Health and Wellbeing

Partnerships during this time. This will set out the vision, local context, evidence base and engagement plans within the district population, and the associated action plans and methods for monitoring progress.

Officer Contact

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Appendix 1 – Examples of Covid Recovery Funded Initiatives

Table 1 provides a snapshot of the many projects funded through the CRF, the delivery partners and the health and wellbeing outcomes sought.

HWP	Project/initiative	Delivery Partner	Target outcome
Breckland	PittStop in Thetford, Watton & Dereham	Menscraft	Offer x3/week local pop-up Pit Stops in local market towns / neighbourhoods across Breckland (Thetford, Watton, Dereham). Recruit and train workshop facilitators. Recruit, train and support volunteer Men's Health Facilitators to work alongside health professionals to tackle inequality and support those men most adversely affected by inequalities highlighted by the pandemic.
Broadland	Improving diet and nutrition with community food facilities	Public Health, Nourishing Norfolk, Broadland & South Norfolk District Councils	Sustainable changes that enable healthy dietary behaviour choices for those at greatest risk of poor health outcomes, such as diabetes and CVD.
Great Yarmouth	Proactive health interventions delivered by Community Marshals team, e.g. pre-diabetes, Health Connect, Research Ready Communities	GYBC, Public Health, ICB, ECCH, JPUH, NIHR	Greater number of residents following positive healthy behaviours and accessing appropriate support where necessary. Community voice informs system processes and changes. Reduce health inequalities across the borough. Reduce need for further statutory service intervention.
Kings Lynn and West Norfolk	5 steps to wellbeing and social prescribing for migrant communities	Hanseatic Union	5 steps to wellbeing and social prescribing for migrant and refugee communities based in King's Lynn. There will also be increased integration in the local community as they meet others, explore their local area and engage in a range of activities.
North Norfolk	Care Academies – to support recruitment and retention of Adult Social Care staff in North Norfolk	Norfolk and Suffolk Care Support, local training providers	Two care academies will provide short intensive delivery of knowledge and skills, link candidates to providers and give post-employment support. The adult social care workforce directly supports those with mental health conditions, and the ageing population to be independent, resilient and well.
Norwich	Power to Change Programme	Leeway Domestic Violence and Abuse Service	A community-based programme for female survivors of domestic abuse and coercive control empowering survivors to understand the patterns of controlling and coercive behaviours, identify how this may have impacted on them, how to move on with their lives, understand the impact on children and young people, identify the behaviours in future relationships and to live free from abuse.
South Norfolk	Social Prescribing in Secondary Care Outpatients	NNUH Integrated Commissioning Board Broadland, South Norfolk & Breckland District Councils	Community support for people receiving outpatient treatment, whose health outcomes are being adversely affected by societal factors.

Report title: Transitional and combined Integrated Care Strategy and Joint Health and Wellbeing Strategy

Date of meeting: 09 November 2022

Sponsor

(ICP member): James Bullion, Executive Director, Adult Social Services

Reason for the Report

To present the Integrated Care Partnership with the final draft of the transitional and combined Integrated Care Strategy for Norfolk and Waveney and Joint Health and Wellbeing Strategy for Norfolk.

Report summary

This paper provides an overview of the agreements made by the Integrated Care Partnership to produce a transitional and combined Integrated Care Strategy for Norfolk and Waveney with the Joint Health and Wellbeing Strategy for Norfolk. This agreement followed discussions at previous ICP meetings, guidance from the Department of Health and Social Care, and analysis of system-wide priorities and evidence.

The Integrated Care Strategy is needed to effectively influence all strategies in our system, including the ICB 5-year Joint Forward Plan as well as Place Boards and Health and Wellbeing Partnership strategies. It is centred on the four previously agreed themes of driving integration, prioritising prevention, addressing inequalities, and enabling resilient communities. It is a transitional/live document which will be updated through the next 12 months and built on with comprehensive engagement with individuals, communities and organisations across Norfolk and Waveney (See Appendix 1).

Recommendations

The ICP is asked to:

- a) Agree to the transitional Integrated Care Strategy for Norfolk and Waveney and Joint Health and Wellbeing Strategy for Norfolk.
- b) Agree that all partners will take the transitional strategy through their own Governance arrangements, and feedback the actions their organisations will be taking in the coming year to deliver against the Integrated Care Strategy's key challenges and priority actions at the next ICP, in March 2023.
- c) Agree that this is a transitional and active document which will be kept updated and progressed.

1. Background

- 1.1 Over the last six months, the Partnership has been advising and agreeing the shape and direction of the developing Integrated Care Strategy.
- 1.2 Early in this process, it was agreed that the foundation of the Integrated Care Strategy should be the four themes which made up the Norfolk Health and Wellbeing Strategy and the Suffolk Health and Wellbeing Strategy – driving integration, prioritising prevention, addressing inequalities, and enabling resilient communities – and that it will be high level to cover the whole system.

- 1.3 Over the course of discussions, including with district health partnerships, we considered identifying specific objectives under each of those themes, but on balance the Partnership agreed that at this stage in the development of the ICS, the four themes provided the strategic intent and direction under which all partners could collaborate.
- 1.4 At the September meeting, the Partnership agreed to a transitional and combined Joint Health and Wellbeing Strategy for Norfolk and Integrated Care Strategy for Norfolk and Waveney that will be kept live and updated over the next 12 months, following comprehensive engagement with individuals, communities and organisations across Norfolk and Waveney and had an initial discussion about a set of challenges and potential actions against each of the themes. Officers were asked to undertake further work, take further soundings, with a view to finalising the content of a transitional strategy for this meeting.

2. Content

- 2.1 Based on the above evidence-led scoping, the strategy outlines our System structure and sets the scene within Norfolk and Waveney based on who we are, where and how we live, and how we end our life. This leads to the four priorities, our challenges as a System, and the priority actions for addressing them.
- 2.2 The highlights are:

Driving integration	
Our key challenges are:	Our priority actions are:
- Increasing demand on health and care services and post-covid challenges, puts the focus on operational pressures ahead of cultural changes, behaviours, and partnership development. - Reducing and levelling budgets within a stretched system. - Recruitment and retention issues with high number of vacancies across health and care. - Lack of joined up records and information across the system.	- To work as a single sustainable system in the delivery of people centred care, across a complex organisational and service delivery landscape. - Shift in focus and investment to community-based support so that people stay healthier for longer in their own homes and communities. - Use and share evidence and data intelligently, lived experience and evidence from service users, to help us keep our Strategy and System Plans on track and understand their impact. - Use partners' existing plans – building on the priorities partners are already working hard to address, identifying the added value that collaboration through this strategy can bring. - Develop mechanisms such as the sharing of information, pooling of resources and budgets (including Section 75 arrangements), to target health and care where it is needed most. - Create a joint workforce strategy and long-term plan to include recruitment and retention of health and care staff across Norfolk and Waveney.

Prioritising prevention

Our key challenges are:

- Prevention and Early Help are seen as difficult to do and not everybody's priority.
- Prevention support doesn't always show immediate results.
- Stretched services due to lack of investment and provision in prevention awareness and intervention at an early stage.
- Residents across various age and demographic groups are sometimes unclear what services might be available to help them stay healthy and well.
- The current costs of ill health, providing health and social care and anticipated demographic changes in the next 20 years means it is not sustainable to continue to work as we currently do.

Our priority actions are:

- Review historic practices to develop, in partnership, the opportunities for a systematic approach to preventing ill health from birth through early years to older age and end of life, starting with those areas that need it most
- Funding of prevention services alongside existing services, to shift the system focus to helping people lead healthier lives at the earliest opportunity especially at a younger age.
- Embed prevention and early help across all system and organisational strategies, plans and policies and shift focus to community provision.
- Have joint accountability so that as a system we are preventing, reducing, and delaying need and associated costs.
- Prevent people from becoming ill through promoting healthy lifestyles and mental wellbeing and healthy communities.

Addressing inequalities

Our key challenges are:

- Pockets of deprivation, poverty, and multiple overlapping risk factors for poor health outcomes.
- Seldom heard communities, the most vulnerable and those that are socially excluded experience additional difficulties accessing services.
- Not everyone has a positive experience when accessing and using our services.
- We have pockets of inadequate and poor housing, as well as inappropriate living conditions which are linked to poor health outcomes
- There are differences between some of our rural and urban communities in their levels of need and the support available to them.

Our priority actions are:

- Provide, share, and use the evidence to address needs and inequalities.
- Identify and target collaborative interventions, services and resources to those communities and areas that have more need.
- Plan for the future by joining up development planning and working with those with planning responsibilities.
- Consult and engage with residents, including those from seldom heard and excluded communities, to design and input into our services. This should include a variety of engagement methods and technologies.
- Ensure our services are easily accessible to all and improving accessibility to our services for those who need more support
- Build confidence and trust in everyone who engages with our services and learn from those with lived experience
- Reduce the impact of injuries, accidents and crime in our most deprived areas.

Enabling resilient communities

Our key challenges are:

- Gaps in support services to enable people to live independent healthy lives in their communities for as long as possible.
- Inconsistencies in our communities with accessing help and support through a variety of means
- Loneliness and social isolation, especially for those with caring responsibilities.
- People and communities including those with lived experience are often not involved in planning and developing their environments and care, as well as shaping the redesign of services and support.

Our priority actions are:

- Support people to live independent healthy lives in their communities for as long as possible, through promotion of self-care, early intervention, and digital technology where appropriate.
- Enable local resources, skills, and expertise to help people, families, and communities to thrive by accessing local support through the use of community assets such as green spaces, village halls, leisure centres etc.
- Build capacity in our voluntary, community and social enterprise, faith groups and third sector.
- Create healthy environments so healthy choices are the easiest choices.
- Improve access and encourage people to use our natural and cultural landscapes to benefit their physical, mental and emotional wellbeing.
- Identify investment and funding opportunities from a variety of sources to develop new initiatives e.g. to combat loneliness and isolation.

2.3 Appendix 1 shows the final draft version of the transitional Integrated Care Strategy for Norfolk and Waveney/Joint Health and Wellbeing Strategy for Norfolk.

3. Next Steps

- 3.1 This transitional strategy provides continuity and high-level direction in our key challenges and priority actions that will enable ICS partners and individual organisations to start to address our system challenges in their planning and direction, and meet the deadline set by the Department of Health and Social Care, whilst setting an initial pathway and structure for the ICS. This strategy will drive the development of the ICB 5-year Joint Forward Plan, and the strategies currently being worked on at a place-level by the Place Boards and Health and Wellbeing Partnerships.
- 3.2 Guidance for the 5-year Joint Forward Plan (JFP) has been delayed (it was expected during October) and is expected to be published during November, but there is still no confirmed date.
- 3.3 A paper was tabled at the ICB Board on 27 September to introduce the new requirement of JFP and the statutory duty that falls to the ICB and the Boards of relevant partner NHS Trusts and Foundation Trusts to produce and engage upon a JFP annually.
- 3.4 Publication of this transitional Strategy ahead of the December 2022 deadline facilitates and supports the JFP development. The ICB Board was very supportive of the two pieces of work being developed in parallel, with the co-ordination being undertaken via the ICB's Transformation Board.
- 3.5 A further report is to go to the November ICB Board with more details about proposed content of the Norfolk and Waveney JFP, accepting that the guidance may still not have been received by then. Current understanding is that the JFP must be published by April

2023 and will be brought to the March meeting of the ICP and the Health and Wellbeing Board.

- 3.6 There is an expectation that all partners will take the transitional strategy through their own Governance arrangements and feedback to the ICP their own organisations actions that they will be taking in the coming year to deliver against the Integrated Care Strategy's key challenges and priority actions.
- 3.7 It is important to note that this will be a live and active document which will be updated and progressed as we garner increased insight and further develop our Integrated Care System. Most notably, there is recognition in the Guidance that:

*'2022 to 2023 will be a **transition period**. We expect that integrated care partnerships will want to **refresh and develop their integrated care strategy as they grow and mature**'.*

- 3.8 The strategy will be available to all partners, internal and external stakeholders, and communities across Norfolk and Waveney by being published on the ICS website.
- 3.9 We do not have complete clarity on the requirements for the Integrated Care Strategy from NHS England, which is expected in November/December, so the details outlined in this paper may be subject to change to ensure we are meeting the guidance.

Officer Contact

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Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy

Setting the agenda for our new Integrated
Care System across Norfolk and Waveney

2022-23

Welcome

Every local area must have a Joint Health and Wellbeing Strategy setting out priorities, identified in the Joint Strategic Needs Assessment (JSNA), that partners will deliver together to improve health and wellbeing outcomes. The Health and Wellbeing Boards for Norfolk and Suffolk have their own strategies aimed at highlighting the need for collective responsibility for health and wellbeing. The Boards have a proven history of holding partners to account and enhancing everyone's responsibility to improve the health and care of their counties.

The recent changes under the Health Act 2022, has created a new Integrated Care System (ICS) which has formally brought together a wide range of organisations and stakeholders to improve services and provide more joined-up health and care for our residents. Our ICS is comprised of Norfolk with the addition of Waveney.

It also created an Integrated Care Partnership which key organisations – including health, care, local authority, Healthwatch, and voluntary sector from across Norfolk and Waveney – are part of. This partnership must produce an Integrated Care Strategy which is the key document for all ICS partners to develop their strategies and plans from, and sets out the challenges and opportunities we face that can only be addressed by partnership working and joint approaches.

As there is a clear cross-over between an Integrated Care Strategy and a Health and Wellbeing Strategy, this creates an opportunity to work together as a collective ICS around shared high-level health and wellbeing priorities. We have already achieved a lot by working in partnership, this has been strengthened through our collaborative response to the COVID-19 pandemic. The past three years have seen unprecedented challenges, but also incredible stories of communities and providers working together to ensure the people of Norfolk and Waveney have the support and care they need.

We want to build on the learnings from the pandemic to enhance our integrated working within the new Integrated Care System structure, but this will take time to do.

This Strategy builds on that collaborative mandate – our vision is working as a single sustainable system that enables us to achieve our overarching mission to **help the people of Norfolk and Waveney to live longer, healthier, and happier lives**. To do this, we are evolving our longer-term priorities from our previous Joint Health and Wellbeing Strategy to help us face the challenges of the future.

Prevention and early intervention are critical to the long- term sustainability of our health and wellbeing system – stopping ill health and care needs happening in the first place and targeting high risk groups, as well as preventing things from getting worse through systematic planning and proactive management.

For us to achieve our goals, we have developed these priorities which are reliant on everyone taking a collective and collaborative approach:

Rather than duplicate and replicate work being undertaken at place-level, it makes sense to coordinate an integrated approach for the whole System. This document acts as a transitional strategy which encompasses both the Integrated Care Strategy for Norfolk and Waveney and the Joint Health and Wellbeing Strategy for Norfolk.

Over the course of 2023, we will be engaging with people, communities, and partners across our System to find out how our Integrated Care Strategy can work for us all. This engagement will be targeted and accessible to ensure those with quieter and overlooked voices are heard and listened to. We will engage with a wide range of communities, including those who are harder to reach and more rural.

This transitional period will allow time for emerging partnerships within the new ICS to establish themselves, for partners to assess the latest information from the JSNA and the impact the coronavirus pandemic has had on our communities, as well as allow time for meaningful engagement to take place. It is a 'living' document that will change and grow as our new collaborative system develops.

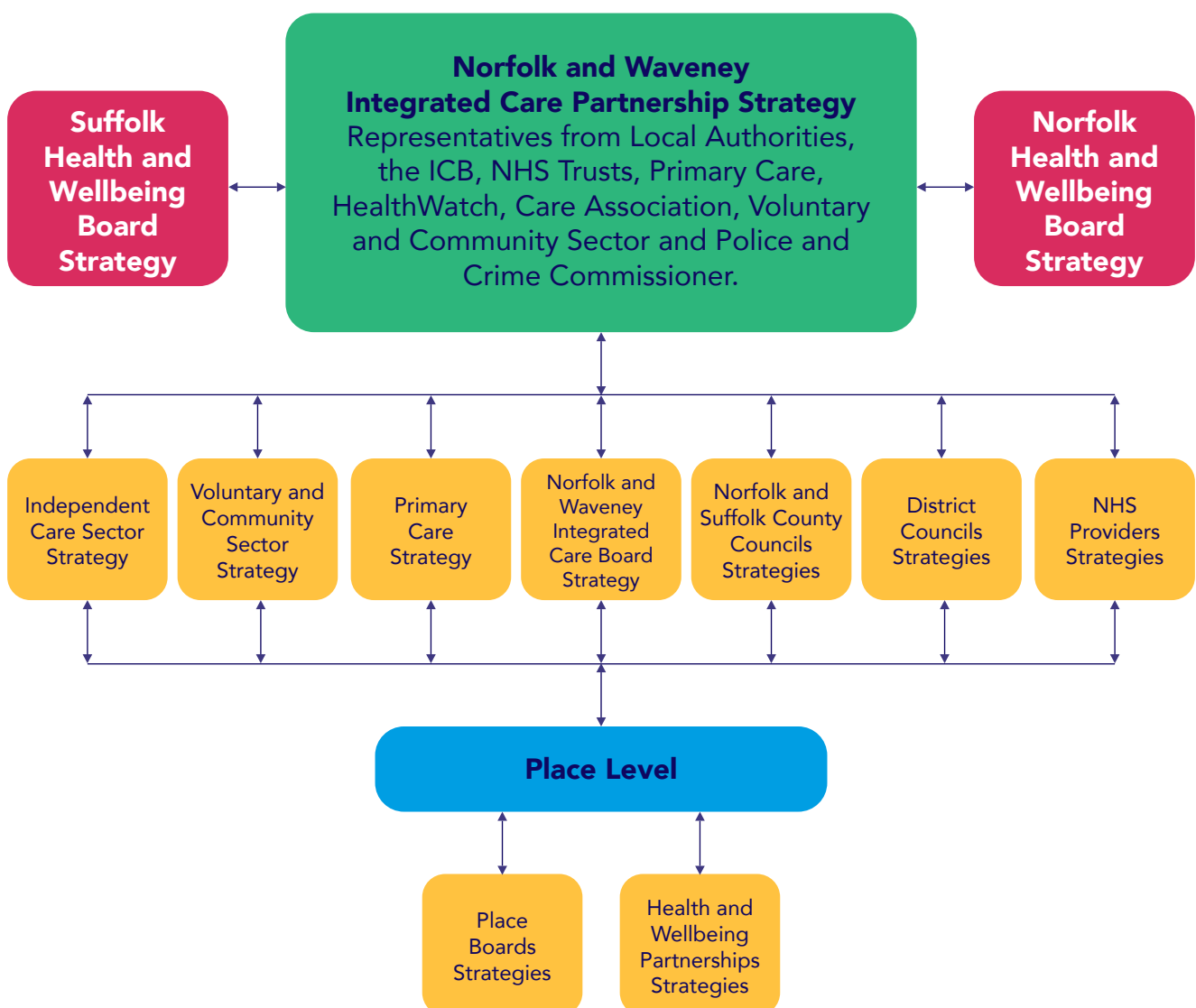


Councillor Bill Borrett

Chair of Norfolk Health and Wellbeing Board and
Chair of Norfolk and Waveney Integrated Care Partnership.

System and strategy

A key strength of our system is that it is built from the ground-up, meaning that District, City and Borough Councils, grass-roots voluntary and community organisations, NHS partners, providers, and most importantly the communities and people we provide services for all have input. This includes ensuring that strategies and plans across the system work cohesively and collaboratively. The diagram below shows the working relationship between the transitional Integrated Care Strategy and other boards and committee strategies across the ICS, and how we all work together in partnership.

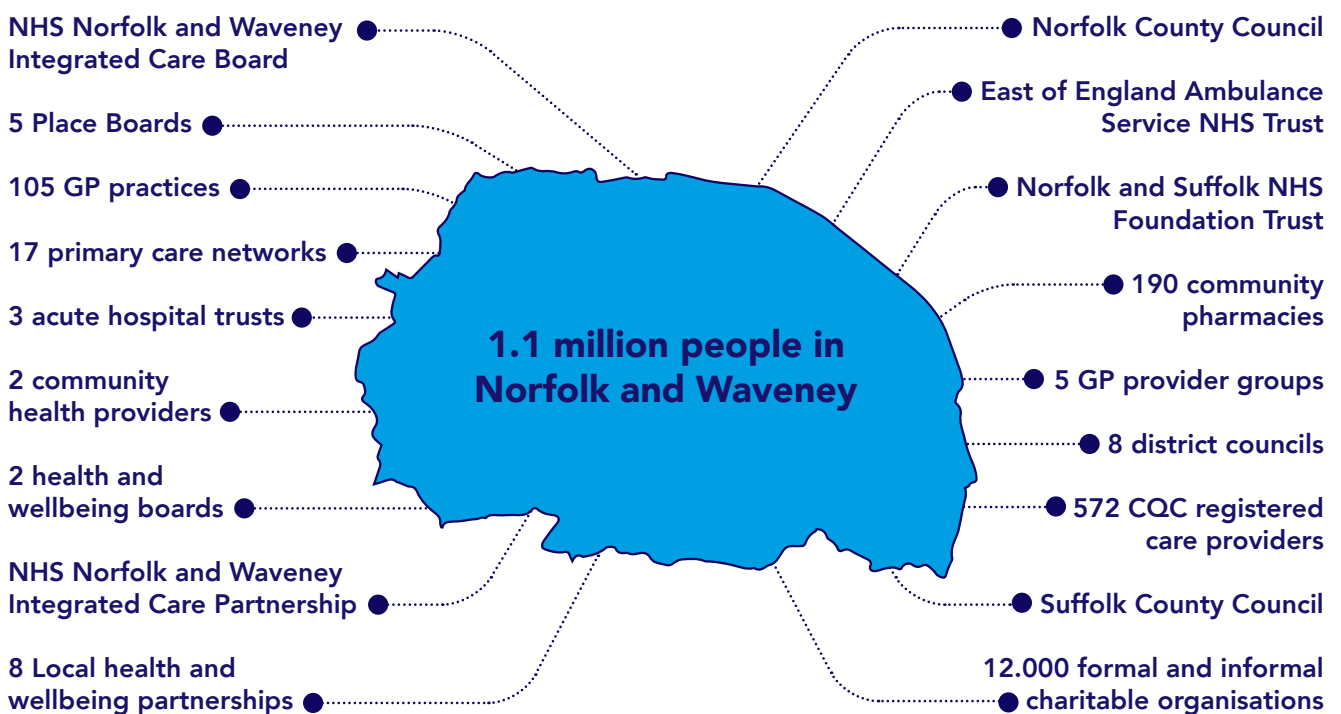


Setting the scene for our system

Norfolk and Waveney consists of over a million residents living in eight districts across rural, urban and coastal geographies. These include Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich, South Norfolk, and Waveney.

Our health and wellbeing system is complex and made up of lots of different organisations under the umbrella of the Norfolk and Waveney Integrated Care System, which came into being on 1 July 2022. While we have been working closely together for many years, the new Health and Care Act 2022 will make it easier to bring partners together and push forward collaborative working and a single sustainable system. It offers us the unique opportunity to build on what we already have and take the steps towards a truly integrated model which delivers for everyone across the area.

The map below shows everybody involved in our System supporting health and care for the people who live in Norfolk and Waveney.



Our system mission

As an Integrated Care System, we have developed an overarching mission to **help the people of Norfolk and Waveney to live longer, healthier, and happier lives.**

To fulfil our mission we have three goals, these are:

To make sure that people can live as healthy a life as possible

This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

To make sure that you only tell your story once

Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have, which medication they are on. Services have to work better together.

To make Norfolk and Waveney the best place to work in health and care

Having the best staff and supporting them to work well together will improve the working lives of our staff and means you will get high quality personalised and compassionate care.

From these system-wide goals and overarching purpose, we have developed shared guiding principles for the Norfolk and Waveney Integrated Care Partnership. These are designed to drive the cultures and behaviours of the Integrated Care System at a more local level, and to enable everyone to work together to make improvements and address challenges.

Our Integrated Care Partnership Principles are:



Partnership of equals

To find consensus and make decisions including working through difficult issues, where appropriate.



Collective model of accountability

As system leaders, taking collective responsibility for the whole system and partners hold each other mutually accountable for shared and individual organisational contributions to health and wellbeing objectives.



Improving outcomes for communities

Including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling the underlying social determinants. Listening to the public and being transparent about our strategies across all organisations.



Collaboration and integration

Under the umbrella of the Integrated care Partnership and the Health and Wellbeing Board foster a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency. A commitment to joint commissioning and simpler contracting and payment mechanisms.



Co-production and inclusivity

Create a learning system which makes decisions based on evidence and insight. Using data, including the Joint Strategic Needs Assessment to target our work where it can make the most difference - making evidence-based decisions to improve health and wellbeing outcomes.

For us to achieve our mission and goals as a partnership, we have developed these priorities which are reliant on everyone taking a collective and collaborative approach:



Driving integration

Collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them.



Prioritising prevention

A shared commitment to supporting people to be healthy, independent, and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services.



Addressing inequalities

Providing support for those who are most vulnerable using resources and assets to address wider factors that impact on health and wellbeing.



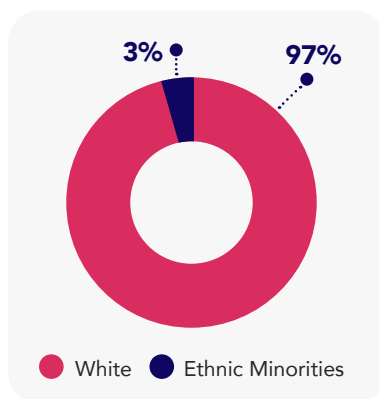
Enabling resilient communities

Supporting people to remain independent whenever possible, through promotion of self-care, early prevention, and digital technology where appropriate.

Living in Norfolk and Waveney: Who we are, and where and how we live

The population in Norfolk and Waveney is generally **older** than the England population.
1 in 4 are over 65.

Norfolk and Waveney population is expected to **grow** by about **116,500** people between 2020 and 2040, the **largest growth** is expected in the older age groups, with those aged 65+ increasing by **95,000**. This is likely to put extra pressure on the working age population and potentially the availability of staff to deliver services.

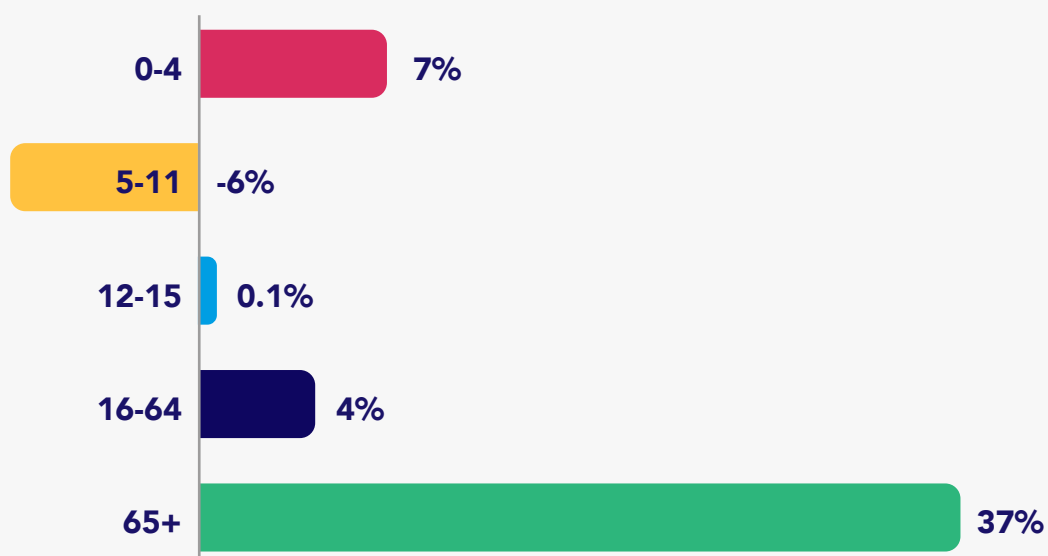


The Norfolk and Waveney population is less ethnically diverse than average in England. The most diverse areas across Norfolk and Waveney are Norwich, Great Yarmouth and Breckland.

There are around **160 languages** spoken in Norfolk & Waveney. English is not the first language of around **12,400** school children.

1.2% of people in Norfolk and Waveney have a disability.

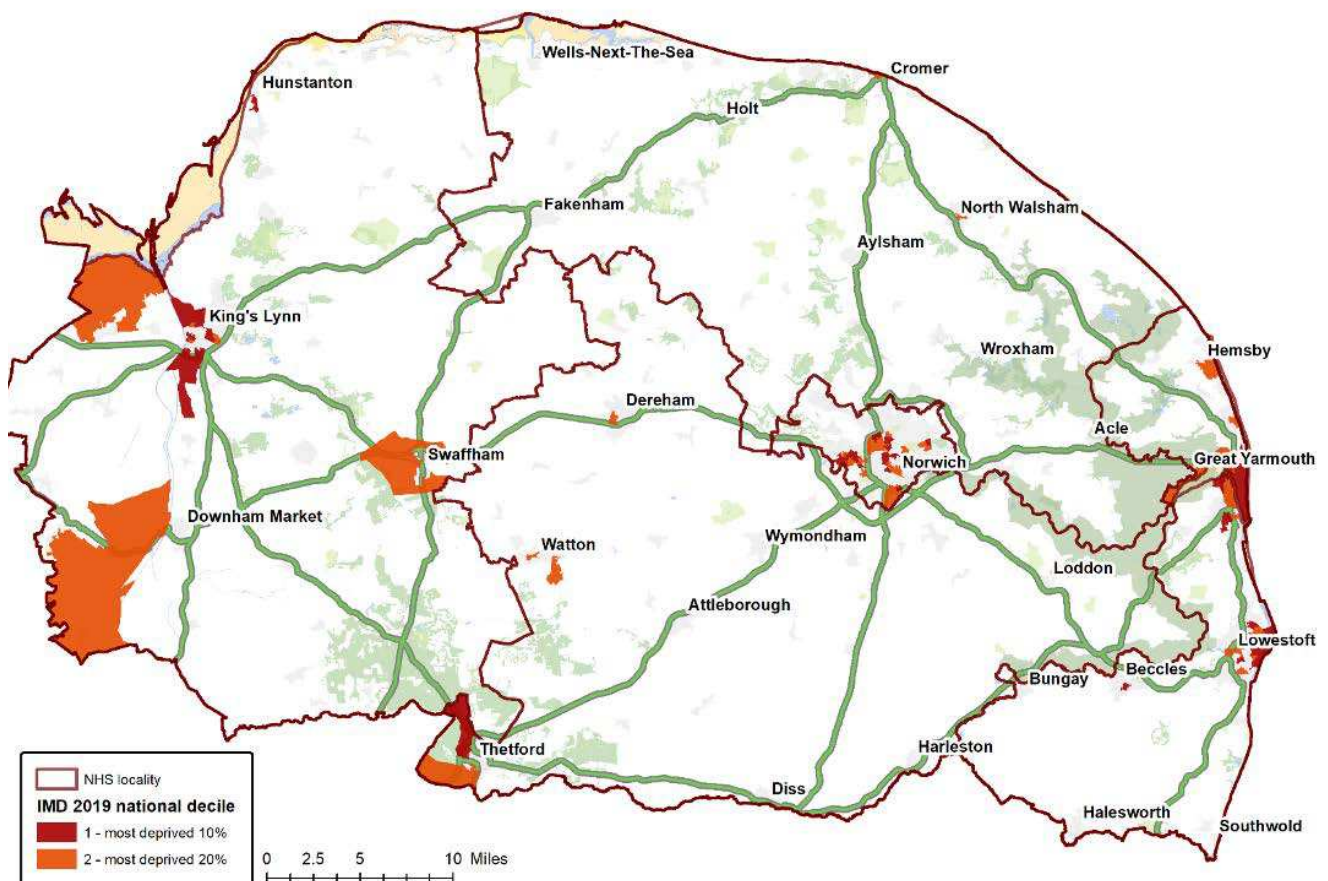
**Percentage increase in each of the age groups
between 2020 and 2040**



Where we live

There are 42 communities across Norfolk and Waveney where almost 164,000 people live in the 20% of the most deprived areas in England. However, none of these communities are in Broadland or South Norfolk.

The map below shows the most deprived communities are mainly in our urban areas of Great Yarmouth, King's Lynn, Lowestoft, Norwich, and Thetford but there are smaller areas of deprivation in rural areas too. 40% of the populations of Great Yarmouth and Norwich live in the most deprived 20% of areas in England compared to 16% for Norfolk and Waveney as a whole.



15% of children live in low-income families

13% of households experience fuel poverty

The built and natural environment is inextricably linked to health across our lifetime. Populations in more deprived areas are more likely to have worse health outcomes, are more likely to be admitted to hospital in an emergency and are more likely to die early.

The design of neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health, and wellbeing outcomes. There is a higher occurrence of behavioural risk factors in the more deprived areas in England.

The connection between inappropriate or inadequate housing and poor health, effects everyone from childhood through to the elderly.

In Norfolk and Waveney, we have populations which have historically been excluded or have found our services hard to access. This includes refugees and asylum seekers, those experiencing homelessness or substance misuse, prisoners, sex workers, and those from Roma or traveller communities.

This results in missed opportunities for preventive interventions and further exacerbates existing inequalities. We need to breakdown the difficulties and barriers in engaging with our services to enable better outcomes for those with seldom heard and excluded voices. Our system should provide services that are available to everyone. This will require us to work differently, to include and involve better. By working together our system can bring expertise in hearing the voices of those excluded.



**comparison between the most and least deprived 20% of the population in Norfolk and Waveney.*

How we live

Births in Norfolk and Waveney are declining.

The rate of births to mothers aged 15-44 is lower compared to the rest of England.

**1 in 20 children
are under 5**

9,100 births in 2019

Both Norfolk and Waveney have higher prevalence of smoking at time of delivery compared to the rest of England.



Early years to age 25

Overall health outcomes for children and young people in Norfolk and Waveney are similar to those for the rest of England. There are, however, differences in health outcomes based on where children live and in some groups of children, such as children with Special Educational Needs and Disabilities (SEND) and children in care.

5-11 year olds
represent **8%** of our
total population

The past couple of years have seen more children and young people accessing our services due to emotional wellbeing and mental health needs and gaps in learning following the pandemic.

More than 2 in 5
children in Year 6
(10-11yrs old) are
overweight or obese

Further work is needed across Norfolk and Waveney for children and young people in the areas of prevention, early help, and health inequalities to promote healthier lifestyles and emotional wellbeing.

Across Norfolk and Waveney, we already have in place some strategies and operational plans to provide improved outcomes for our early years, children, and young people. Flourishing in Norfolk: A Children and Young People Partnership Strategy, [which can be found by visiting the Norfolk County Council website](#). and, in the Family 2020 Strategy for Waveney which [can be found by visiting Suffolk County Council website](#). The Family 2020 Strategy is currently in the process of being updated.



Life expectancy

Life expectancy is a person's estimated length of life based on age, gender and where they live.

Life expectancy in Norfolk and Waveney has consistently been higher than the national average for both men and women.

A person born in Norfolk and Waveney can expect to live:



Deaths from **circulatory diseases, cancer and respiratory diseases** contribute to most of this life expectancy gap.

Healthy Life expectancy is the average years somebody is expected to live in good health. In Norfolk and Waveney healthy life expectancy is about **63 years for males** and **64 years for females**, lower than England and has decreased over the last few years. This means that the time people spend in ill health is getting longer and is **17 years for males** and **20 years for females**.

Inequalities exist from birth to older age (e.g. smoking in pregnancy, obesity, educational outcomes, lifestyle, unemployment). These contribute to a gap in peoples life expectancy of 9 years for men and 7 years for women between the least wealthy and most wealthy areas in Norfolk and Waveney. The life expectancy gap between these communities is mainly due to more people dying at an earlier age of circulatory, cancer and respiratory diseases.

Alcohol consumption is the biggest risk factor of ill health, premature death, and disability for younger adults (aged 15-49 years) in Norfolk and Waveney.

Lifestyle factors

These are the things that have an impact on our life expectancy in Norfolk and Waveney.



1 in 7 adults smoke.
That's **100,000+** smokers



1 in 4 adults drink more
than 14 units per week.
180,000+ adults drink
too much.



3 in 5 adults carry excess
weight. That's **475,000**
adults that are overweight
or obese



1 in 5 adults are inactive.
140,000 adults do not
exercise



3 in 5 adults eat the
recommended '5-a-day'.
280,000+ adults could
eat better



Mental health

As a group of conditions, mental health disorders are a leading cause of ill health. This reflects the fact that most mental health conditions start early in life, some of them are very common (e.g. depression and anxiety) and many have a major impact on quality of life. People with long-term conditions, including diabetes and heart disease, are two to three times more likely to have depression.

In Norfolk and Waveney, **143,430** people live with a common mental disorder. Suicide rates are higher than the England average, with suicide more common in men, those living in deprived areas, are unemployed, and who live alone.

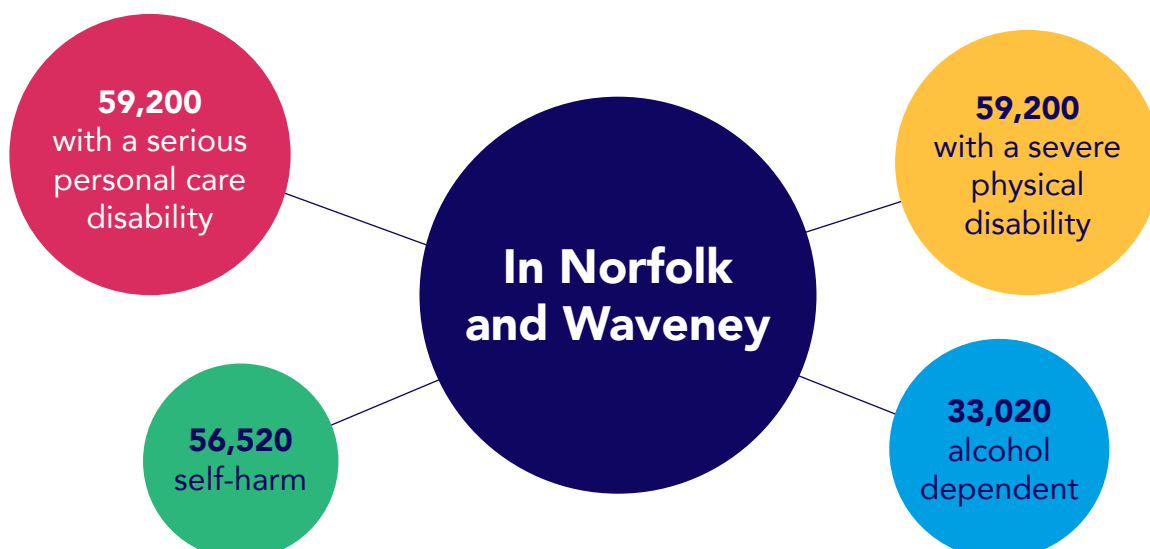
We have seen an increase in people wanting to access mental health services, especially children and young people.

Care and Carers

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Around **1 in 8 people are carers**, that's 6.5 million people in the UK. According to the 2011 census, there are over 108,000 carers in the Norfolk and Waveney Integrated Care System with a fifth of these being young carers and young adult carers.

Carers UK report "Alone and caring" reveal 8 out of 10 carers have felt lonely or isolated as a result of their caring responsibilities. 57% had lost touch with friends and family, and 38% of carers in full time employment have felt isolated from other people at work.

The health and wellbeing of carers is also reported to be affected by the levels of caring, with carers who care for someone for more than 50 hours a week twice as likely to be in poor health as non-carers.



Safeguarding, its everyday business

Every child, young person and adult has a right to live their life free from abuse and harm. When safeguarding is done well it permeates through every part of our workforce, across our communities and through our voluntary & social enterprise sector. Safeguarding isn't just everyone's business, it's everyday business.

From the start of your career to the end, from frontline to board, in every conversation, in our working lives to our leisure time, we are all responsible. When done effectively we can 'feel' it in all contacts we have an organisation and its people. This feeling is outwardly demonstrated because raising a safeguarding concern is done with total ease and confidence.

We all have a role to play. We are all accountable.



Impact of Covid-19

The impacts of the pandemic are likely to be both short- and long-term, and the ongoing impacts on services and changes to healthy behaviour will have a negative impact on health outcomes for future generations.

Norfolk and Waveney and all district, city and borough areas had death rates lower than the East of England and England averages.

Unequal impacts of Covid-19

Populations in more deprived areas are more likely to have more pre-existing health conditions, which means that reduction in service use during the pandemic will have disproportionately impacted those groups.

The 20% most deprived areas had the highest case rates, the lowest vaccination uptake and the highest death rates once age was taken into consideration.

There were more cases in the female population, but national research shows that males are at a higher risk of dying.

Highest case rates were shown in older children and working-age adults compared to other age groups.

Ethnicity and Covid-19

Highest case rates were seen in:



Long Covid-19

Long Covid is defined as symptoms reported by individuals themselves that last for more than four weeks after a suspected Covid-19 infection. The most common symptoms reported were fatigue, shortness of breath and loss of smell.

Nationally, around 1 in 40 people experience Long Covid. That would mean around **26,000 in Norfolk and Waveney.**

14,000
would have
moderate impacts

4,000
would have more
severe impacts

Highest rates are in women, people **aged 35-49** and **those living in more deprived areas.**



How we end our life

There were about **12,700 deaths** in 2020. All-cause mortality rates are **lower** than England.

Generally, as the population in Norfolk and Waveney increases and ages, the actual number of people dying each year is increasing. Most deaths are in older people, with very few deaths in younger age bands. The increasing age at death means more need for our health and care services.

The leading causes of **death for males and females are:**

**Dementia
and
Alzheimers**

Covid-19

**Heart
disease**

**Stroke
and lung
cancer**



So, what does this information mean?

Looking at the Norfolk and Waveney picture we have developed these four priorities which are key to achieving our system-wide mission to **support the people of Norfolk and Waveney to live longer, healthier, and happier lives:**



Driving integration

Collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them.



Prioritising prevention

A shared commitment to supporting people to be healthy, independent, and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services.



Addressing inequalities

Providing support for those who are most vulnerable using resources and assets to address wider factors that impact on health and wellbeing.



Enabling resilient communities

Supporting people to remain independent whenever possible, through promotion of self-care, early prevention, and digital technology where appropriate.



Driving integration: What's important strategically?

Norfolk and Waveney have an annual budget in excess of £2bn for health and social care services. However, as a system we are seeing increasing demand resulting in budget pressures. Needs are becoming increasingly complex and so our service improvements must be more co-ordinated and effective for the service user and their carer. Services are improved where there is a coordinated, effective, and seamless response.

Interviews with members of Norfolk Health and Wellbeing Board emphasised the collaborative and innovative working during the pandemic. This involved breaking down some of the organisational barriers to support one another and moving resources accordingly. Health and Wellbeing Board members are keen for these changes to continue with collective resources used to their best effect, and duties and responsibilities shared to better support communities.



Our key challenges are:

- Increasing demand on health and care services and post-covid challenges, puts the focus on operational pressures ahead of cultural changes, behaviours, and partnership development.
- Reducing and levelling budgets within a stretched system.
- Recruitment and retention issues with high number of vacancies across health and care.
- Lack of joined up records and information across the system.

Our priority actions are:

- To work as a single sustainable system in the delivery of people centred care, across a complex organisational and service delivery landscape.
- Shift in focus and investment to community based support so that people stay healthier for longer in their own homes and communities.
- Use and share evidence and data intelligently, lived experience and evidence from service users, to help us keep our Strategy and System Plans on track and understand their impact.
- Use partners' existing plans – building on the priorities partners are already working hard to address, identifying the added value that collaboration through this strategy can bring.
- Develop mechanisms such as the sharing of information, pooling of resources and budgets (including Section 75 arrangements), to target health and care where it is needed most.
- Create a joint workforce strategy and long-term plan to include recruitment and retention of health and care staff across Norfolk and Waveney.

We know we will have achieved this when:

- We are all working together as a single system and sharing thinking, planning, funding, opportunities, and challenges – to inform new ways of working and the required transformation.
- We are effectively engaging with, and listening to, staff, residents, and communities to inform our understanding and planning for the future.
- Investment and funding has shifted focus to community provision.
- Someone only has to tell their story once when accessing multiple health and care services.
- We have a resilient and sustainable workforce to meet system need.



Prioritising prevention: What's important strategically?

There is strong evidence that interventions focussed on prevention are both effective and more affordable than just focussing on providing reactive emergency treatment and care. Although the language of prevention is not spontaneously used by people, the concept itself is well understood.

To build a financially sustainable system means we must promote healthy living across a life course, seek to minimise the impact of illness through early intervention, and support recovery, enablement, and independence. This starts with early years and childhood and throughout the life course.

Our research shows primary responsibility for health and wellbeing is seen to fall to individuals, with personal responsibility heightened by the pandemic for most. Despite agreement that health and care partners have some role to play in supporting residents to be healthy and well, there is a lack of understanding of what this role looks like in practice.



Our key challenges are:

- Prevention and Early Help are seen as difficult to do and not everybody's priority.
- Prevention support doesn't always show immediate results.
- Stretched services due to lack of investment and provision in prevention awareness and intervention at an early stage.
- Residents across various age and demographic groups are sometimes unclear what services might be available to help them stay healthy and well.
- The current costs of ill health, providing health and social care and anticipated demographic changes in the next 20 years means it is not sustainable to continue to work as we currently do.

Our priority actions are:

- Review historic practices to develop, in partnership, the opportunities for a systematic approach to preventing ill health from birth through early years to older age and end of life, starting with those areas that need it most
- Funding of prevention services alongside existing services, to shift the system focus to helping people lead healthier lives at the earliest opportunity especially at a younger age.
- Embed prevention and early help across all system and organisational strategies, plans and policies and shift focus to community provision.
- Have joint accountability so that as a system we are preventing, reducing, and delaying need and associated costs.
- Prevent people from becoming ill through promoting healthy lifestyles and mental wellbeing and healthy communities.

We know we will have achieved this when:

- System strategies, budgets, plans and policies reflect a focus on prevention and early help and future proofing for our changing demographics.
- All partners are prioritising prevention and early help both at a policy level and in decision-making that resonates with our communities.
- People and communities are able to independently access prevention help and advice, and activities, with the support of partners if needed.
- A reduction in the gap between life expectancy and years spent in poor health by better outcomes for everybody.

Case study: Age Healthy Norwich

About

This project is aimed at 50-65 year olds with high blood pressure and weight concerns, to help prevent further deterioration in their health and wellbeing.



Age Healthy Norwich is a collaboration of VSCE providers who specialise in supporting people aged 50+ with their physical and mental health. The team consists of qualified staff from Age UK Norwich, Exercising People in Communities, Norwich Theatre, and Norwich Door-to-Door.

Two GP surgeries from OneNorwich PCN were involved in a pilot programme, which started in February 2022. 50 individuals from each surgery took part.

Approach

Participants could choose from a diverse range of over 30 activities which were a mixture of one-to-one or group-based and delivered within the home or garden, surgery, parks, community buildings or online.

Everyone received weekly one-to-one coaching sessions over a six-month period. This supported behavioural changes, helped to identify wider determinants of health (such as smoking cessation and healthy diets), accredited advice, hardship and transport subsidies as required.

Results

After six months, a variety of tools were used to evaluate participant goals and progress. These showed frequency of activity remained consistent over the six-months with a positive shift to more vigorous activity and walking. Time spent on physical activity increased from 4 hours-per-week to 5hrs 20 mins-per week, with time spent on vigorous activity trebling in duration.

Participants
rated the
quality of the
service **10/10**

Across all types of feedback, people reported improvements in sleep, anxiety, nutrition, and levels of physical activity – all factors that can impact high blood pressure and overall wellbeing. There was also positive improvement across the majority of factors, including life satisfaction, happiness, physical health, and life purpose, and a significant improvement in mobility and ability to perform activities of daily living.

Although participants received one-to-one coaching in their home, 50% of people were supported to connect to community clubs for ongoing self-care, increasing their levels of social connection, support, and friendships.

Age Healthy Norwich will be continuing this model into 2023. You can find out more by visiting their website at AgeHealthyNorfolk.org.uk.



Addressing inequalities: What's important strategically?

Those living in our most deprived communities experience more difficulties and poorer health outcomes. Health and Wellbeing Board members told us that this was magnified during the pandemic and gaps between communities widened.

We recognise that together, we need to deliver effective interventions, to break the cycle, mobilise communities and ensure the most vulnerable children and adults are protected. To be effective in delivering good population outcomes we need to most help those in most need and intervene by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale. Reducing inequalities in health and wellbeing will involve addressing wider issues that affect health, including housing, employment, and crime, with community-based approaches. These need to be driven by partnerships at a place level involving councils, health services, the voluntary sector, police, public sector employers and businesses.



Our key challenges are:

- Pockets of deprivation, poverty, and multiple overlapping risk factors for poor health outcomes.
- Seldom heard communities, the most vulnerable and those that are socially excluded experience additional difficulties accessing services.
- Not everyone has a positive experience when accessing and using our services.
- We have pockets of inadequate and poor housing, as well as inappropriate living conditions which are linked to poor health outcomes
- There are differences between some of our rural and urban communities in their levels of need and the support available to them.

Our priority actions are:

- Provide, share, and use the evidence to address needs and inequalities.
- Identify and target collaborative interventions, services and resources to those communities and areas that have more need.
- Plan for the future by joining up development planning and working with those with planning responsibilities.
- Consult and engage with residents, including those from seldom heard and excluded communities, to design and input into our services. This should include a variety of engagement methods and technologies.
- Ensure our services are easily accessible to all and improving accessibility to our services for those who need more support
- Build confidence and trust in everyone who engages with our services and learn from those with lived experience
- Reduce the impact of injuries, accidents and crime in our most deprived areas

We know we will have achieved this when:

- Populations in areas of most need show better health outcomes.
- There is an increase in availability of services in deprived and rural communities.
- We are consistently able to engage and support those in seldom heard communities and those who have previously experienced difficulties in accessing services.
- Our services are shaped by feedback from those with lived experience and everyone can access our services with confidence
- There is a reduction of injuries, accidents, and crime in our most deprived areas.

Case Study: Tricky Friends

Friendships are important and valuable to everyone and have a major impact on our health and wellbeing. Friendships are as important as healthy eating and exercise and support a sense of belonging. Belonging fulfils an important emotional health need and helps decrease feelings of depression and hopelessness.

It is important that people with learning disabilities and autism, those who have cognitive difficulties, and also children and young adults, have positive opportunities to make and maintain friendships. However not everyone who says they are your friend is genuine and some people can be exploited and abused by so called friends.

Over the last few years, Norfolk Safeguarding Adults Board (NSAB) have had discussions with groups and organisations in Norfolk who support people with learning disabilities and autism, about how to raise awareness of issues like exploitation, county lines, cuckooing.

We wanted to help them to do this, to reduce the risk of harm and exploitation in groups who may be less able to recognise the intentions of others. So, working with adults with learning disabilities and autism we have produced a short 3 minute animation called [Tricky Friends](#).

This video can be used with or by anyone - carers, family, organisations, groups, to start conversations about what good friendships look like and what to look out for if something is not right.



Tricky Friends has been adapted for children and young people, and there's now a version in Ukrainian for those working with refugee families and vulnerable adults.

NSAB has shared this resource nationally and now over 35 safeguarding adults boards and other organisations are using it



Enabling resilient communities: What's important strategically?

District, City and Borough Councils work hard with partners to identify areas of increasing concern, poverty and inequality across Norfolk and Waveney. Health and Wellbeing Board Members told us that, through the pandemic, local resilience arrangements were key to providing clear messages and communication with communities, partners, and members.

Communities have the knowledge, assets, skills, and ability to help their residents flourish. Communities and individuals that are able to meet their own needs have better outcomes. It is important that our services support those living in our communities to look after themselves and live an independent life for as long as possible.



Our key challenges are:

- Gaps in support services to enable people to live independent healthy lives in their communities for as long as possible.
- Inconsistencies in our communities with accessing help and support through a variety of means
- Loneliness and social isolation, especially for those with caring responsibilities.
- People and communities including those with lived experience are often not involved in planning and developing their environments and care, as well as shaping the redesign of services and support.

Our priority actions are:

- Support people to live independent healthy lives in their communities for as long as possible, through promotion of self-care, early intervention, and digital technology where appropriate.
- Enable local resources, skills, and expertise to help people, families, and communities to thrive by accessing local support through the use of community assets such as green spaces, village halls, leisure centres etc.
- Build capacity in our voluntary, community and social enterprise, faith groups and third sector.
- Create healthy environments so healthy choices are the easiest choices.
- Improve access and encourage people to use our natural and cultural landscapes to benefit their physical, mental and emotional wellbeing.
- Identify investment and funding opportunities from a variety of sources to develop new initiatives e.g. to combat loneliness and isolation.

We know we will have achieved this when:

- There is increased partnership working and engagement of local authorities, parish councils, the voluntary, community, faith groups and third sector offering.
- There are better health outcomes such as decrease in admissions because of early interventions and more support services in the community.
- More people are independently able to access the support they need by using a variety of methods such as digital tools, apps and websites.
- Personalised advice is helping people to navigate our services and the use of self-directed support, such as new technologies and innovative models of care, are engrained in people's experiences.
- Healthy living environments are created at a local level through good holistic Planning design.



Case study: Lowestoft Rising - The Power of Collaboration

Lowestoft Rising is a multi-agency place partnership set up to take a holistic and asset-based approach to tackling the challenges faced in the town. Just over £500,000 of investment by the Lowestoft Rising funding partners over seven years has generated more than £4m of funding for the town. The funding partners are East Suffolk Council, Suffolk County Council, Great Yarmouth and Waveney ICB and Suffolk Police/Police and Crime Commissioner, but Lowestoft Rising is so much more than funding.

A few of our key achievements include our Mental Health Ambassador role and Positive Mental Health Manifesto, the Lowestoft Interventions process – where we work together to triage and support the most vulnerable, enabling Lowestoft Solutions (the first social prescribing project in Suffolk), our schools mentoring programme, high impact Cultural Education Partnership, work around homelessness and street drinking and our innovative 'Collaboration Academy' to inspire current and future leaders to work across organisational boundaries.

Current priorities are supporting vulnerable people (including financial and food poverty, substance misuse), mental health and wellbeing, and aspiration and achievement in young people. Our emphasis is on maximising the benefits of integration and partnership working for Lowestoft (including through the new Place Board, Waveney Health and Wellbeing Partnership and Waveney Health and Wellbeing Network, as well as the existing Lowestoft and Northern parishes Community Partnership), and inspiring individuals and families to believe in a better future.



Social Prescribing

- Operating in all GP surgeries across the town where patients with long-term conditions can access a holistic package of care within the community, through Solutions Lowestoft.
- Delivered by Citizens Advice North East Suffolk and funded by Better Care Fund, East Suffolk Partnership and the Suffolk Transformation Challenge Fund (plus Kirkley Mill) to March 2021.
- There was an approximately 40% reduction in GP appointments in the six months after support compared to the six months before but, more importantly, much better life outcomes for individuals.

"I am so pleased to have seen the adviser at Solutions because I know they are professional and they aren't going to scam me. I am being taken seriously because they are in the surgery so I know I can trust them".

"After visiting Solutions I feel like everyone is coming together to help me and I am going to be able to sort everything out now. For so long I have been getting bits of advice from 'here and there' and have never resolved anything".

"I felt the appointment with Solutions was really good, the adviser listened to me and took lots of notes. She is going to get some information to send to me so it was 45 minutes well spent".

Food Bank response

- Signpost East-led Food Bank collapsed in November 2017. An interim solution was quickly deployed by Access Community Trust to maintain food bank service across most sites – with 22 tons of food moved by volunteers to a new storage site.
- Lowestoft Community Church launched a new Food Bank in February 2018, with college and church volunteers working together. This provides six-day coverage across Lowestoft, plus an outreach service.
- There is a Free Period Scheme (sanitary products) in schools, colleges, and the library, which is now funded by national government.
- Special homeless persons Food Parcels are allocated by MEAM workers.
- 2 Year celebration event held for the 70+ volunteers who help keep the food bank running and helping to provide on average 750 parcels per month.

How can we make a change?

Working together is an opportunity to achieve joint outcomes, as a partnership we commit to:

- **Identifying the actions** that each Integrated Care and Health and Wellbeing Board partner will take in delivering our strategy, either through their existing plans or new initiatives.
- **Developing a joint system plan** so we can focus on the important things we have agreed to do together.
- **Holding ourselves to account** and be an accountable public forum for the delivery of our priorities.
- **Monitoring our progress** by reviewing data and information that tells us if we are making an impact.
- Reporting on our progress to the Integrated Care Partnership and/or Health and Wellbeing Board and **challenging ourselves** on areas where improvements are needed and supporting action to **bring about change**.
- **Recognise that social exclusion** impacts health outcomes, experiences, and access, and will require us to work different to include and involve better.
- **Developing and promoting a culture** within our system that actively addresses the **prevention of abuse and neglect** across all ages.
- **Keeping our Strategy live** and reflecting the changes as we work together towards a single sustainable system.

Plans for the transitional strategy going forward

The guidance from the Department for Health and Social Care outlines various areas where the Integrated Care Strategy must or should develop to be comprehensively support the health and care of our communities. As this document is a transitional strategy, which encompasses both the Joint Health and Wellbeing Strategy for Norfolk and the Integrated Care Strategy for Norfolk and Waveney, we plan to build on what is here to ensure we meet those requirements.

Over the coming months we will:

- Meaningfully engage with people, services and staff across Norfolk and Waveney.
- Identify areas of unwarranted variation and disparities in health and care outcomes.
- Identify gaps in our knowledge and research.
- Consider whether the needs outlined in the transitional strategy could be more effectively met with an arrangement under section 75 of the NHS Act 2006.
- Continue to work with partners in children and young people's services to highlight the safety and development of early years and transition into adulthood.



Improving lives **together**

Norfolk and Waveney Integrated Care System