

Health and Wellbeing Board Agenda



BRISTOL CCG

Date: Wednesday, 21 February 2018

Time: 2.30 pm

Venue: The Writing Room, Floor 1, City Hall, BS1 5TR

Distribution:

Mayor Marvin Rees, Dr Martin Jones, Justine Rawlings, Alison Comley, Julia Ross, Cllr.Asher Craig, Cllr.Helen Godwin, Cllr.Helen Holland, Cllr.Anna Keen, Becky Pollard, Vicki Morris, Elaine Flint, Keith Sinclair, Steve Davies, Justine Mansfield and Dr Pippa Stables

Invited Attendees:

- Julia Clarke – CEO Bristol Community Health
- Hayley Richards – CEO Avon & Wiltshire Mental Health Partnership
- Robert Woolley – CEO University Hospital Bristol
- Andrea Young – CEO North Bristol NHS Trust

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Date: Tuesday, 13 February 2018



Agenda

1. Welcome, Introductions and Safety Information **2.30 pm**

2. Apologies for Absence and Substitutions

3. Declarations of Interest

To note any declarations of interest from the Councillors. They are asked to indicate the relevant agenda item, the nature of the interest and in particular whether it is a **disclosable pecuniary interest**.

Any declarations of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

4. Minutes of Previous Meeting

To agree the minutes of the previous meeting as a correct record.

(Pages 4 - 8)

5. Public Forum

Up to 30 minutes is allowed for this item.

Questions & Petitions & Statements must be about items on the agenda for this meeting.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to democratic.services@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:-

Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest by 5 pm on Thursday 15th February 2018.

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest by 12.00 noon on Tuesday 20th February 2018.



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- 6. New Board, Framework and City Plan Discussion** **2.40 pm**
- 7. Bristol Safeguarding Adults Board Annual Report 2016-17** **3.05 pm**
To receive the report & presentation from Louise Lawton, Independent Chair of Bristol Safeguarding Adults Board. **(Pages 9 - 62)**
- 8. Bristol Safeguarding Children Board Annual Report 2016-17** **3.30 pm**
To receive the Annual Report from Sally Lewis, Independent Chair of Bristol Safeguarding Children Board **(Pages 63 - 117)**
- 9. Bristol Pharmaceutical Needs Assessment 2018** **3.55 pm**
The Board is asked to approve & endorse the report that must be published before the 1st April 2018. **(Pages 118 - 251)**
- 10. Joint Strategic Needs Assessment (JSNA) Equalities Data** **4.10 pm**
The Board to endorse the outcomes from the JSNA Equalities Data sub-group, established to address concerns raised around gaps in equalities data at the June 2017 HWB meeting. **(Pages 252 - 257)**



Bristol City Council
Minutes of the Health and Wellbeing Board

13 December 2017 at 2.00 pm



Board Members Present: Mayor Marvin Rees, John Readman, Asher Craig, Helen Godwin, Helen Holland, Vicki Morris, Elaine Flint and Keith Sinclair

Officers in Attendance:-

Claudette Campbell (Democratic Services Officer)

1. Welcome, Introductions and Safety Information

The Mayor, took the Chair and welcomed all present and led introductions.

2. Apologies for Absence and Substitutions

The following apologies were given;

- Dr Martin Jones
- Julia Ross
- Justine Rawlings
- Cllr Anna Keen
- Steve Davies
- Justine Mansfield
- Alison Comley

Subs

- Richard Lyle on behalf of CCG partners

3. Declarations of Interest

None

4. Public Forum

None



5. Minutes of Previous Meeting

The Board were asked to agree the minutes of the previous meeting.

That subject to the noting of the following the minutes of the 25th October 2017 was confirmed as a correct record.

The following were noted:

- a. John Readman requested that the Board's Resolution should be noted as 'Approved' or 'Endorsed' in place of noted. Asking that this be applied to agenda items 7 & 8.
- b. Elaine Flint referenced her comments during the discussion at the 25th October 2017 meeting about the 16th August minutes, when the BNSSG Operational plan was an agenda item. She had sought, and the Board agreed that the HWB Board should have sight of the Board membership for the BNSSG CCG Board. The projected time for this to happen was March 2018.

6. Corporate Parenting Strategy Refresh - Bonnie Curran

Anne James, Head of Service, Permanency and Specialist Services, presented the Corporate Parenting Strategy 2018.

The HWB were asked

- to endorse the Corporate Parenting Strategy
- to lead on Priority 7, to improve health and well-being by providing high quality services and information to children, young people and carers.

The following was highlighted:

- It had been 2 years since the launch of the Strategy in 2015; it was time to review; consider what worked well; to note the remaining challenges.
- There had been changes in legislation and national policy, notably the Children and Social Work Act 2017 that imposes further duties to support those leaving care to the age 25.
- Young people through the Children in Care Council and Care Leavers United group were consulted to ascertain their views and priorities.
- City Partners participated in the consultation process. During the process they were requested to reaffirm their commitment to the strategy.
- Priority 7 of the strategy is supported with 4 Actions:
 - **Action 1:** We will improve the timeliness of health assessments and ensure that health care action plans are shared with carers, children and young people and other professionals involved in their care as appropriate.



- **Action 2:** We will pilot the use of personal budgets to support emotional and mental health
- **Action 3:** We will implement the recommendations of the CQC thematic review 2017 into children and young people's mental health.
- **Action 4:** Review the quality of health passports with care leavers and implement their recommendations for improvement.

The following was noted from the discussion that arose:

- a. Cllr Craig requested sight of the more detailed plan of action that enabled the Strategy. AJ confirmed that this could be provided. That there was a strategic delivery group, that was multi-agency based, supporting the delivery of the strategy. That would test and provide concrete evidence to demonstrate achievements and challenges.
- b. Cllr Holland supported keeping the Strategy at Board level to ensure the principles of the Strategy was everyone's business. It was proposed that the HWB review progress quarterly to enable it to take responsibility for the outcomes.(Action AJ)
- c. A discussion on how those outcomes would be measured followed and it was proposed that Statistics would be shared with the HWB on the priorities. (Action AJ)
- d. Richard Lyle (CCG) shared that partners were mapping ways to share best practice and resources around Children's services.
- e. Vicki Morris supported the strategy commenting on the challenge to improve the education outcome for care leavers and the importance of their retention in the education system as opposed to exclusion.
- f. Mayor Rees, endorsed the good practice of engaging with City partners, including the business sector, to fulfil the priority outcomes. The challenge was to negotiate, in such away, with the business sector to draw out their requirements but to build in their commitment to fulfilling the cities strategy priorities.
- g. Discussion extended to identifying the need to share the strategy citywide to capitalise on the voluntary sector and good will of those wanting to contribute. Ensuring wide spread media communication in easy digestible formats on all platforms.

The HWB RESOLVED:

- a. **To endorse the Strategy**
- b. **To hold all partners to account**
- c. **To lead, that is champion and be accountable for the outcomes of priority 7 and listed actions by way of quarterly reviews to monitor progress.**

7. CAMHS CQC Thematic Review Update - Rebecca Cross

Rebecca Cross, Strategic Commissioning Manager, presented the briefing document on the outcome of the CQC Thematic Review of children and young people's mental health services and recently published DOH/DOE Green Paper 'Transforming Children and Young People's Mental Health Provision'.

The following was highlighted from the report:



- Bristol had been chosen as one of the ten authorities to participate in the thematic review because of its existing joint working arrangements across partner agencies.
- The consultation on the green paper will take place over a 13 week period closing at noon on Friday 2nd March 2018.
- The government proposes to commit the sum of £310 million in new funding to support mental health in young people.
- That this work had been led by Bristol's Local Transformation Priorities and it involved identifying early signs of poor mental health and promote early intervention. Examples of strategies adopted; having leads in schools; engaged health professionals across Bristol to support the model.

The following was noted from the discussion that followed:

- a. The Mayor thanked the team on behalf of the board for the work done on this and in respect of the CQC thematic review. In addition the efforts made to support engagement and joined up working across all partners.
- b. The summary in the briefing document indicated that services were described as fragmented, the Board sought assurances and actions to overcome this assessment. It was explained that all opportunities would be taken to engage partners to signpost them to services and at the same time balance the flow of information to avoid information overload.
 - Thrive programme had been launched successfully
 - There would be links to Education Conferences and School forums
 - Targeted communication via GP bulletins and other media platforms
- c. John Readman, Strategic Director: People, confirmed that Adult Care would be submitting a separate response to the Green Paper.
- d. An explanation was sought on the reference made in the report to the 60% success rate of CAMHS and what were the identifiable traits of the unsuccessful 40%. There were no clear statistics on those likely to make up the 40% as CAMHS was not a solution that suited all service users.
- e. Richard Lyle advised that work was underway to consider ways to impact this area through innovation. All were reminded that change arose from local innovation that escalate upwards and in turn drives national change. The aspiration was to widen the pool of resource by seeking out new opportunities. That work continues nationally to identify what mental health strategies were effective.

Resolved: In this instance the Board was asked to Note the briefing paper

1. Note the early feedback on the CQC Thematic Review
2. Note DOH/DOE Transforming Children and Young People's Mental Health Provision: a Green Paper
3. That Adult Social Care would provide a response to the Green Paper

Meeting ended at 2.47 pm



CHAIR _____





Bristol Health & Wellbeing Board

Bristol Safeguarding Adults Board Annual Report	
Author, including organisation	Louise Lawton, Independent Chair of the Bristol Safeguarding Adults Board
Date of meeting	21 st February 2018
Report for Information/Discussion/ Decision [delete as appropriate]	

1. Purpose of this Paper

Fulfil the statutory requirement for the Health and Wellbeing Board to receive a copy of the Bristol Safeguarding Adult Board Annual Report.

2. Executive Summary

The full Annual Report is provided with this paper as required under legislation.

Key areas for discussion are:

- Mental health delivery in Bristol
- Safety and provider quality
- Role of commissioners in out of area placements
- Profile of Safeguarding within Health and Wellbeing

3. Context

Local Safeguarding Adults Boards (LSABs) are required in every Local Authority are under the Care Act (2014). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area The LSAB is independent and is not subordinate to, nor subsumed within, other local structures. One function of the LSAB is the production of an Annual Report which sets out transparently the performance and effectiveness of local services in safeguarding adults with care and support needs. This must be submitted to the Health and Wellbeing Board Chair and other key decision makers as set out in the Care Act Guidance. The guidance outlines that it is expected that the Health and Wellbeing Board will fully consider the contents of the report and how they can improve their contributions to both safeguarding as a result of it. This paper is being submitted along with the 2016-2017 Bristol Safeguarding Adults Board (BSAB) Annual Report. This report was sent to the Chairs of the Health and Wellbeing Board when it was completed last summer however due

to the changes to the Health and Wellbeing Board it has only now been possible to bring it to the Board.

4. Main body of the report

Safeguarding Arrangements in Bristol:

When the 2015-2016 BSAB Annual Report to the HWB last year we highlighted significant concerns about the safety of mental health services in the city. One of the pieces of work HWB agreed to pursue was the support of care and supported accommodation providers through a consultation service. There has been no response from HWB on this issue. It remains a concern of the BSAB that this is a significant gap with many complex adults being managed in community settings with limited support to the housing and/care providers who are managing the immediate risk much of the time. This was reinforced again to the BSAB in the Melissa Safeguarding Adult Review (SAR) and murder of Kamil Ahmad in 2016 which is currently subject to a SAR. We are also concerned that there are not sufficient Section 2 doctors always available to respond to people in mental health crisis out of hours. This has been escalated to the Clinical Commissioning Group and Bristol City Council but should be an area of risk that the HWB is cited on.

Furthermore, we are aware that there is a review of the mental health pathway. This process has been ongoing for a significant period of time and the BSAB has requested regular updates due to the concerns about the response of mental health services raised in three Serious Case Review Mr C, RC and Simon Reynolds. Both the BSAB and HWB require assurance that this process is improving services and we would recommend that a joint dashboard is developed to support oversight of this area of work.

Our Annual Report 2016-17 found that 38% of safeguarding incidents in 2016-17 were reported by care providers, an increase on the 29% reported in 2015-16. While we are reassured that in part this is due to the increased understanding of responsibility under the Care Act (2014) since its implementation in 2015, HWB and BSAB should be concerned about the level of abuse and harm adults in Bristol are exposed to within care settings and through Home Care providers. Neglect and Acts of Omission remain our highest reported form of abuse. We therefore intend to have a strategic focus on improving the quality of care in the city in 2018-2021. Commissioners should have comprehensive plans as to how they are improving the quality of care provided by their commissioned services and how we improve the safety of adults in these settings. The HWB should consider the impact of poor care on health inequality and outcomes for this vulnerable population.

From a wide range of sources, we are aware that there remains a lack of understanding across professionals in the city as to how to apply the Mental Capacity Act. This is an issue regionally and we need to continue to support professionals in improving their practice in this area.

Safeguarding Adults Review (SARs):

The BSAB published two reviews in 2016-2017 – Mr C who died in a fire in his flat which was exacerbated by hoarding and self-neglect; and Simon Reynolds who died at a Place of Safety. Both of these reviews highlighted concerns with the mental health provision in the city as indicated above.

In 2017-2018 the BSAB has published one review 'Melissa' following the murder of a young woman in a care home by another resident. Both residents had learning disabilities. This review highlighted the significant risk of adults placed in the city from out of area as both Melissa and the young man were. This meant there was no local knowledge of the risk posed by the young man who had a significant history of concern. There is currently no notification system for adults being placed out of area. This is a significant risk to other adults in those environments and the services locally they access. Furthermore we need commissioners to assure us that Bristol adults placed in provision out of Bristol have sufficient safety and risk management plans in place given the lack of local oversight.

Community Engagement:

As partnerships in the city it is important that we continue to raise the profile of safeguarding within strategic delivery and public and professional understanding. In order to increase safety and early intervention we need to better equip the public to understanding how to report concerns both about themselves and about their family, friends and community members.

5. Key risks and Opportunities

The BSAB have identified multiple areas of ongoing risk in Bristol's mental health provision which remain unaddressed over a significant period of time.

There is an opportunity in 2018 for HWB to work more effectively with BSAB. We would welcome steps taken to improve BSAB's oversight and assurance role of the other city partnerships. We would welcome the development of some key measure or indicators, and the development of a shared mental health dashboard that minimises duplication but supports the functions of the BSCB, BSAB and HWB.

There are ongoing significant risks in our care and home care provision due to the high level of abuse and neglect reported in these settings.

The BSAB have identified concerns that the current financial pressures across the partnerships in the city bring significant risk that adults with care and support needs could be exposed to higher risk or not able to access support to reduce risk at the earliest opportunity. We are concerned that as multiple agencies cut and restructure services at the same time, this may have unintended consequences if decisions are not made in partnership.

6. Implications (Financial and Legal if appropriate)

7. Evidence informing this report.

What evidence have you used to inform:

- Evidence of need and the case for change (eg. **JSNA**, activity data, patient feedback, national directive etc)
- Evidence of effectiveness of proposed solution/initiative/new service

The BSAB Annual Report includes evidence from multi agency data sets, audits, Safeguarding Adults Reviews, practitioner events, national research and consultation with children.

8. Conclusions

The BSAB welcomes the refreshed and reframed structure of the HWB as an opportunity to highlight the need for a core focus on safeguarding within all partnerships' work. We would ask that a safeguarding lens is applied to decision making within the HWB so that commissioning and delivery decisions are understood in this context. There are significant risks for our adult population with care and support needs. This is an ageing population whose care needs are becoming increasingly complex. We would appreciate strengthening the governance arrangements between the two boards to enable quicker escalation of concerns.

9. Recommendations

1. .HWB responds to issues raised by the BSAB Chair following the 2015-2016 Annual Report that mental health consultation support for accommodation and care providers should be commissioned as this is yet to be resolved
2. HWB establishes a shared data dashboard with BSAB about the effectiveness of provision of mental health services to improve scrutiny, consistency and shared drive
3. HWB reports to the BSAB on their plans to improve safeguarding within mental health services in the city
4. HWB JSNA to include scrutiny of the impact of neglect and acts of omission for adults with care and support needs

5. HWB to work with the other city partnerships through the partnership chairs group to develop clearer escalation and governance processes at this time of change

10. Appendices

Bristol Safeguarding Adults Board Annual Report 2016-2017

BRISTOL SAFEGUARDING ADULTS BOARD

Page 14



ANNUAL REPORT 2016-17

Bristol Safeguarding Adults Board

ANNUAL REPORT 2016-17

MESSAGE FROM THE CHAIR

I am very pleased to present Bristol Safeguarding Adults Board Annual Report for 2016 - 2017. Safeguarding is everyone's business; all adults have the right to live a life free from abuse. Bristol Safeguarding Adults Board leads adults safeguarding arrangements across the city. The report identifies the work we have undertaken between April 2016 and March 2017 to make improvements to our safeguarding systems and practice across Bristol.

Much of what has been achieved over the last 12 months has been the result of all relevant agencies across Bristol continuing to work together for the benefit of the community. In order to continue to improve practice work has been completed to ensure that practitioners have access to local guidance and procedures, including the development of our first Prevention and Early Intervention Strategy and multi-agency guidance on self-neglect which was informed by a Serious Case Review we published. Improvement to practitioners' understanding of the Mental Capacity Act was one of our priorities this year and we held our second joint safeguarding conference with South Gloucestershire on this subject. We secured a nationally renowned speaker and attendance and feedback was excellent.

We have continued to build the support structures for the Board and it was pleasing to launch the Joint Business Unit this year. The challenges experienced in recruitment to some of the posts in the unit alongside the considerable amount of work associated with our Serious Case Reviews and Safeguarding Adult Reviews has resulted in some areas of work not being taken forward as we would have wished. I am confident that with the continued multi agency commitment to our work this will be rectified over the coming year.

I remain mindful of the continued pressures on partners in regards to resources. I would like to thank all members of the Board and our Sub Groups for their continued commitment and expertise. In particular I would like to thank Tracey Judge, Victoria Caple, Claire Hayward and Paulette Nuttall who chair and lead the work of our Sub Groups and whose energy and resolve has been invaluable in driving our work forward. The Board will continue to look at ways it can operate more efficiently by working more closely with the Bristol Safeguarding Children Board and other relevant forums both locally and regionally.

As always there remains much work to do over the next 12 months. In particular we will continue to oversee and assure the learning from our Serious Case Reviews. We have made some progress in engaging with the public in our work but there is more we can do to ensure that our activities are informed by all groups across our community. We will also enhance our understanding of new challenges to the safeguarding agenda such as modern slavery, human trafficking and sexual exploitation. These are areas in which vulnerable people can be at increased risk or targeted. We need to ensure our safeguarding responses are appropriate and robust.

Page 16 The next year will be demanding but these demands can be overcome more effectively by maintaining the strong multi agency partnership that has been established by the Board. I look forward to leading the work of the Board over the next 12 months alongside all our partners as we continue to safeguard vulnerable people across Bristol. I hope both members of the public and practitioners find this report valuable and interesting. The Board welcomes feedback and comments on its contents. If you would like to make a contribution to our work please contact BSAB@bristol.gov.uk



Louise Lawton

Independent Chair of Bristol Safeguarding Adults Board

CONTENTS

EXECUTIVE SUMMARY 5

1. ABOUT THE BOARD 9

WHAT IS SAFEGUARDING ADULTS? 9

BRISTOL SAFEGUARDING ADULTS BOARD STATEMENT OF PRINCIPLES..... 10

INDEPENDENT CHAIR..... 11

JOINT BUSINESS UNIT 11

LEAD MEMBER 12

BOARD MEMBERSHIP 13

BOARD ATTENDANCE..... 15

BOARD STRUCTURE AND SUB GROUPS 18

FINANCIAL ARRANGEMENTS 2016-2017 20

2. TRANSPARENT ANALYSIS OF SAFEGUARDING IN BRISTOL..... 22

BRISTOL CONTEXT 22

SAFEGUARDING ADULTS REFERRALS AND ENQUIRIES 25

SECTION 42 SAFEGUARDING ADULTS ENQUIRIES 26

CONSENT..... 27

PREVALENCE OF ABUSE..... 29

Page 17

DEPRIVATION OF LIBERTY SAFEGUARDS..... 31

CARE QUALITY COMMISSION..... 31

3. STRATEGIC PLAN UPDATE 33

PREVENTION 33

PROTECTION 34

PARTNERSHIP AND ENGAGEMENT 35

ACCOUNTABILITY - SELF-ASSESSMENT SAFEGUARDING AUDIT 36

4. NEW MODELS AND PILOTS 39

THREE TIER MODEL..... 39

MASH PILOT 2016 40

CONNECTING CARE 41

INSPIRE BETTER HEALTH TRAINING 41

ONE25 IN-HOUSE SCRIPTING SERVICE 42

SWARM APPROACH TO PRESSURE SORES 42

5. SAFEGUARDING ADULTS REVIEWS (SAR) 43

6. PRIORITIES FOR 2017-2018 47

EXECUTIVE SUMMARY

2016-2017 has seen the Bristol Safeguarding Adults Board grow and develop as it established itself in its second year as a statutory Board. We've remained committed to the Six Principles of Safeguarding and ensuring that a strong and effective partnership is at the heart of the city's work to ensure that we safeguarding adults from abuse and neglect.

PREVENTION

This year the BSAB launched the Prevention and Early Intervention Strategy and undertook a inter-agency Learning and Development Needs Assessment.

The Prevention and Early Intervention Strategy sets out everyone's roles in making sure we stop abuse or neglect happening to adults in the first place. Next year we will be auditing how well organisations have done in making sure there are services and support available for adults at the earliest opportunity.

The inter-agency training needs assessment identified inter-agency training would be beneficial in the areas of Mental Capacity Act, Self-Neglect and Prevent. The BSAB does not currently have funding to have our own trainer however we are writing a range of training materials that will be able to be downloaded from our website. We are raising awareness of the Bristol City Council Self Neglect training which



is open to professionals across the city, and we provided a conference focused on Mental Capacity Act and Human Rights to support inter-agency development in this area of work.

BSAB also launched a range of new posters and leaflets to raise awareness in professionals and the public in what safeguarding adults is and how to report abuse.

PROTECTION

Bristol Safeguarding Adults Team received 4,205 contacts this year concerning adults believed to be requiring safeguarding. The Board published two Serious Case Reviews and commissioned a further Safeguarding Adults Review. These reviews are undertaken when an adult with care and support needs dies or is seriously injured as a result of abuse or neglect.

Page 20

One area we have developed to support the ongoing improvement of practice working together to safeguard adults, in response to these reviews, is the available policies and guidance for professionals working in the city. This year we've published four new guides to help professionals work better together. They are all on our website www.bristolsafeguarding.org. These guides were developed in partnership with a wide range of organisations in order to review where practice was effective and how to strengthen pathways to support this.



The four new policies are:

- Guidance for agencies for working with adults at risk
- Resolution of Professional Disagreements in Work Relating to the Safeguarding of Adults
- Information Sharing Guidance and Quick Guide to Information Sharing
- Multi-agency Guidance on Self-Neglect

PARTNERSHIP AND ENGAGEMENT

Page 21



This year the BSAB agreed to fund the development of a new, independent website. This has been a big piece of work and the website will go live in July 2017 at www.bristolsafeguarding.org. This website will help the public and professionals know they have the right information and be kept up to date with what we are doing.

We will also be launching our new Twitter account @BristolLSAB as part of the Website launch. Follow us to find out more!

ACCOUNTABILITY

The Board maintains oversight of the reporting on the Safeguarding Arrangements in the city. We have identified a gap in the data we receive in respect of adults experiencing a mental health crisis. We will seek to address this in 2017-2018.

The levels of safeguarding referrals for adults at risk have risen very slightly this year. Concerns for adults living at home remain in the majority, followed by adults in care settings. Care providers make up 38% of the referring agencies. When reviewing the person believed to be causing abuse or neglect, the highest proportion of safeguarding concerns referred to Bristol City Council are linked to a professional care, health or social worker. Family members are the second highest source of concern. In responding to these safeguarding referrals, the Board was provided data that indicated an increase in the number of adults whose objectives were met or partly met through the safeguarding investigation process which is positive progress. There is on-going work required to ensure that adults' advocates are reported and recognized through the safeguarding process, particularly if they are family members rather than professional advocates.

Page 22

LOOKING AHEAD

The BSAB still has much to do to achieve its three year Strategic Plan. We aim to use our new online profile to increase engagement with the public and accessibility of good quality, accurate information for professionals. We need to establish a robust schedule of multi-agency audits to ensure that adults are not falling through gaps between services and assure ourselves on the interpretation and analysis of the data we are provided. We know we must continue to work closer with Children's Services across the city, particularly improving the recognition of abuse of younger adults, better coordinating whole family responses and in sharing expertise and resources. As ever in safeguarding adults, we need to keep raising awareness and equipping professionals and the public in the identification and response to abuse in all forms.

1. ABOUT THE BOARD

Governed in accordance with the provisions of the Care Act 2014 sections 42 – 46, the BSAB is the key statutory body overseeing multi-agency adult safeguarding arrangements across the City of Bristol. It was established in line with the statutory requirement to have a Local Safeguarding Adults Board in each Local Authority area set out in the Care Act 2014.

The BSAB comprises senior leaders from a range of different organisations. It has two basic objectives **to help and protect adults who meet the criteria for safeguarding by co-ordinating the safeguarding work of agencies and to ensure that this work and the work of individual organisations effective.** It oversees and leads on adult safeguarding across the locality and considers a range of matters that contribute to the prevention of abuse and neglect. These include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders, and responsiveness of further education services.

Page 23

WHAT IS SAFEGUARDING ADULTS?

Safeguarding adults is about protecting those at risk of harm from suffering abuse or neglect. Abuse can happen anywhere. It can happen at home, in a residential or nursing home, in a hospital, at work or in the street.

Safeguarding adults is about working with adults with care and support needs to keep themselves safe from abuse or neglect. It is about people and organisations working together to prevent abuse.

Section 42 (1) of the Care Act 2014 states: Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;

- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

BRISTOL SAFEGUARDING ADULTS BOARD STATEMENT OF PRINCIPLES

Safeguarding is a responsibility for everyone. The following 6 key safeguarding principles must be followed and underpin the ways in which the BSAB agencies, professionals and other staff work with adults:

1. **Empowerment** – Presumption of person led decisions and informed consent. People feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others.
2. **Prevention** – It is better to take action before harm occurs. Working on the basis that it is better to take action before harm happens.
3. **Protection** – Support and representation for those in greatest need. Support and help for those adults who are vulnerable and most at risk of harm.
4. **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. Responding in line with the risks and the minimum necessary to protect from harm or manage risks.
5. **Partnership** – Local solutions through services working with their communities. Working together in response to local needs and expectations.
6. **Accountability** – Accountability and transparency in delivering safeguarding. Focusing on outcomes for people and communities and being open about their delivery.

INDEPENDENT CHAIR

The Independent Chair of the BSAB is Louise Lawton. Louise has held this post since October 2014. She is supported by the Bristol City Council Service Manager for Safeguarding Adults; a Safeguarding Business Unit Manager; and the BSAB's Joint Business Unit which was set up in partnership with the Bristol Safeguarding Children Board. The Independent Chair is tasked with ensuring the Board fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements.

The ultimate responsibility for the effectiveness of the BSAB rests with the political leaders of Bristol City Council and the Chair is accountable to Chief Executive (City Director of Bristol City Council).

Page 25 JOINT BUSINESS UNIT

As set out in the 2015-16 Annual Report, the BSAB's partner agencies agreed to fund the implementation for a Joint Business Unit in partnership with the BSCB. This unit was implemented in September 2016. It consists of:

- 1 Business Manager
- 1 Policy and Projects Officer
- 1 Project Officer
- 0.5 Data Analyst
- 1.5 Administrators



There have been delays in recruiting to the positions of the Data Analyst and half time administrator so these positions were vacant in 2016-2017.

Adam Bond, Business Manager, moved to a new post in November 2016. Becky Lewis was recruited to the position and joined the team in March 2017.

The vacancies within the BSAB Business Unit and the volume of work required to undertake the commissioned Safeguarding Adults Reviews have significantly impacted the work of the Board in 2016-17. While we have made good progress a number of key areas have not had the resourcing required, for example there is not sufficient data analysis. The BSAB recognises these risks to the Board's functioning and is working hard to minimise the risk and recruit to the posts.

The team supports work across both the Children and Adults Safeguarding Boards promoting better cross-working and responsible stewardship of resources through reducing duplication and Board administrative functions. This has proved very positive in the first six months with a focus on joint projects.

LEAD MEMBER

The Lead Member for Adult's Services has the responsibility for ensuring that Bristol City Council fulfils their legal responsibilities to safeguard children and young people. Councillor Claire Champion-Smith was the Lead Member for the BSCB until the end of March 2017 when Helen Holland became Cabinet member for Adult's Services.

“Undoubtedly, one of the most important roles for a local authority is to protect vulnerable people of all ages from harm. Adults can be vulnerable for a range of reasons – some through physical and mental incapacity, some through self-neglect and some because they are preyed on and abused by those they trust. Some are vulnerable through

historic abuse that was not challenged at the time. All need appropriate care and support if they are to live safe and content lives.

For all the agencies involved in their care, there is the tricky challenge of personal rights and freedoms to negotiate: this is an aspect that the public do not always understand. Facilitating a shared understanding of human rights and responsibilities is, to my mind, an important task for the Board. Resources are tight in all public services, need is increasing so trust based on shared understandings and common purpose is essential. Without a strong and effective board, some residents of Bristol could so easily slip through the safety net.

I would like to thank the Board for its work on behalf of adults in the city. I trust you find this report wide ranging and interesting and a reminder that safeguarding is the responsibility of us all."

Clare Campion-Smith (Bristol City Council, Lead Member for Adults 2016-2017)

BOARD MEMBERSHIP

The following organisations are the core statutory members of the Board and operate as an Executive Group with responsibility for overseeing the governance of the BSAB:

- Bristol City Council
- Bristol Clinical Commissioning Group (NHS)
- Avon and Somerset Constabulary

Alongside the above the following partners are also members of the Board.

- NHS England
- University Hospitals Bristol NHS Foundation Trust
- North Bristol NHS Trust
- BCC Councillor (Lead Member) for People Directorate
- Avon and Wiltshire Partnership Mental Health NHS Trust
- National Probation Service
- BGS Community Rehabilitation Company
- Bristol Community Health
- Care Provider Representatives
- Voluntary Sector Representatives

Page 28

A number of organisations are Associate Members of the Board. Associate members support the work of the Board and its Sub Groups but only attend meetings with agenda items relevant to their organisational remit. They are comprised of the following organisations:

- The Prison Service
- The Crown Prosecution Service
- Care Quality Commission (CQC)
- South West Ambulance Service NHS Trust
- Healthwatch – The Care Forum
- Avon Fire and Rescue
- Voluntary, Faith and Community Sector organisations
- Representatives of service users and carers' forums

BOARD ATTENDANCE

Board members' attendance is monitored by the Joint Business Unit to ensure agencies' commitment to this work. If there is repeat non-attendance this is challenged by the Board Chair. Some associate members of the Board do not regularly attend unless there is a relevant item for them. Their attendance is therefore not included below.

Page 29

P	Present
D	Deputy attended
A	Apologies sent
NA	No attendance or apologies
0	Not Board member at the time

Membership	Role	Agency	May-16	Aug-16	Nov-16	Feb-17	% attendance
EXEC	Board Chair	Independent	P	P	P	P	100%
	Director of Adult Social Services	Bristol City Council - Adult Social Care	P	P	P	D	75%
	Investigations Head of Manage	Avon & Somerset Police	D	P	P	P	75%

	Transformation and Quality Director	Clinical Commissioning Group	P	P	D	D	50%
FULL BOARD MEMBER	Clinical Director	Bristol Community Health	P	P	A	D	50%
	Transformation and Quality Director	Clinical Commissioning Group	P	P	A	A	50%
	Senior Probation Officer	BGSW CRC	P	A	NA	NA	25%
	Head of Bristol & South Glos LDU	National Probation Service	D	D	A	D	0%
	Lead Cabinet Member	Bristol City Council	A	P	A	P	50%
	Service Manager - Children Social Care	Bristol City Council - Children Social Care	P	A	A	P	50%
	Head of Patient Experience	NBT	D	P	P	A	50%
	Deputy Chief Nurse	UHB	P	P	P	P	100%
	Care Homes Director	Provider Representative	P	P	A	P	75%
	DoLS Team Manager	Bristol City Council - Adult Social Care	P	P	P	P	100%
	Associate Director	AWP	P	P	P	P	100%
	Service Director, Housing Delivery Management	Bristol City Council - Housing	P	A	A	A	25%
	Strategic Commissioning Manager	Bristol City Council - Commissioning	NA	P	A	NA	25%

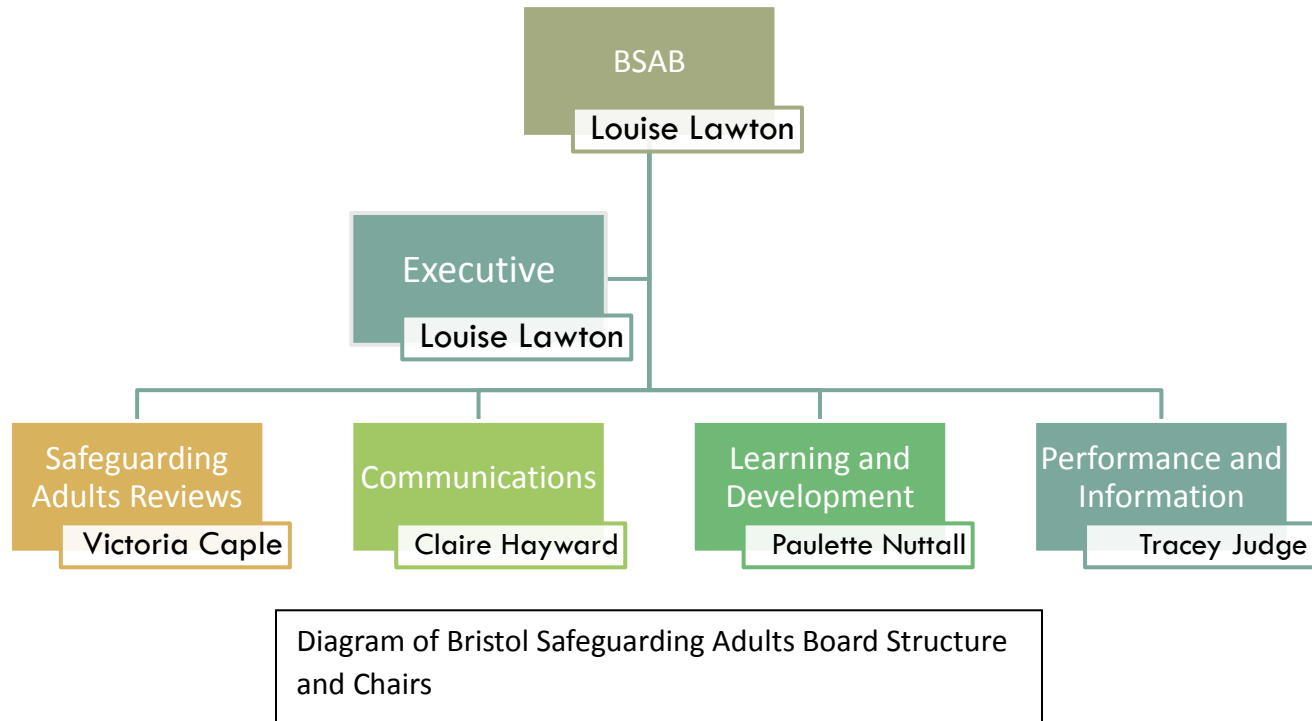
	Interim Clinical Director for System Leadership	Bristol Mental Health	NA	P	P	A	50%
	Service Manager - Crime and Substance Misuse Service	Bristol City Council - Safer Bristol	P	A	P	P	75%
	Team Manager	Bristol Dementia Partnership	0	P	P	P	75%
ASSOCIATE MEMBERS	Head of Safety	HMP Bristol	0	P	P	A	50%
	Adult Social Care Directorate	CQC	A	A	P	A	25%
	Project Coordinator – Healthwatch Bristol	The Care Forum	P	A	NA	NA	25%
	Bristol Older People's Forum	Age UK Bristol	A	A	NA	NA	0
	CEO	One25	P	P	A	0	50%
SUB GROUP CHAIRS	Sub Group Chair	Performance and Information Sub Group	P	P	P	P	100%
	Sub Group Chair	Safeguarding Adult Reviews Sub Group	P	A	P	P	75%
	Sub Group Chair	Communication & Engagement Sub Group	P	P	P	P	100%
	Sub Group Chair	Learning & Development Sub Group	P	P	P	P	100%

BOARD STRUCTURE AND SUB GROUPS

The BSAB meets as a full Board four times a year at a minimum. At the full Board decisions are made on the Business Plan for the year, agreement is sought for new policies or procedures, reports and audits are scrutinized in respect of the effectiveness of safeguarding arrangements in the city, Safeguarding Adults Reviews are received and new operating models are reviewed and evaluated. Board members are senior decision-making managers from their agency who can be held accountable for practice within their organisation or agree to align resources to respond to identified issues.

The full Board is supported through the Executive Group. This group is chaired by the BSAB Independent Chair and is attended by the senior managers from the three core funding agencies and the BSAB Business Manager. This group drives forward strategic improvement, maintains oversight of the resourcing of the Board, and ensures compliance with governance arrangements.

Page 32 The operational work of the BSAB is undertaken by the Board's Sub-Groups and Working Groups. A Sub-Group is a permanent standing group of the Board and a Working Group is a time-limited group supporting the delivery in a specific area of practice. These groups are chaired by representatives from across the Board's organisations including Operational Managers from the Police, Bristol City Council Social Care, Bristol Clinical Commissioning Group and representatives from Voluntary and Community Sector Organisations. They are attended by representatives from across the city who ensure that the Strategic Business Plan for the year is delivered. This includes activities such as developing new resources, running conferences and undertaking multi-agency audits.



FINANCIAL ARRANGEMENTS 2016-2017

In preparing this report the Board found inaccuracies in the financial reporting for 2015-2016 in respect of the level of surplus carried forward to 2016-2017. This is currently being reviewed by Bristol City Council finance department who provide the financial support and functions to the Bristol Safeguarding Adults Board so this report does not include any surplus reported in the previous financial report.

Page 34

Contributions to the Board		Expenditure	
BCC Core Contribution	54,020.00	BSAB Chair Salary	17,031.17
A&S Core Contribution	15,597.00	BSAB Chair Travel	2,201.96
CCG Core Contribution	27,010.00	BSAB Staff Salaries	62,203.00
BCC Additional Contribution SCR, Legal and Website	12,116.71	Interim BSAB Manager Salary	1,880.00
A&S Additional Contribution SCR, Legal and Website	6,058.36	SCR Reviewers	17,598.42
CCG Additional Contribution SCR, Legal and Website	6,058.36	Legal advice	3,000.00
Contributions from 15/16 invoiced in 16/17	1,310.00	SCIE Training	2,050.00
		Equipment hire	79.50
		Conference Leaflet	412.40

		Stop Adult Abuse Week Materials	225.00
		Conference BSAB Banner	150.00
		BSAB Conferences Room Costs	421.00
		Catering	138.80
		Other Transport	84.77
		Other staff costs	44.00
Total Income	£122,170	Total Expenditure	£107,520
		Surplus carried over to 2017/2018	£14,650

2. TRANSPARENT ANALYSIS OF SAFEGUARDING IN BRISTOL

BRISTOL CONTEXT¹

Bristol is the 8th largest city in England and the 10th largest local authority in England. Bristol Local Authority accounts for around 70% of the total population of the built-up area of the city, which is often referred to as ‘Greater Bristol’, or the ‘Bristol Urban Area’. The population in 2016 was estimated to be 454,200 people.

Population by age

Bristol has a relatively young age profile with more children aged 0-15 than people aged 65 and over. The median age band of people living in Bristol in 2016 was 30-34 years old, this compares to the England and Wales median of 35-39 years. The profile of Bristol’s population by five year age band and sex is illustrated in below.

Page 36

Age Band	Males Number	Males Percentage	Females Number	Females Percentage	Persons Number	Persons Percentage
0-15	43,100	19.0	41,600	18.4	84,700	18.7
16-24	35,000	15.4	35,700	15.7	70,700	15.6
25-49	89,800	39.5	83,400	36.8	173,200	38.1
50-64	32,700	14.4	33,300	14.7	66,000	14.5
65 and over	26,900	11.8	32,700	14.4	59,600	13.1
All ages	227,400	100.0	226,800	100.0	454,200	100.0

¹ Population information taken from ‘The Population of Bristol: July 2016. <https://www.bristol.gov.uk/documents/20182/33904/Population+of+Bristol+July+2016/858ff3e1-a9ca-4632-9f53-c49b8c697c8c> and <https://www.bristol.gov.uk/documents/20182/33904/Mid-2016+population+estimates+for+Bristol+local+authority/12cac653-c259-433a-1185-478b06cc66d3>

WORKING AGE

Bristol has a much higher proportion of working age (16-64 year old) people than nationally - 68% of the total population in Bristol is of working age compared to 63% in England and Wales. The highest proportions are amongst the 20-39 year olds which make up more than a third (37%) of Bristol's total population compared to just over a quarter (26%) nationally.

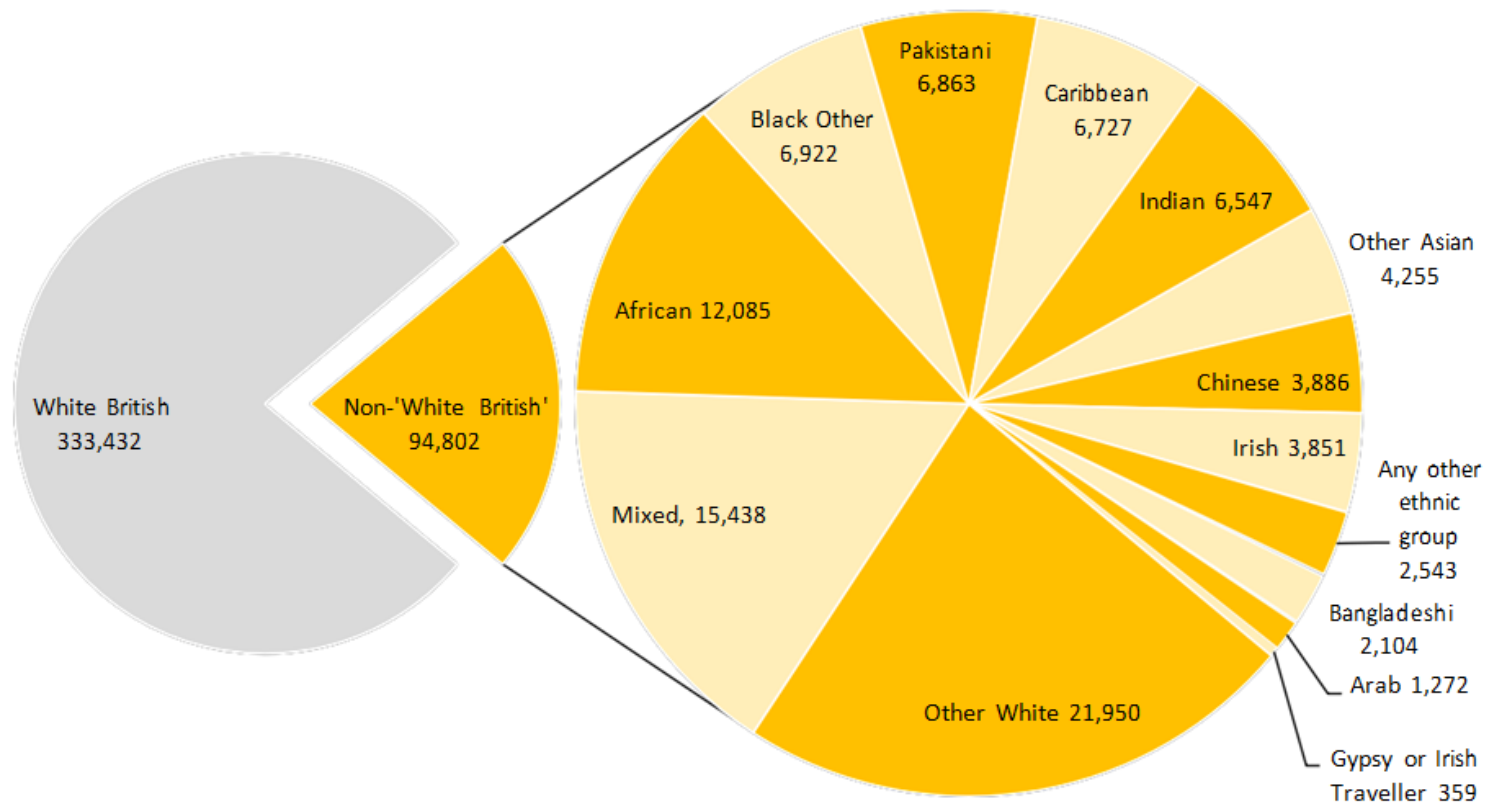
OLDER PEOPLE

Bristol's 59,600 older people make up 13% of the total population, i.e. 1 in every seven people living in Bristol is aged 65 or over. The proportion of older people is lower than in England and Wales as a whole where 18% of the population are aged 65 and over. There are 9,000 people living in Bristol aged 85 and over.

ETHNIC GROUP

The Black or Minority Ethnic group (BME) population (all groups with the exception of people who define as 'White') make up 16% of the total population in Bristol. This is an increase from 8.2% of all people in 2001. All groups with the exception of people who define as 'White British' make up 22% of the total population in Bristol – this group includes people who define as White European for example. This is an increase from 12% of all people in 2001.

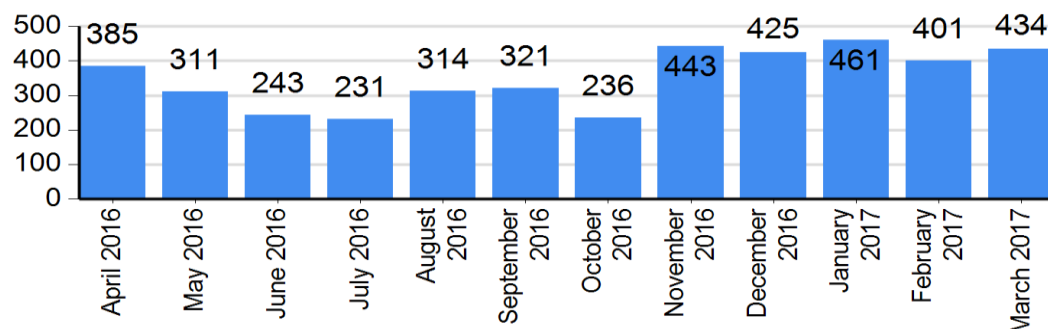
The age profile of the BME population is much younger than the age profile of the Bristol population as a whole. The proportion of children (aged 0-15) who belong to a BME group is 28%, the proportion of people of working age (aged 16-64) who belong to a BME group is 15% and the proportion of older people (aged 65 and over) who belong to a BME group is just 5%. This means that Safeguarding Adults services may have less experience of meeting the needs of these groups and require ongoing support and coordination of services.



Source: 2011 Census Office for National Statistics © Crown Copyright 2013 [from Nomis]

SAFEGUARDING ADULTS REFERRALS

Number of concerns reported - by month



In 2016-2017 the number of concerns reported to the Bristol City Council Safeguarding Adults Team was 4,205. This is very similar to 2015-2016 when 4,019 reports were made.

38% of concerns were reported by Care Providers. This is a significant increase on the 29% reported by Care Providers in 2015-2016 and 24% reported in 2014-2015. This shows a steady significant

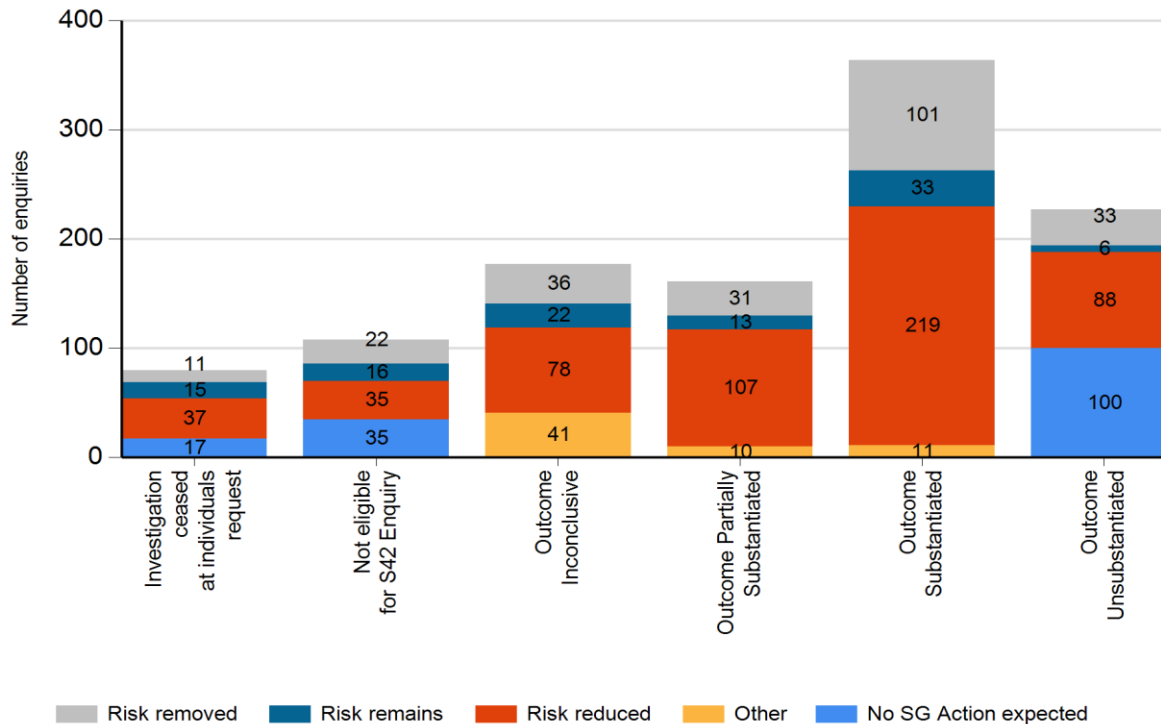
increase in reporting of concerns by providers. This is believed to be due both to greater understanding of the Care Act (2014) by Care Providers through the first two years of implementation and pressure to notify by commissioners. However, the BSAB will be undertaking an audit of referrals made to the Safeguarding Adults Team to check this anecdotal reporting in more detail.

184 concerns were reported by the individual themselves or a family member. This is not significantly changed from 2015/2016. The BSAB will be increasing their public presence in 2017/18 through the launch of a new independent website to better inform the public of the avenues to report adult safeguarding.

12% of referrals were made by police. This is an increase on 2015/16 when there was a drop to 5% (from pre-Care Act level of 24% referrals from police in 2014/2015) after a change in the constabulary's operating model, improvements in understanding and implementation of the Care Act so referrals were sent to the correct team.

SECTION 42 SAFEGUARDING ADULTS ENQUIRIES

Completed Section 42 Enquiries Outcomes and Risk Status (for specified period)



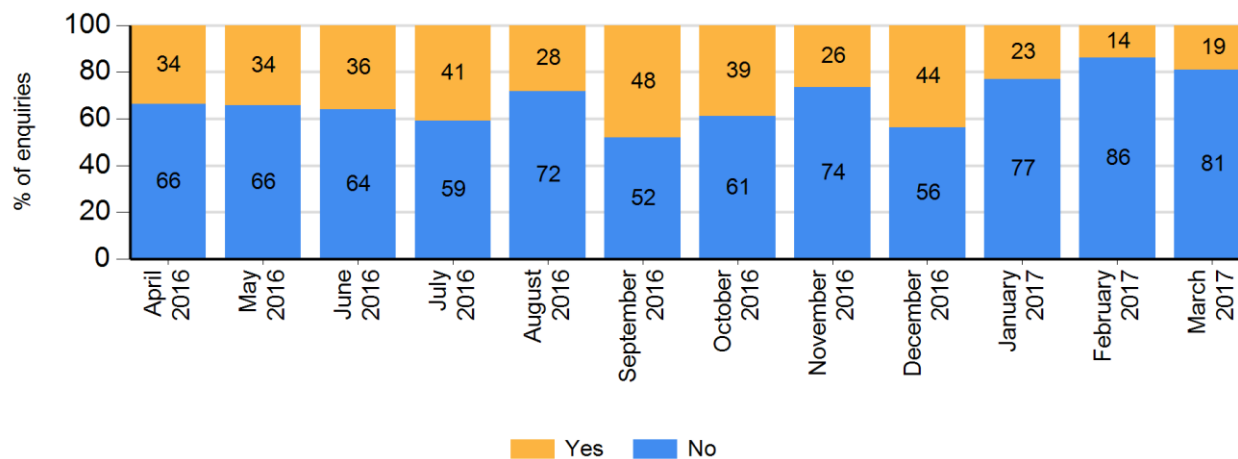
1,375 referrals progressed into Section 42 Safeguarding Adults Enquiries. 80 enquiries ceased at the individuals request. 108 were deemed ineligible for a section 42 during the process and the enquiry was halted, 177 had an outcome that was inconclusive, 161 had an outcome that was ‘partially substantiated’, 364 had an outcome fully substantiated; and 227 had an outcome that was ‘unsubstantiated’. At present 258 do not have an outcome recorded. Most of these will still be ongoing. Of the 1,117 enquiries completed in 2016/2017, risk was reduced or removed in 90.5% of cases.

Inconclusive outcomes most often occur where there are mental capacity issues and the adult at risk is unable to give their own account and there are no witnesses. In these cases a protection plan is still put into place as the person may still be at risk of further harm or neglect.

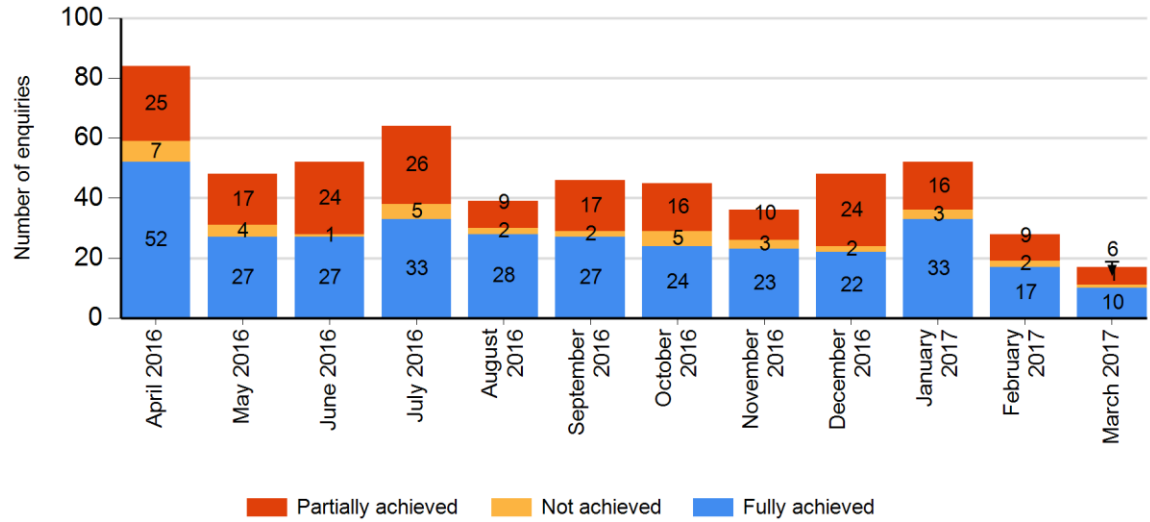
CONSENT

One of the BSAB priorities is to improve the involvement of adults in their safeguarding. Despite work in this area we have seen little increase in the number of adults who were made aware of the Safeguarding Adults Team referral by the referrer with the average over the year being only marginally higher than the last. In 2017-2018 we will therefore be supporting Bristol City Council in the redesign of their referral form to make the expectation for this more explicit, as well as providing some guidance on making referrals to professionals in the city to continue to promote the importance of informing and involving adults.

Consent to use procedures (was victim aware of enquiry?) - where recorded



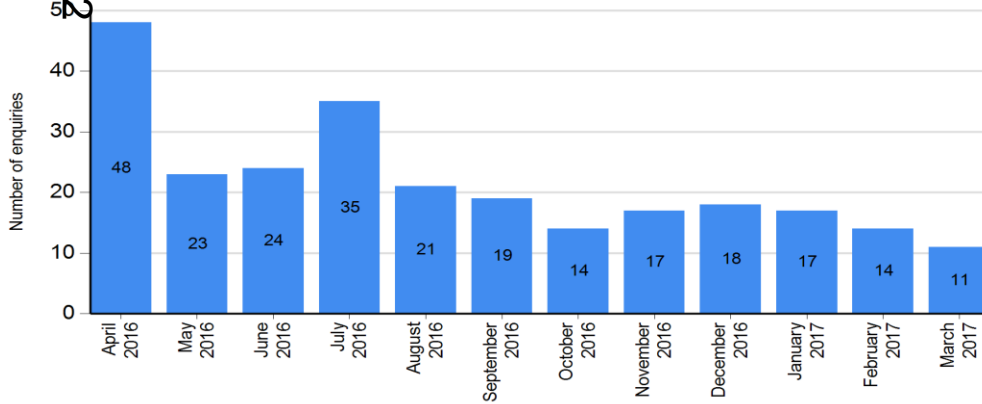
Of those that were initially expressed...



Once undertaking a Section 42 enquiry just over 50% of adults were asked their outcomes at the start and end of the intervention. We will continue to support this to increase. The outcomes were partially or fully met in most cases as shown in the table. The table shows completed Section 42 enquiries which is why more recent months are lower with enquiries still ongoing.

Page 42

Enquiries where the Adult at risk has an Advocate



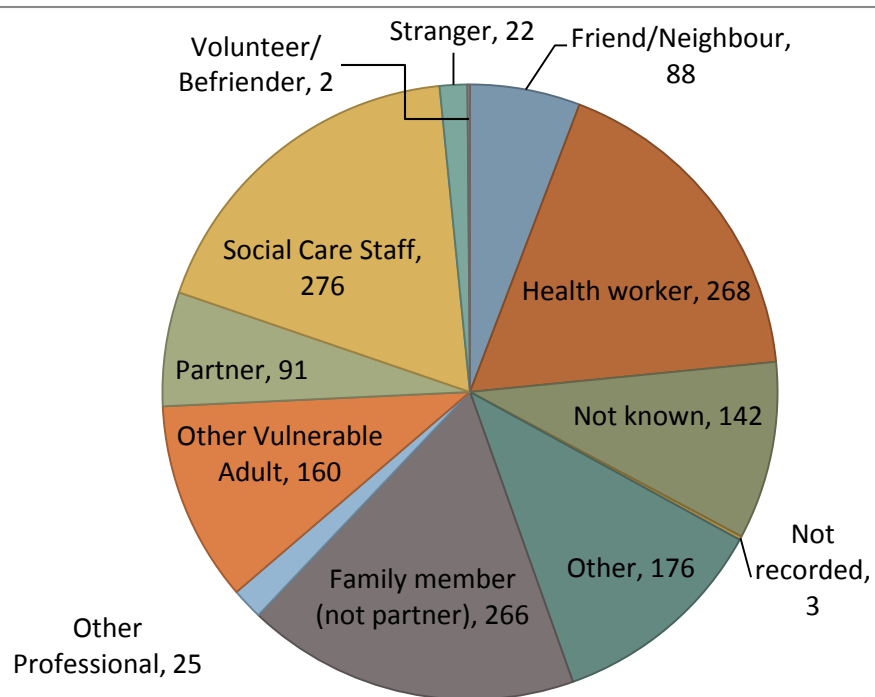
There has been a downward trend in adults being recorded as having an advocate in Section 42 Enquiries this year. This will be an area the BSAB seeks to understand in greater detail in 2017-18.

PREVALENCE OF ABUSE

As might be expected, the group with the highest rate of referrals to the Safeguarding Adults Team were for Older Adults increasing from 65-74 but peaking in the 75-84 age band. Neglect and Acts of Omission are the primary concern for these age groups. This is likely to be because of a larger population of adults in these age groups who are in receipt of care and support.

Abuse type by location	Care Home	Community	Community Service	Hospital	Other	Own Home
Discriminatory	2	0	1	3	12	11
Domestic Abuse	4	0	0	1	19	46
Financial and Material	22	0	3	10	93	173
Neglect and Acts of Omission	155	4	4	95	53	194
Organisational	34	1	0	6	6	8
Physical	114	6	2	42	76	75
Psychological Abuse	12	0	1	4	35	38
Self Neglect	1	0	0	1	18	58
Sexual	14	0	2	11	24	16
Sexual Exploitation	0	0	0	0	5	3

The location where abuse/neglect of adults is taking place in Bristol remained consistent with that reported last year. Following significant work raising awareness of Self Neglect, BSAB received data this year on the prevalence of Self Neglect which will provide a benchmark for future data to measure the impact of our work in this area such as the launch of the Self Neglect policy. It is likely that Self Neglect is still under recognised and reported with 80 cases referred so we will continue to monitor this and plan to organise a conference raising awareness of Self Neglect next year.



Safeguarding Enquires were most likely to be made due to suspected abuse or neglect by a health or social worker. These made up 36% of all referrals. Family members or partners were the second highest source of suspect harm. The BSAB is working with the BSCB to put on a learning event for organisations on responding to Persons of Concern in a Position of Trust. This will build on the BSAB *Managing Concerns about People in Positions of Trust* Guidance published in October 2015.²

² <https://bristolsafeguarding.org/media/1127/managing-concerns.pdf>

DEPRIVATION OF LIBERTY SAFEGUARDS

The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005. The DoLS under the MCA allows restraint and restrictions that amount to a deprivation of a person's liberty to be used in hospitals and care homes – but only if they are in a person's best interests. To deprive a person of their liberty, care homes and hospitals must request standard authorisation from a local authority. A 2014 Supreme Court judgement found that more adults were found to meet the criteria of requiring DoLS assessment and authorisation than had been previously applied.

Bristol City Council have faced the same challenges of capacity and resource reported by local authorities nationally with the high number of people requiring DoLS assessments. BSAB receives regular reports on the number of outstanding DoLS assessments to maintain oversight of this.

Page 45 In March 2017 The Law Commission published a report setting out recommendations, together with a draft Bill following extensive consultation. The final report and draft Bill recommends that the DoLS be repealed with pressing urgency and sets out a replacement scheme for the DoLS. In addition the draft Bill suggest wider reforms to the Mental Capacity Act to ensure greater safeguards for persons before they are deprived of their liberty. BSAB are awaiting the Government's response to this report along with LSABs nationally.

CARE QUALITY COMMISSION

The Care Quality Commission are the independent regulator of health and social care services in England. They inspect acute hospitals, specialist mental health services, community health services and GP practices and give a series of ratings including an overall rating for the whole service. Services are either graded Outstanding, Good, Requires Improvement or Inadequate.

As of February 2017, the Care Quality Commission has inspected 135 services in Bristol. The majority (68%) were rated as Good. 1 was rated Outstanding overall. 30% were rated as Requires Improvement. This is higher than the national average of 23.55% of services. Only 1 service was rated as Inadequate. From this we know there is some very high quality practice in Bristol, but also significant work to do to ensure that adults receive the highest quality, most effective services. To ensure better scrutiny and oversight, the BSAB now receives quarterly reports on Service of Concern in Bristol so they are able to monitor any trends or respond quickly to issues.

3. STRATEGIC PLAN UPDATE

The BSAB published a three year Strategic Plan from the establishment of the Board.³ The Strategic Plan considers actions required by the Board under the six Safeguarding Principles. Updates on the progress of work under Empowerment and Proportionality can be found in Section 2 of this Annual Report in relation to the effectiveness of Section 42 Safeguarding Adults Referrals and the involvement of adults in their safeguarding. Supporting these areas of work, BSAB has set up a database of service user voice groups with which it consults on relevant areas of work. This is to enable the participation of adults is embedded across the work of the Board.

Page 47

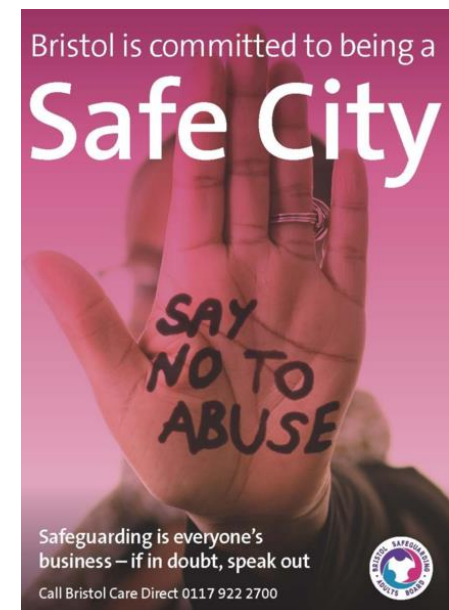
PREVENTION

The BSAB developed its work and oversight of Prevention in two key areas this year, the launch of the Prevention and Early Intervention Strategy and the Learning and Development Needs Assessment.

The Prevention and Early Intervention Strategy⁴ was launched in 2016 and sets out the roles of different stakeholders to ensuring Prevention and Early Intervention is embedded throughout the system. The impact of this strategy's implementation at a strategic and commissioning level will be reviewed in 2017-2018 to identify any citywide gaps in service provision and allow the BSAB to advocate for coordination and targeting of resources.

³ <https://bristolsafeguarding.org/media/1106/bsab-strategic-plan-final.pdf>

⁴ <https://bristolsafeguarding.org/media/1122/prevention-strategy.pdf>



This year the Learning and Development Sub Group undertook a training needs assessment. The BSAB does not currently have sufficient resources to offer an inter-agency training programme however the assessment identified key gaps providing opportunities for co-commissioning of training across agencies and sharing of training resources to improve single agency training. The training needs assessment informed the Training Strategy 2017 and has allowed the Learning and Development Sub Group to produce briefing notes and targeted learning events for wider resource dissemination and production.

The highest priority need area identified was Mental Capacity Act training. This informed the theme of the 2016 Annual Conference.

PROTECTION

This year the BSAB has focused on ensuring that practitioners have access to accurate local guidance, policy and procedure to improve practice. We have developed, published and implemented four policies this year:

Page 48

- Guidance for agencies for working with adults at risk⁵**
- Resolution of Professional Disagreements in Work Relating to the Safeguarding of Adults⁶**
- Information Sharing Guidance⁷ and Quick Guide to Information Sharing⁸**
- Multi-agency Guidance on Self-Neglect⁹**

The impact of these policies will be audited in 2017-2018 by the Performance and Information Sub Group through targeted multi-agency audits.

⁵ <https://bristolsafeguarding.org/media/1123/guidance-for-adults-at-risk.pdf>

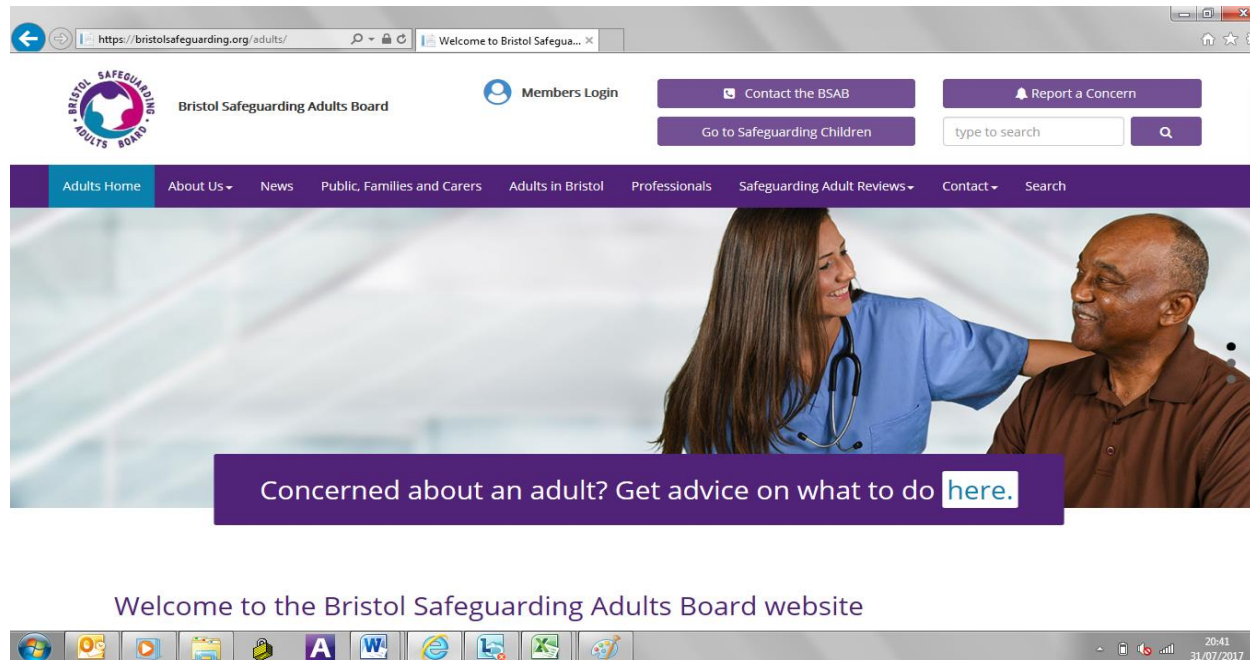
⁶ <https://bristolsafeguarding.org/media/1117/escalation-procedure.pdf>

⁷ <https://bristolsafeguarding.org/media/1120/info-sharing-guidance.pdf>

⁸ <https://bristolsafeguarding.org/media/1121/guide-to-info-sharing.pdf>

⁹ <https://bristolsafeguarding.org/media/1124/guidance-for-self-neglect.pdf>

PARTNERSHIP AND ENGAGEMENT



Page 49

This year the BSAB funding partners agreed to fund the development of a new, independent website for the Bristol Safeguarding Adults and Children Boards. This has been a significant piece of work and the website is due to go live in July 2017 at www.bristolsafeguarding.org. This website will provide a platform for sharing information with the public and professionals to ensure that they have access to accurate information and guidance. We will also be launching our new Twitter account @BristolLSAB as part of the Website launch.

BSAB took a leading role in the regional coordination of the **Stop Adult Abuse Week** events running from 13th June 2016. The Board coordinated a Communications Strategy across the partnership with a focus on reporting adult abuse. The key message of **“If in Doubt – Speak Out”** was disseminated across social media messaging and a guide, leaflet and posters were produced and disseminated across the partnership agencies and displayed in services to the public.

ANNUAL CONFERENCE – SAFEGUARDING AND MENTAL CAPACITY: EVIDENCE-BASED DECISION-MAKING

In response to learning identified in our published Serious Case Reviews and the training needs assessments we ran a joint Conference with South Gloucestershire Safeguarding Adults Board in October 2016 on the subject of the Mental Capacity Act and Deprivation of Liberty Standards. We were lucky to secure Sir James Munby, President of the Family Law Division as the key speaker as well as speakers from the Independent Mental Capacity Advocacy service and British Institute of Human Rights. The Conference had excellent representation from across the partnership and there was positive feedback from the overwhelming majority of attendees.



Claire Hayward (BSAB Sub Group Chair) and Nick Thorpe (South Gloucestershire SAB Training Sub Group) at the Annual Conference

ACCOUNTABILITY - SELF-ASSESSMENT SAFEGUARDING AUDIT

The BSAB undertook a Self-Assessment audit of organisations safeguarding adults. The monitoring tool used was trialled in 2014/15 by the Association of Directors of Adult Social Services (ADASS) South West Regional Safeguarding Adults group and has been used by BSAB since

then. The level of audit returns across organisations in the Board remains lower, for the second year in a row, than we would expect. This will remain an area requiring challenge and support going forward. In exploring reasons for low returns, BSAB has received requests for future self-assessments to be conducted in partnership with adjoining local authorities to reduce resource pressures on agencies. BSAB have agreed biannual assessments working in partnership with the four adjoining local authorities going forward. This builds on the model established by the Joint Business Unit for undertaking Section 11 Audits for children. In the alternate years challenge approaches will be undertaken to monitor progress and evaluate the effectiveness of safeguarding in individual organisations.

The audit considered the following overarching areas:

- A. The Difference Being Made** (*Outcomes and Peoples Experiences*)
- B. What is Being Done to Prevent Abuse and Neglect** (*Leadership, Strategy, and Commissioning*)
- C. How Well Things are Managed When Abuse and Neglect Occurs** (*Service Delivery and Effective Practice and Performance and Resource Management*)
- D. How Partners Work Together** (*Local Safeguarding Boards*)

Areas of strength in Bristol are:

The highest scoring area was 'How Partners Work Together'. Partners felt their engagement through the BSAB was positive and contributed to improvements in safeguarding. Partners highlighted how they were able to support the work of the BSAB through their involvement on our partnerships such as the Learning Disabilities Partnership and Safer Bristol.

Nearly all submissions noted the benefit of the multi-agency policies and guidance produced by the BSAB this year.

Area B was also high scoring. While many agencies recognised the room for further improvement and were not complacent about the need for more development they highlighted active multi-agency involvement in raising awareness through Stop Adult Abuse Week events; good compliance with single agency Safeguarding Adults training; and health partners cited well integrated patient safety review processes and well integrated patient feedback mechanisms.

Areas of development for Bristol are:

- Improve data collection related to Safeguarding Adults. This was also an area that the BSAB needs to develop which is why we are attempting to recruit to a Data Analyst position.
- Improvement of work between Adult and Children services and at points of transition between services. This is a Board priority for 2017-2018.
- Police and Social Care to improve their feedback mechanisms.
- Increase scrutiny to ensure safeguarding policies are embedded in practice.

These areas will be reviewed with the BSAB organisations as part of the Challenge and Support work undertaken by the Joint Business Unit in 2017-2018.

4. NEW MODELS AND PILOTS

THREE TIER MODEL



Page 53

Health and Social Care in Bristol restructured in January 2016 in order to implement a Three Tier Model, of which Community Support Services forms a key element. The model advocates the need for quality services based in the community for adults in need of social care, in order to prevent or delay the need to move into residential/nursing or domiciliary care, in cases whereby Community Support Services can meet their needs. The key focus of the model is minimising a dependency on social care when outcomes can be achieved in an independent or semi-independent environment through support services. The aim is to provide help when it is needed to enable people to regain independence. Community Support Services act as a flexible, individualised platform which offer temporary options for people on their way towards greater independence.

MASH PILOT 2016

Bristol City Council worked with key health and police partners to develop a Multi-Agency Safeguarding Hub (MASH) arrangements for Bristol. The Bristol MASH Project Group set up a task group in 2015 to determine whether there should be MASH arrangements in Bristol. The task group looked at national best practice and designed a pilot that would respond to local needs and drivers for change.

The pilot ran for three months from June 2016 to end of August 2016, to coincide with the fixed-term appointment of 1 full time equivalent health professional who acted as the health services researchers and decision-makers for the MASH.

The MASH received adult cases where there were potential safeguarding concerns and uncertainty if they met the threshold for Section 42 inquiries. The three core agencies (police, health services and local authority) provided research and made joint decisions for the MASH. Avon and Wiltshire Mental Health Partnership also provided adult mental health information on request and attended the weekly adult MASH discussion where possible however their lack of capacity to attend regularly was identified as a barrier to implementing the pilot.

Page 54

The pilot found that further work is required to establish effective structures for multi-agency safeguarding work for adults. It was time consuming to find the right MASH referrals and the process added delays to the safeguarding processes. For adults, a weekly MASH process did not reflect the pace at which decisions are usually needed.

It was found that a MASH would be most useful for cases where there are doubts over threshold decisions or where the case requires interpretation of the Care Act (2014), for example where substance misuse or sexual exploitation is a concern. It was found that the multi-agency meetings were beneficial in having more information to better understand risks, and that the process improved inter agency understanding and partner working. The pilot did not show that decisions would have been different without MASH, but professionals valued having a fuller picture.

It was found that not all MASH participants had a strong understanding of Care Act and adult safeguarding thresholds and so highlighted the need for ongoing work promoting training in this area.

Given these findings overall time and effort required was not found to be proportionate to the value added to the system. Instead the organisations are looking at ways of better organizing to gain the benefits provided by MASH, including improving recording systems and considering co-location arrangements.

CONNECTING CARE

Page 55
Connecting Care is a local electronic patient record that allows health and social care professionals directly involved in an individual's care and support, to share a summary of the medical record and any safeguarding concerns. BSAB organisations with a statutory role have worked with the South West Clinical Commissioning Group to implement Connecting Care for children and adults in the city. This is facilitating Mental Health trusts being able to access information about an individual's wider health involvement. This is a transformation project which is ongoing and is a platform that can develop improved multi-agency working across a range of applications in the future as it develops.

INSPIRE BETTER HEALTH TRAINING

The introduction of the Care Act in April 2015 introduced specific changes for the Prison service and the way in which they manage/respond to safeguarding adult concerns. Prior to The Care Act if there was a safeguarding referral this would be sent externally to the Local Authority.

However under the Care Act the responsibility for safeguarding adults in Prison has moved to the National Offender Management Service (NOMS). Therefore Prisons now internally manage all allegations of neglect and abuse.

In April 2016 Bristol Community Health (BCH) became the lead health provider for Prison healthcare. The BCH Safeguarding Team to offer bespoke training for BCH staff within prisons so they can have specific support in how to recognise an adult at risk within a prison setting and support on how to manage safeguarding concerns alongside the prison staff. In 2017/2018, prison specific training has been delivered and has been offered to the wider multi-agency healthcare teams working within the prisons.

ONE25 IN-HOUSE SCRIPTING SERVICE



One25 is a Bristol-based charity, specialising in enabling women to break free from street sex-work, addiction and other life-controlling issues and build new, independent lives. They have implemented a new in-house scripting services which supports women away from drug dependency and street sex work to fund it. This service has been set up in partnership with Bristol ROADS.

Page 56

SWARM APPROACH TO PRESSURE SORES

A ' SWARM' approach is being taken by North Bristol Trust (NBT) to patients falling or acquiring a pressure area at grade 2. The SWARM approach allows for a rapid root cause analysis of the issue usually discussed by an inter-agency or multi-disciplinary team. In the case of pressure sore, SWARM enables a multi-disciplinary review of the immediate situation early on and prevent escalation of harm. A member of the NBT safeguarding team attends these meetings to ensure the safeguarding perspective is provided. The implementation of this approach has promoted early intervention and safeguarding of adults with pressure sores.

5. SAFEGUARDING ADULTS REVIEWS (SAR)

This year the Safeguarding Adults Review Sub Group fulfilled their training plan by commissioning SCIE Systems Review training for managers across the partnership. This has significantly increased the partnership's knowledge and application of undertaking systems learning reviews. We have developed new comprehensive SAR Guidance which is due to be ratified and launched in the first Board of 2017-2018. This has significantly tightened up our referral and commissioning framework to improve governance oversight by the SAR Sub Group and the Executive Group with the intention of reducing delay and ensuring the quality of reviews produced. There are no instances in which a finding of a Serious Case Review has not been accepted by the Board.

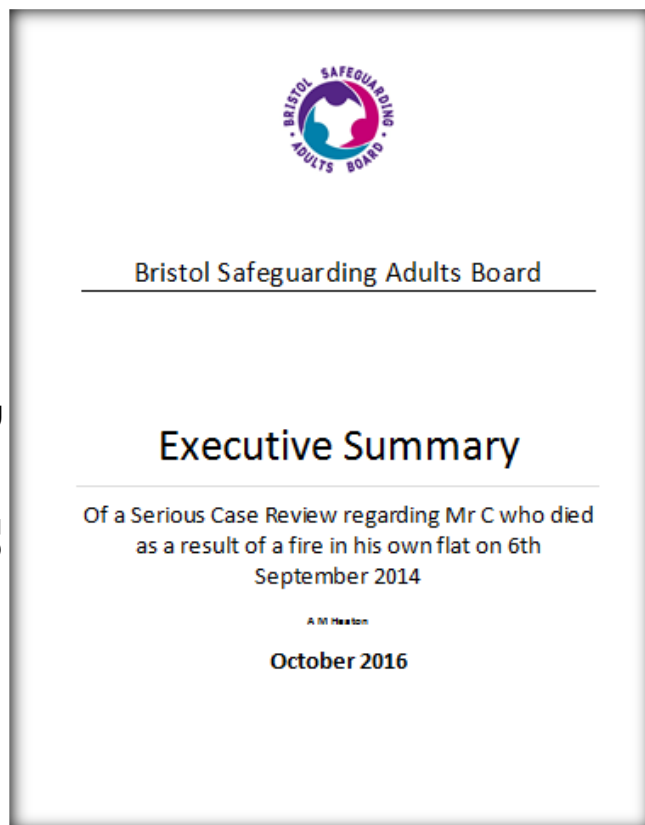
Two Serious Case Reviews (SCRs) were published by the BSAB in the year 2016-17. As these were commissioned before The Care Act (2014) they are SCRs and not Safeguarding Adult Reviews. In 2016-2017 BSAB continued work on a third SCR commissioned in 2015. This is due to be published in 2017-2018. BSAB also supported the BSCB in undertaking a review into the death of a newborn baby and her mother. The BSCB ZBM Serious Case Review is due to be published in April 2017 and we will respond to the findings following publication.

In 2016-2017 BSAB accepted one referral for a Safeguarding Adults Review in respect of two individuals. The referral was submitted by Avon and Somerset Constabulary. The BSAB is awaiting the conclusion of criminal proceedings to progress this review however Independent Reviewers have been commissioned and preparatory work for the review begun.

The BSAB agencies reported in their annual submissions an increasing number of concurrent review processes in response to serious incidents. This includes the Domestic Homicide Reviews, Mental Homicide Reviews and single agency Root Cause Analysis reviews. Bristol is also due to roll out Learning Disabilities Mortality Reviews in 2017. BSAB is working to with partners to ensure that where possible duplication is minimized and that resources are not over-stretched.

REVIEWS PUBLISHED IN 2016-2017

Page 58



MR C (OCTOBER 2016)

The Mr C review concerned an adult who died in a fire at his residence. Self-neglect and hoarding were suspected factors in Mr C's death.

In response to the Serious Case Review the BSAB launched guidance on responding to Self Neglect¹⁰. This included a Hoarding risk assessment tool designed by Avon Fire and Rescue Service to support multi-agency assessment of the risks associated with clutter¹¹. A multi-agency conference is planned on the theme of Self Neglect for June 2017 with Professor Emeritus Michael Preston-Shoot as the keynote speaker.

The Resolution of Professional Disagreements protocol was also developed as a result of the findings of this review. It is due to be audited early in 2017-18. One key area for development is the internal recording of challenge within organisations to allow for accurate reporting.

Bristol City Council and Avon and Wiltshire Partnership Mental Health Trust have developed systems for tracking adults who have been in a secure setting under Section 117 of the Mental Health Act. Avon and Wiltshire Partnership Mental Health Trust have also implemented a 'Co-existing Mental Health and Alcohol and Drug Problems (Dual

¹⁰ <https://bristolsafeguarding.org/media/1124/guidance-for-self-neglect.pdf>

¹¹ <https://bristolsafeguarding.org/media/1126/clutter-image-rating.pdf>

Diagnosis) Strategy' (2016-18) and a Trust wide dual diagnosis clinical network. Practitioners have been supported through the development of a range of resources and tools, and dual diagnosis training opportunities have been established from practitioners in the trust. There is a planned review of Trust dual diagnosis disorder policies to capture learning from the SCR to be undertaken.

Avon Fire and Rescue Service have developed and implemented new electronic recording system to improve recording of risk critical information. They have also developed a pathway to access advice from mental health practitioners.

NHS England and the Bristol Clinical Commissioning Group have provided Self Neglect training for GPs across the city.

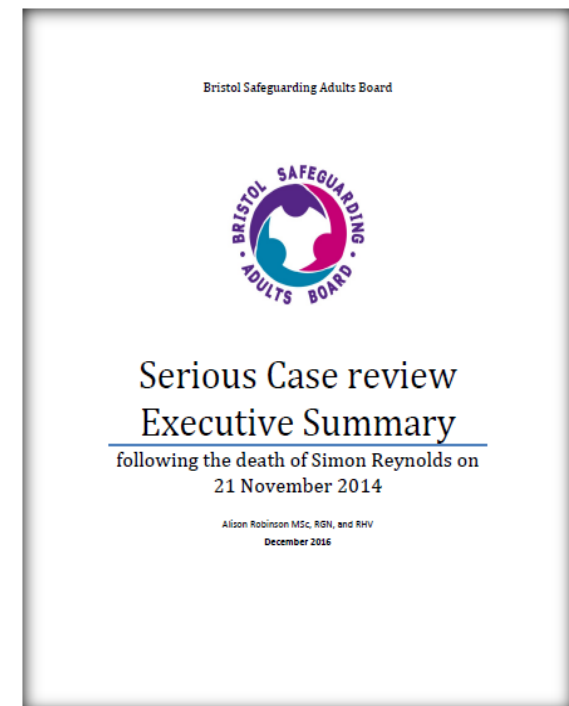
Bristol Adult Social Care undertook an audit of their Self Neglect cases and implemented changes based on this. They established clearer expectations of engaging with the legal team for advice on cases of Self Neglect and Hoarding.

Page 59
Bristol Housing are implementing a new computer system and focused on improving links with mental health services and adult care and support services to improve information sharing about risk. They are due to review their relevant policies.

SIMON REYNOLDS (DECEMBER 2016)

The Simon Reynolds review concerned an adult in mental health crisis who died from a self-inflicted choking injury after being taken to a Place of Safety.

In response to this Serious Case Review and other findings on the effectiveness of Section 136 Place of Safety there is a regional multi-agency redesign project underway. This project also



recognizes the issues about availability of 136 beds. The governance and operating protocol incorporate Parity of Esteem principles highlight in the report to ensure oversight in the delivery of practice. The project is currently in Phase 4 with planned implementation by Q3 (Oct-Dec 2017). Interim actions to improve service user experience and safety have been implemented such as a change in the staffing mix at the Place of Safety to ensure it is safe to receive admissions 24 hours a day. Admission protocols and mental health review processes have been updated in line with NICE guidelines.

Acute trusts who are BSAB partners have an identified Consultant leading work on identifying and are implementing management processes for patients identified as high risk and in Mental Health Crisis.

The Bristol Clinical Commissioning Group have continued to fund the Mental Health Street Triage Crisis Team for a further year following a successful pilot. This supports community based triage at times of mental health crisis, particularly supporting frontline officers to respond effectively and appropriately.

BSAB will monitor and seek assurance on the effectiveness of the new Section 136 Place of Safety model when it is implemented in 2017.

6. PRIORITIES FOR 2017-2018

In its third year as a statutory Safeguarding Board, 2017-2018, the BSAB will seek to cement the governance work undertaken in the first two years and develop increasingly nuanced oversight and understanding of the Safeguarding work in the city.

We will particularly aim to develop in the following areas:

1. Improve data analysis of the multi-agency response to mental health crisis and the effectiveness of criminal justice response to offences against adults in receipt of care and support
2. Undertake multi-agency audits into Section 42 Referrals and Enquires and Self Neglect
3. Improve cross-working and arrangements with Child and Family safeguarding
4. Improving the multi-agency response to perinatal mental health
5. Develop guidance on Large Scale and Organisation Abuse Investigations
6. Run learning events on Self Neglect, Safeguarding Young Adults and Responding to Concerns about People in Positions of Trust
7. Improve oversight of Community Safety work in the areas of Modern Slavery, Domestic Abuse, Sexual Exploitation, Mate Crime and Prevent
8. Improve Public Engagement and Communication

REPORT SUSPECTED ABUSE: SAFEGUARDING ADULTS AT RISK

If you're being abused or think someone else is being abused, you must tell someone.

If you're a professional use the online **safeguarding adults referral form** https://www.bristol.gov.uk/en_US/social-care-health/report-suspected-abuse

CALL CARE DIRECT

Telephone **0117 922 2700** 8.30am to 5pm Monday to Friday (answerphone outside office hours).

Page 62

CALL THE POLICE

Telephone 101

In an emergency telephone 999

Textphone 18001 followed by 101

Textphone in an emergency 18000



Bristol Health & Wellbeing Board

Bristol Safeguarding Children Board Annual Report	
Author, including organisation	Sally Lewis, Independent Chair of the Bristol Safeguarding Children Board
Date of meeting	21 st February 2018
Report for Information/Discussion/ Decision [delete as appropriate]	

1. Purpose of this Paper

Fulfil the statutory requirement for the Health and Wellbeing Board to receive a copy of the Bristol Safeguarding Children Boards Annual Report.

2. Executive Summary

The full Annual Report is provided with this paper as required under legislation.

Key areas for discussion are:

- National changes to Local Safeguarding Children Board arrangements
- Learning from recent Serious Case Reviews
- Mental Health provision for children in Bristol
- Commissioning of school nursing
- Commissioning of services which are accessible for fathers
- Responding to violence in families
- Safeguarding Disabled Children
- Neglect strategy

3. Context

Local Safeguarding Children Boards (LSCBs) are required in every Local Authority are under the Children Act 2004. The LSCB is independent and is not subordinate to, nor subsumed within, other local structures. One function of the LSCB is the production of an Annual Report which sets out transparently the performance and effectiveness of local services in safeguarding children. This must be submitted to the Health and Wellbeing Board Chair and other key decision makers as set out in “Working Together to Safeguard Children” HM Gov 2015. “Working Together” also sets out the expectation that the Health and Wellbeing Board provides the Joint Strategic

Needs Assessment to the LSCB to inform their response and oversight of services for vulnerable children. This paper is being submitted along with the 2016-2017 Bristol Safeguarding Children Board (BSCB) Annual Report. This report was sent to the Chairs of the Health and Wellbeing Board when it was completed last summer however due to the changes to the Health and Wellbeing Board it has only now been possible to bring it to the Board.

The legislation that underpins Safeguarding Children is currently changing. The Children and Social Work Act 2017 received Royal Assent April 2017, abolishes the requirement for Local Safeguarding Children Boards (LSCBs) and provides permissive legislation to allow the partnership to develop arrangements that best suit the area. Responsibility for LSCBs currently rests with the local authority working with partners. New arrangements will be a shared responsibility between Local Authorities, Police Constabulary and Clinical Commissioning Groups. Models are currently being considered including opportunities for closer working across the region and better working between the existing strategic partnerships in the city. This is an opportunity for the HWB and BSCB partners to consider what safeguarding arrangements best suit Bristol in improving outcomes for children and families. The new legislation is currently expected to require arrangements to be independently audited and fully implemented in localities by July 2019.

4. Main body of the report

Safeguarding Arrangements in Bristol:

The Annual Report highlighted concerns about the safeguarding of disabled children in the city. The numbers of disabled children on child protection plans is disproportionately low for the number and vulnerability of this group. We are concerned that these areas of practice need greater focus to identify the abuse and neglect of disabled children.

The report also highlights that there is a significant number of repeat Child Protection Plans and Child Protection Plans which are open for excessively long times. This raises concerns that there are children exposed to abuse and neglect in the city for too long and that interventions have not been effective at reducing risk. The BSCB is monitoring the impact of the Transformation programme in the Local Authority to seek assurance on this issue.

Furthermore we are concerned that the number of referrals to the Local Authority Designated Officer in recent years has been very low for health staff. Organisations and commissioners need to ensure there are robust procedures in place to enable concerns about health professionals to be identified and responded to.

Recent information brought to the BSCB in 2017-18 has escalated our concerns about the provision of mental health services for adolescents in Bristol. We understand there are not sufficient places of safety and that children are inappropriately being taken to emergency departments when in mental health crisis. We are also deeply concerned about the findings of the

inquest into Rebecca Romero's death which found organisation neglect due to lack of resourcing of mental health services contributory to her death. We would request that child mental health services and resolving these resourcing concerns is an urgent priority of the HWB.

Performance data provided to the BSCB has also indicated that the safeguarding and provision of services for boys and young men is not as effective as that provided to girls and young women. The identification of males as vulnerable is an area of concern, with a low proportion of males being identified as victims of sexual exploitation or sexual abuse, and high numbers of young adolescent males entering the care system in middle adolescence suggesting that early intervention and family support strategies are not as effective in safeguarding them. There is also evidence of an attainment gap within education settings for boys and young men. The BSCB will be taking a strategic lead on this area in 2018-19 however we request the support of all agencies and partnerships to consider the outcomes of boys and young men, and how we can ensure equality of access.

Serious Case Reviews:

Our 2016-2017 Annual Report highlights progress made in increasing scrutiny of the safeguarding system in Bristol. We published one Serious Case Review in this period in response to Operation Brooke, a high profile criminal investigation which resulted in the prosecution of 18 men for sexual exploitation offences against children in the city. The findings of this review highlighted the importance of commissioning integrated health and social care services to respond to complex adolescent risk and need, and the necessity for responsive policing that does not rely on victim disclosure. There has been significant progress made in these areas as outlined fully in the report.

Since the Annual report we have published three further Serious Case Reviews [ZBM, Baby L and Aya]. Two of these reviews concerned the death of children as a result of maternal mental ill health in the perinatal period. The commissioning of a specialist perinatal service in Bristol has improved access to specialist support for some of these mothers. However the Board remains concerned about the coordination of care between adult and children services. The Aya Serious Case Review identified concerns that the commissioned universal midwifery and health visiting services are not sufficiently resourced or structured to support the engagement of fathers as required through the Healthy Child Programme. This issue has yet to be resolved and we would ask that the HWB consider the accessibility of services for fathers and working parents within all commissioned services for children and families as this is repeat finding in the city.

Joint Targeted Area Inspection:

Bristol organisations were subject to a Joint Targeted Area Inspection (JTAI) into abuse and neglect in October 2017. The Inspection team is made up of CQC, HMI Constabulary, Ofsted and HMI Probation. This inspection praised

the work of the BSCB in identifying issues and facilitating a robust partnership approach, particularly with the effectiveness of young people being central to this model. The JTAI raised issues that are relevant to the HWB. These are particularly due to concerns that the school nursing and health visiting services were not sufficiently resourced or able to meet their statutory health checks. This is an ongoing issue for the safeguarding of children in the city.

In response to the JTAI the BSCB has produced a Neglect Strategy for Bristol. Key health and wellbeing areas identified as requiring improvement are a reduction in the number of obese children and a reduction in the number of children with dental caries. We would ask that progress in these areas overseen by the HWB is reported to the BSCB. Furthermore we identify that wellbeing services for adults, particularly adult mental health services, need to be commissioned and designed to facilitate closer working with children's services and would ask that this is considered in commissioned discussions and approaches.

5. Key risks and Opportunities

The development of new safeguarding arrangements is both a risk and an opportunity in the city. We need to ensure that cross-cutting issues such as domestic abuse, exploitation, mental health and adverse childhood experiences, have clear strategic governance across the services.

To build the two partnership's scrutiny roles we would welcome the development of some key measure or indicators, and the development of a shared mental health dashboard that minimises duplication but supports the functions of the BSCB, Bristol Safeguarding Adults Board and HWB.

6. Implications (Financial and Legal if appropriate)

The Children and Social Work Act 2017 also has implications for the Child Death Overview Panel. This is a national requirement and Bristol is a member of the West of England CDOP. Responsibility for CDOP will transfer from the local authority to health and current funding and other arrangements will need to be reviewed as the role for LSCBs in connection with CDOP is removed.

7. Evidence informing this report.

What evidence have you used to inform:

- Evidence of need and the case for change (eg. **JSNA**, activity data, patient feedback, national directive etc)
- Evidence of effectiveness of proposed solution/initiative/new service

The BSCB Annual Report includes evidence from multi agency data sets, audits, serious case reviews, practitioner events, national research and consultation with children.

8. Conclusions

Many of the City Partnerships are undergoing a time of change. The potential and required changes to the BSCB, as an independent Board, are significant and the HWB needs to be sighted on and assured that any new arrangements have a positive impact upon the important working relationships between these strategic arrangements and the shared responsibilities with the HWB.

There are key areas relevant to the commissioning and delivery of health and wellbeing services that are impacting the effectiveness of safeguarding of the children in Bristol. I am respectfully requesting the HWB take particular focus of these areas in their strategic plan.

9. Recommendations

1. The HWB reviews the place of safety arrangements for under 18s in mental health crisis
2. The HWB reviews the commissioning of mental health provision for children to ensure that acute and early intervention services are sufficient resourced
3. The HWB develops a shared partnership dataset with the BSCB and BSAB in respect of mental health services
4. HWB focus on child obesity and health inequalities is understood in the context of neglect and responded to in line and as part of the BSCB Bristol Neglect Strategy
5. HWB maintains oversight as to the effectiveness of services to meet the needs of disabled children and identification of abuse and neglect in this group

10. Appendices

Bristol Safeguarding Children Board Annual Report 2016-2017

BRISTOL SAFEGUARDING CHILDREN BOARD

Page 68



Bristol Safeguarding
Children Board

making safeguarding everybody's business

ANNUAL REPORT 2016-17

Bristol Safeguarding Children Board

ANNUAL REPORT 2016-17

MESSAGE FROM THE CHAIR

It is the job of the Bristol Safeguarding Children Board to make safeguarding everybody's business. The children and young people who live or visit Bristol can only be safe and thrive when everyone is "looking out for them" and is prepared to act when they suspect or become aware of something of concern.

Page 69 Elected officials and many people working in the private and public sector have defined responsibilities for the safeguarding of children. This is also true of the "third sector" which includes cooperatives, nonprofit organisations, social enterprises and charities. Our safeguarding board brings together senior representatives of those bodies to create a strong partnership of endeavor to discharge those duties effectively.

We recognise that members of the public play a most valuable role in being alert to the risks children may face. It is crucial that they know where to go and what to do if they are concerned about a child.

Our Shadow Board of young people undertook a survey of secondary school pupils and amongst the important findings was that those who received support predominantly valued support from their friends and families. This is an important message for how services are delivered. Our Shadow Board intend to design information for young people about what to do if a friend discloses issues of concern to them. It is heartening that in this way, and others, young people want to make safeguarding their business and are finding ways of doing so.

It is instructive also that the survey revealed the concern that was identified by most young respondents was about harm from their peers or friends. This finding may contrast strongly with the priority of concerns perceived by adults and is an important example of why the voice of children and young people needs to be hard wired into our work.

The work of the Board is underpinned by the painstaking efforts of a number of sub groups and working groups who convert strategic intents of the Board into tangible operational realities. I want to take this opportunity to commend and thank those workers and in particular the chairs of those groups who give so much of their time, effort and talent.

Organisations have experienced significant challenges in responding to the national programme of austerity and this has been a catalyst for restructure and reduction in a number of quarters. The Board provides an important forum to explore and share the impact of these developments on partnership arrangements for safeguarding. It would be disingenuous to say that fewer workers and the loss of experienced individuals does not have consequences for services provided. In this context robust and candid partnership arrangements serve as an important feature for stability.

Page 70

The Board has remained sighted on the content and progression of the parliamentary bill which became the Children and Social Work Act 2017 when it received royal assent in April 2017. Once enacted this legislation is intended, amongst other provisions, to introduce opportunities for more diversely structured safeguarding arrangements for children. Bristol Safeguarding Children Board is well placed to examine these opportunities and pursue those arrangements that best serve the children, young people and communities of Bristol

SJ Lewis

Sally Lewis,

Independent Chair of Bristol Safeguarding Children Board

CONTENTS

Page 71

1. ABOUT THE BOARD 5

INDEPENDENT CHAIR 5

JOINT BUSINESS UNIT 6

SHADOW BOARD 7

LAY MEMBER 10

BOARD STRUCTURE AND SUB-GROUPS 11

BOARD ATTENDANCE 13

VOLUNTARY AND COMMUNITY SECTOR REPRESENTATION 16

FINANCIAL ARRANGEMENTS 2016-2017 17

2. RIGOROUS TRANSPARENT ANALYSIS OF SAFEGUARDING IN BRISTOL 19

SNAPSHOT 19

SECTION 11 SAFEGUARDING AUDIT 20

REFERRALS AND ASSESSMENTS 22

CHILD PROTECTION PLANS 25

LOOKED AFTER CHILDREN 25

PRIVATE FOSTERING.....	27
LOCAL AUTHORITY DESIGNATED OFFICER	28
CHILDREN WITH DISABILITIES.....	29
CHILDREN MISSING FROM HOME OR CARE.....	29
FEEDBACK FROM YOUNG PEOPLE WHO GO MISSING	32
ENGAGEMENT WITH SCHOOLS.....	32
PREVENTING RADICALISATION.....	33
FEMALE GENITAL MUTILATION.....	33
DOMESTIC VIOLENCE AND MULTI-AGENCY RISK ASSESSMENT CONFERENCES (MARAC).....	35
MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS	36
3. NEW MODELS AND PILOTS	37
MASH PILOT 2016	37
CONNECTING CARE	39
4. SERIOUS CASE REVIEWS.....	40
CHILD SEXUAL EXPLOITATION - OPERATION BROOKE (MARCH 2016).....	40
5. WEST OF ENGLAND: CHILD DEATH OVERVIEW PANEL	43
6. TRAINING AND ANNUAL CONFERENCE	46
7. PRIORITIES FOR 2017-2018	49

1. ABOUT THE BOARD

The BSCB is the key statutory body overseeing multi-agency child safeguarding arrangements across the City of Bristol.

Governed by the statutory guidance in Working Together to Safeguard Children 2015 and the Local Safeguarding Children Board (LSCB) Regulations 2006, BSCB comprises senior leaders from a range of different organisations. It has two basic objectives defined within the Children Act 2004; **to co-ordinate the safeguarding work of agencies** and **to ensure that this work is effective**

INDEPENDENT CHAIR

Page 73

The Independent Chair of the BSCB is Sally Lewis OBE. She is supported by the Bristol City Council Service Manager for Safeguarding and Quality Assurance; a Safeguarding Business Unit Manager; and the BSCB's Joint Business Unit. The Independent Chair is tasked with ensuring the Board fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements.

Whilst being unable to direct organisations, the BSCB Chair does have the power to **influence** and **hold agencies to account** for their role in safeguarding. This influence can touch on matters relating to governance as well as impacting directly on the welfare of children and young people.

The ultimate responsibility for the effectiveness of the BSCB rests with the political leaders of Bristol City Council and the Board's Chair is accountable to Chief Executive of Bristol City Council.

JOINT BUSINESS UNIT

As set out in the 2015-16 Annual Report, the BSCB's partner agencies agreed to fund the implementation for a Joint Business Unit in partnership with the Bristol Safeguarding Adults Board. This unit was implemented in September 2016. It consists of:

- 1 Business Manager
- 1 Policy and Projects Officer
- 1 Project Officer
- 0.5 Data Analyst
- 1.5 Administrators
- 1 Training Administrator
- 1 BSCB-only Inter-Agency Safeguarding Trainer

There have been delays in recruiting to the positions of the Data Analyst and half time administrator so these positions were vacant in 2016-2017.

Adam Bond, Business Manager, moved to a new post in November 2016. Becky Lewis was recruited to the position and joined the team in March 2017.



The team supports work across both the Children and Adults Safeguarding Board promoting better cross-working and responsible stewardship of resources through reducing duplication and Board administrative functions.

SHADOW BOARD

The BSCB Shadow Board is made up of young people from the participation groups across the city. These young people meet regularly with Senior Managers to advocate for children and young people, support decision making and hold senior managers to account.

This year the Shadow Board also undertook a Safeguarding Survey which was sent out to secondary schools across the city.

1,060 young people responded.

The Shadow Board found that young people in the city were most concerned about the following Safeguarding issues:

- 1. Peer pressure to do things you don't want to do (30% of respondents are concerned about this)**
- 2. Face-to-face bullying (29%)**
- 3. Racism (26%)**
- 4. Mental health (25.5%)**
- 5. Bullying online (21%)**
- 6. Self-harm (20.5%)**
- 7. Drug and alcohol (17%)**

Page 75



Some Members of our Shadow Board 2017

Messages about Safeguarding from Children in Bristol

[Safeguarding] helps protect them from things that make you want to scream or cry.

[Safeguarding] is important and keeps you safe.

If you ever feel down always tell someone because they are there for you

It may sound like too much effort or not enough, but in the end/over time, it's worth it

Safeguarding is there to help people deal with their problems and support them if they have no-one else to turn to.

Use the internet safely but don't just stop using the internet because we are in 2017 so we all use the internet no matter what. So just use it carefully and think of what might happen in the future next time you put something mean or you receive something which you're not comfortable with .

Responses from 'Our Opinions' Safeguarding Survey 2017

8. Homophobia (15%)

9. Sexism/gender based violence (14%)

10. Eating disorders (13%)

When identifying who young people are concerned about, most young people said they were concerned about harm from their peers or friends. 40 young people said they were worried about harm from parents/carers.

Young people who received support predominately valued support from their friends and their family.

In response to this survey the Shadow Board have supported the BSCB to design a Conference for professionals in 2017-2018 looking at the link between identity and abuse. They have requested that there is a focus within the next Business Plan on Bullying within schools and online and this agenda is being taken forward by the Education Sub Group with a new programme of training and support in schools being rolled out in the next year.

The Shadow Board plan to design information for young people about Safeguarding to support them to know what to do if a friend discloses to them. They will be working with the BSCB Comms group in launching a new BSCB website next year, and improving the information available to the public.

LEAD MEMBER

The Lead Member for Children’s Services has the responsibility for ensuring the organisation fulfils their legal responsibilities to safeguard children and young people. Councillor Claire Champion-Smith was the Lead Member for the BSCB until the end of March 2017 when Helen Godwin became Cabinet member for Children’s Services.

“Undoubtedly, one of the most important roles for a local authority is to make sure that the children and young people who live in its area are safe and have the opportunity to develop and enjoy life. It may seem a commonplace to describe Bristol as a vibrant and diverse city but it is true. City life offers many opportunities for young people to explore and grow but it also has tensions and there is a darker side to life for some families. The work of the Safeguarding Board is an essential element in bringing together all those who work to protect children. Resources are tight in all public services so trust based on shared understandings and common purpose is essential. Without a strong and effective board, children can so easily slip through the safety net.

I would like to thank the Board for its work on behalf of young people and commend the work of the Shadow Safeguarding Board. To the best of my knowledge, this channel for the views of young people on being safe (safe in its widest sense) in the city is unique and influential. I trust you find this report wider ranging and interesting and a reminder that safeguarding is the responsibility of us all.”

Councillor Clare Champion-Smith (Bristol City Council, Lead Member for Children 2016-2017)

LAY MEMBER

Page 78

“I was appointed as Lay Member of Bristol Safeguarding Children Board (BSCB) in the late Summer of 2016. Readers may ask why are Lay Members appointed to the Board? For the Board it is useful to have members who have an overall perspective, who are able to detach themselves from the interests or role of a particular organisation and who are able to ask the naïve but often valuable questions. For example, last Autumn when there was much national publicity given to concerns about safeguarding of young people in football clubs in the past, I asked if BSCB was confident that local sports clubs had clear safeguarding policies and procedures in place. My concern was followed up and I was reassured plus, if questioned, I could then reassure members of the general public. I also think that Lay Members are likely to ensure that the Board and the member organisations hear the voice of the child.

I am impressed by the commitment to ensuring that children and young people in Bristol are safe, from the many individuals and agencies involved in the safeguarding process and their willingness to share information and work together.

As my Lay Member role develops I look forward to a more active involvement with the general public to ensure that the safeguarding of children is fully understood to be everyone’s concern.”

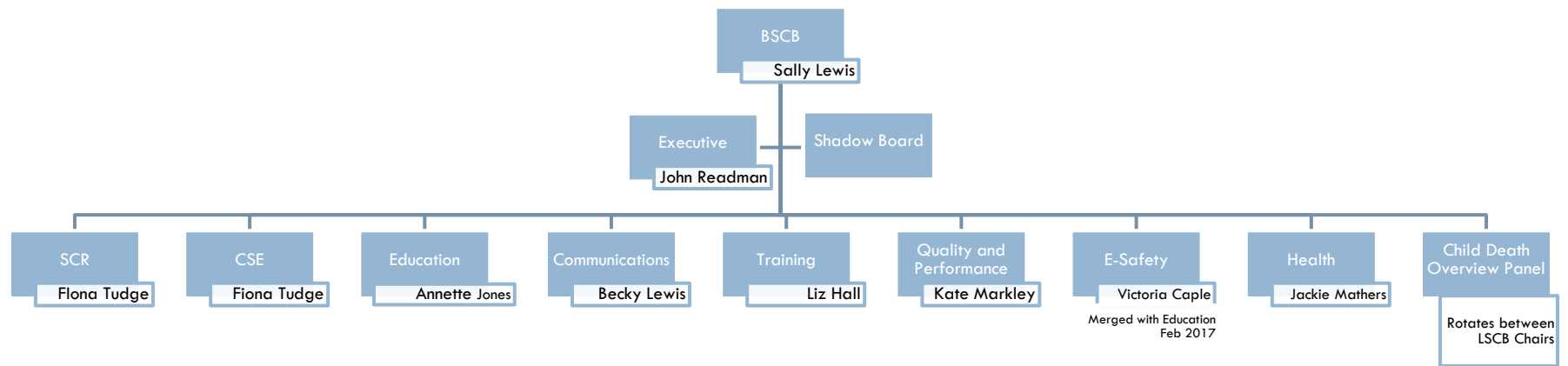
Patsy Hudson (Lay Member September 2016 – Current)

BOARD STRUCTURE AND SUB-GROUPS

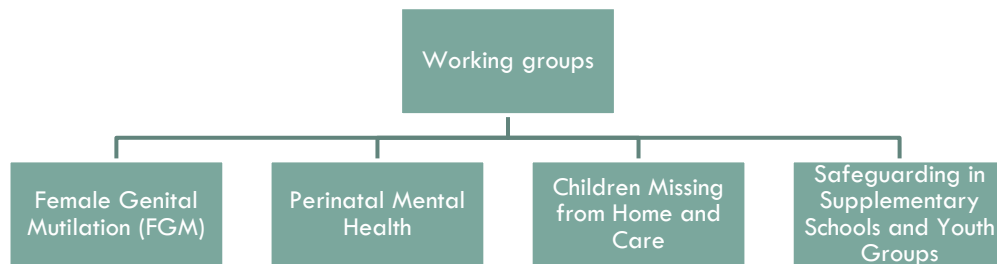
The BSCB meets as a full Board four times a year at a minimum. At the full Board decisions are made on the Business Plan for the year, agreement is sought for new policies or procedures, reports and audits are scrutinized in respect of the effectiveness of safeguarding arrangements in the city, Serious Case Reviews are received and new operating models are reviewed and evaluated. Board members are senior decision-making managers from their agency who can be held accountable for practice within their organization or agree to align resources to respond to identified issues.

The full Board is supported through the Executive Group. This group is chaired by the Director for Children Social Care from Bristol City Council and is attended by the senior managers from the core funding agencies and the BSCB's Independent Chair. This group drives forward strategic improvement, maintains oversight of the resourcing of the Board, and ensures compliance with governance arrangements.

Page 79 The operational work of the BSCB is undertaken by the Board's Sub-Groups and Working Groups. A Sub-Group is a permanent standing group of the Board and a Working Group is a time-limited group supporting the delivery in a specific area of practice. These groups are chaired by representatives from across the Board's organisations including Operational Managers from the police, Bristol City Council Social Care, Education and Bristol Clinical Commissioning Group. They are attended by representatives from across the city who ensure that the Strategic Business Plan for the year is delivered. This includes activities such as developing new resources, designing training programmes and undertaking multi-agency audits.



Page 80



BOARD ATTENDANCE

P	Present
D	Deputy attended
A	Apologies sent
NA	No attendance or apologies
0	Not Board member at the time

Page 81

Role	Agency	Apr-16	Jul-16	Oct-16	Jan-17	% attended by board member
Independent Chair	Independent Chair	P	P	P	P	100%
Clinical Director	Bristol Community Health	A	P	A	P	50%
Director of Transformation and Quality	Bristol CCG	P	D	P	P	75%
Chair	Education Sub Group	D	P	P	P	75%
Head of Learning Development and Safeguarding Senior Management Team	St Brendans 6th Form College	P	A	P	A	50%

Chief Nurse	UHB	P	D	P	P	75%
Head of Bristol and South Glos LDU	National Probation Service	P	P	NA	A	50%
Co-Founder and Trustee, Integrate UK	VCSE Advocate	P	P	A	P	75%
Cabinet Member	BCC	P	P	P	P	100%
Regional Assistant Director	Barnardo's	P	D	P	P	75%
Service Manager: Safeguarding and Quality Performance	BCC	P	P	P	P	100%
Interim Service Director	BCC	A	A	A	P	25%
Designated Nurse for Safeguarding Children	Bristol CCG	P	P	P	P	100%
Consultant in Public Health: Children and Young People	BCC	P	P	NA	P	75%
Strategic Director	People, BCC	A	P	A	P	50%
Chair	Quality & Performance Sub Group	P	P	P	P	100%
Designated Doctor for Safeguarding Children	Bristol CCG/Sirona	P	P	P	P	100%
Chair	Training Sub Group	P	P	P	P	100%
Assistant Chief Officer	BGSW - Probation	P	P	A	D	50%
Associate Director of Statutory Delivery, AHP and Social Care Leadership	Avon and Wiltshire Mental Health Partnership NHS Trust	NA	A	P	P	50%
Lay Member	Independent	0	P	P	P	75%

Service Director, Education & Skills	Education and Skills, BCC	A	P	P	A	50%
Service Manager - Crime and Substance Misuse Service	Safer Bristol	A	P	NA	NA	25%
Director of Nursing / Executive Lead Safeguarding Children	North Bristol NHS Trust	P	A	A	A	25%
Service Manager	Safeguarding Adults, BCC	P	P	P	P	75%
Service Manager	CAFCASS	NA	P	P	A	50%
Head of Public Protection	Avon and Somerset Constabulary	P	P	D	D	50%

VOLUNTARY AND COMMUNITY SECTOR REPRESENTATION

Voscur is a council for voluntary service and a development agency for the voluntary, community and social enterprise (VCSE) sector in Bristol. Voscur is committed to supporting and improving safeguarding practice across the VCSE sector in Bristol. This is done in a number of ways, including working directly with local groups on relevant policies and practice, to more strategic level work, bringing the voice of the VCSE to key decision making bodies/working groups in the city.

Voscur recruits and supports two VCSE sector advocates on the BSCB. These Advocates are elected by local organisations that make up Voscur's Children and Young People's Network. Advocates take an active part in the work of the BSCB and its subgroups, highlighting issues pertinent to the VCSE sector and giving a voice to the sector: Advocates then feedback relevant information to the sector via regular reports. Voscur has also worked with BSCB to promote relevant training and safeguarding resources to the VCSE sector. This includes Safe Club courses as well as the BSCB inter-agency training brochure.

In 2016-2017 one of the VCSE positions on the BSCB has been unfilled. A recruitment process is being undertaken by Voscur early in 2017 to fill this role.



FINANCIAL ARRANGEMENTS 2016-2017

Expenditure		Income	
Employment Costs		Partner Contributions	
BSCB Team Salaries	67,946	Bristol City Council:	153,345
BSCB Independent Chair	7,885	North Bristol NHS Trust	15,187
BSCB Staff training & expenses	6,679	Bristol CCG	27,776
Training Team Salaries	67,024	National Probation Service	1,780
		Avon & Somerset Constabulary	16,203
Total Employment Expenditure	149,534	Avon Fire & Rescue	1,152
		CAFCASS	550
Serious Case Reviews		YOT	2,376
SCR Fees 2016/17	46,258	15/16 unpaid contribution adjustment	-2,838
SCR Reviewers Expenses	1,192		
Associated SCR Support Costs	1,337	Total Partner Contributions	215,531
Total SCR Expenditure	48,786	Other Income	
		Training & Conference	96,591
Training & Conference		Surplus Brought Forward from 2015/16	58,932
Training Venue Hire & hospitality	21,615		
Training Team Office Supplies and Equipment	222	Total other income	155,523
BSCB Conference Speakers & Expenses	5,652		
Total Training & Conference Expenditure	27,489		

Contributions to other projects		Balance at Year end	
Safeclub VCS Training Grant	5,880.00	Total available (Contributions & other income)	371,053
University Of Bristol - Child Death Review Service 2016/17	12,048.47	Surplus	-93,281
Contribution to development of South West CPP Website	4,174.24		
Development of the BSAB / BSCB independent website	4,059.00		
Total Contributions	26,162		
Other Expenditure			
Conference attendance by Independent Chair	620.00		
Room hire, catering & equipment	1,127.31		
Our Opinions Survey Vouchers	506.45		
ICT & Phones	1,212.55		
Support Services from Bristol City Council	22,335.00		
Total Other Expenditure	25,801		
Total Expenditure	277,772		

2. RIGOROUS TRANSPARENT ANALYSIS OF SAFEGUARDING IN BRISTOL

SNAPSHOT

23% of children living in poverty

30 unaccompanied child asylum seekers

89 children & young people flagged at high risk of CSE by Bristol City Council Social Care and Barnardo's BASE Specialist CSE Project

800 episodes of children going missing from home or care

>21,000 contacts with Bristol First Response

23% re-referrals

553 Children on a Child Protection Plan in 2016-2017

2,405 open Children in Need cases as of March 2017

379 children in need with a disability supported by the 0-25 service

710 children & young people looked after

35 children permanently excluded from school

802 children in **429** families in temporary accommodation due to homelessness

370 children and young people living in families with domestic violence heard at MARAC meetings with social care involvement

3,392 contacts with children's social care concerning domestic abuse or violence

1,901 child victims of crime recorded by the police

SECTION 11 SAFEGUARDING AUDIT

Section 11 (s.11) of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Working Together to Safeguard Children (2015) recommends that Local Safeguarding Children Boards should assess organisations' compliance with s.11.

For the audit in 2016 the four LSCB's in the ex-Avon area agreed to undertake a joint audit given many members working across multiple areas. The submissions have been evaluated, to ensure that all questions have been answered and appropriate evidence provided. In 2016, there were 19 agencies represented on the LSCB that have a duty in Working Together to Safeguard Children 2015 to submit a Section 11 response. This includes two Associate members (British Transport Police and Avon Fire & Rescue). 18 responses were received with the Youth Offending Team being the only member to not provide an Audit response.

Each organisation provided a rating for eight areas of work:

1. Senior Management commitment to the importance of safeguarding and promoting children's welfare
2. A clear statement on the agency's responsibilities towards children is available for all staff
3. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
4. Service development takes account of the need to safeguard and promote the welfare of children and, where appropriate, the views of children and families
5. Training and Supervision
6. Safer recruitment procedures, including vetting procedures, and those for managing allegations, are in place
7. There is effective inter-agency working to safeguard and promote the welfare of children
8. There is effective information sharing

Page 89

The scores used for self-assessment reflected the current Ofsted grading:

Areas of strength for Bristol are:

The three Standards in which organisations working in Bristol self-assessed as the strongest are:

- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Senior Management commitment to the importance of safeguarding and promoting children's welfare
- There is effective Information Sharing

Areas of weakness for Bristol are:

The three main areas of self-assessed weakness identified are:

- Effective inter-agency working to safeguard and promote the welfare of children (particularly focused on areas of audit, management oversight and scrutiny)
- Effective training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families
- Safer recruitment procedures including vetting procedures and those for managing allegations are in place

The Section 11 Audit undertaken will provide a baseline to build from. In 2017/2018 Support and Challenge Inspections will be undertaken to ensure progress in line with the agencies' proposed actions plans.

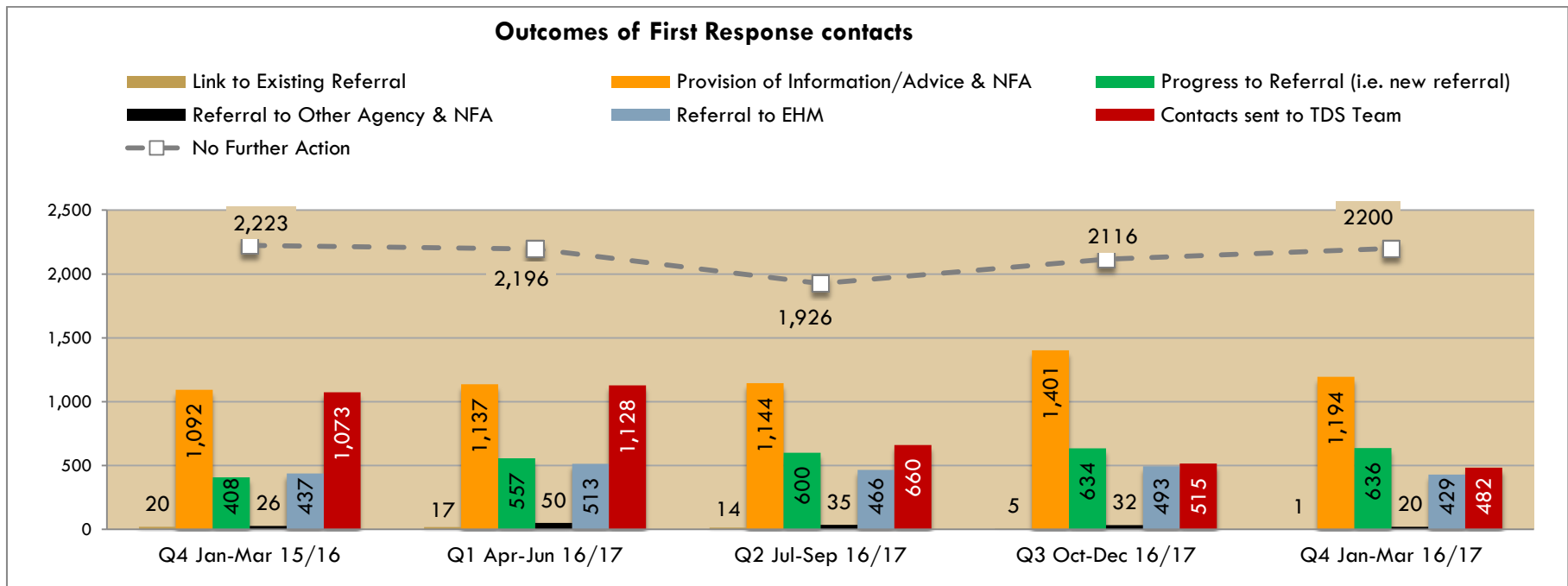
The BSCB Training Team has a new Trainer from April 2017 and will undertake a needs assessment for inter-agency training in city to launch a new Training Strategy at the end of the year. An accredited Safer Recruitment training course will be offered by the BSCB Training team in 2017/2018.

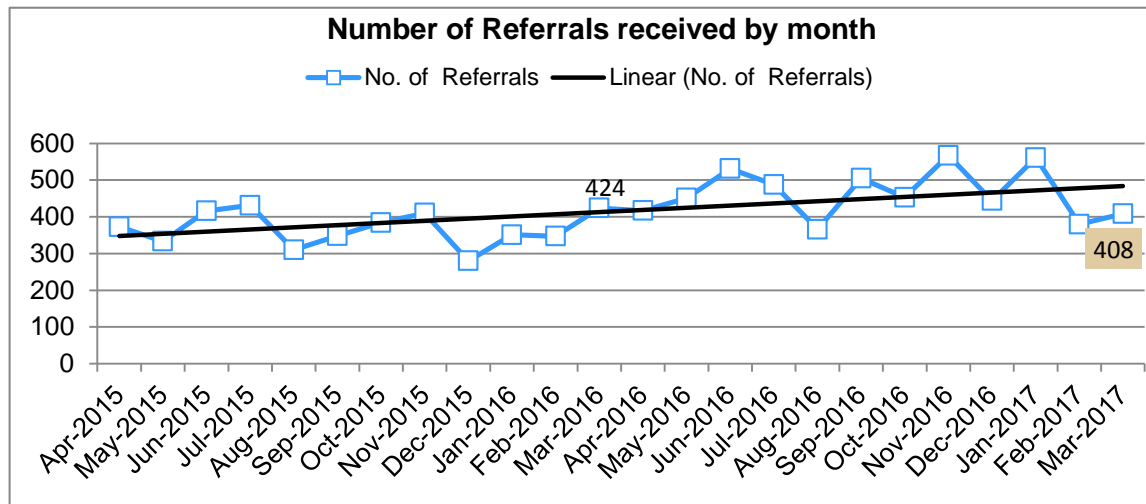
REFERRALS AND ASSESSMENTS

In our last Annual Report we reported on a reduction on the number of contacts with First Response, the front door to Bristol City Council's Early Help and Social Care services. This reduction has been sustained. The Board has been concerned however about the proportion of contacts with First Response where there is no role identified for Children's Social Care or Early Help. A multi-agency audit was undertaken

in February 2017 to explore this. The audit found that decision-making by social care was consistent and appropriate to the information provided by that the quality of the referrals received by Children’s Social Care from partner agencies was poor. This is an area of significant concern for the Board as it takes significant resource for First Response to filter these which could be used to provide direct services to children at risk. A response plan has been implemented including training across the partnership to improve referral quality.

Page 91

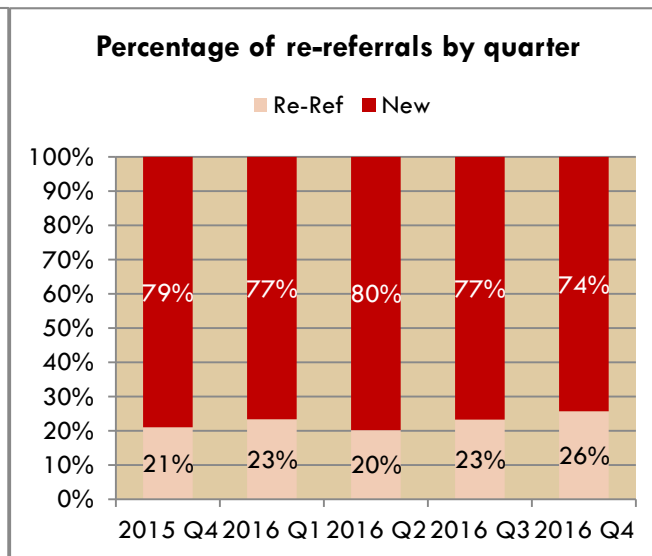
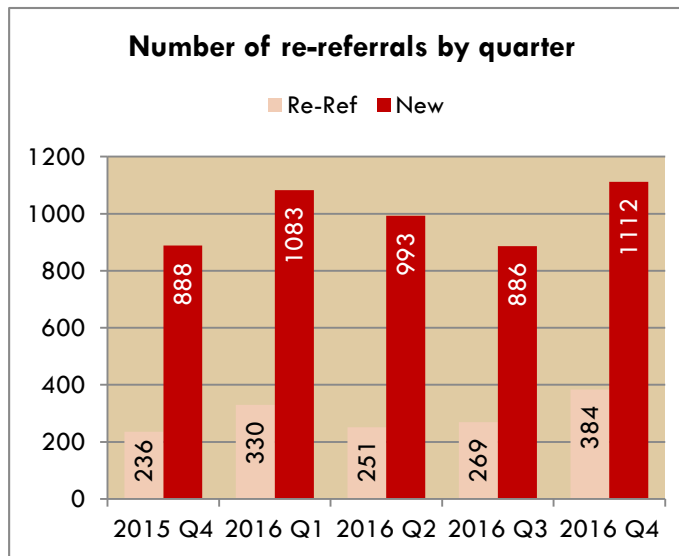




There has been a continued upward trend in the number of contacts progressed as referrals into Children’s Social Care across the last two years.

This is at the same time as Social Workers’ caseloads are higher in Bristol than the national average and vacancy rates in the city, like in many other areas, are increasing. The Board recognises that this puts increased pressure on social care resources particularly at a time when other provision in the city has shrunk.

If a child has had a referral in the 12-month period prior to the new referral, then the new referral is counted as a re-referral. Throughout the year re-referral rates for children have remained above one-fifth of the referrals made to Children Social Care with an annual average of 23%. This is the same re-referral rate as evidenced in 2015-2016 and so shows no deterioration in this regard.



CHILD PROTECTION PLANS

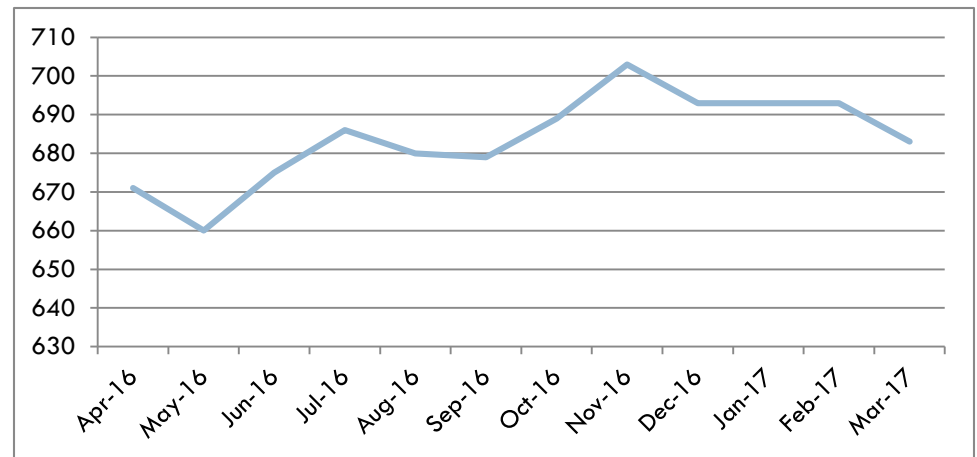
The number of children on Child Protection Plans has remained relatively stable across the year with an average of 480 children on Child Protection Plans at any point. This means that this year in Bristol 53.5 out of every 10,000 children in Bristol are on a Child Protection Plan.

The Quality and Performance Sub Group have raised concerns that Bristol have consistently had higher than the national average of children on Child Protection Plans for more than 2-years with an annual average for 2015-2016 of 6.8% of children whose plans ended having been subject to a Child Protection Plan for more than 2 years. We have also seen an increase in the number of children who have been subject to a child protection plan more than once, with 23% of children with Child Protection Plans in March 2017 having had more than one plan, and a deterioration in the number of Child Protection Conferences (both Initial and Review) being held within the statutory timescales. This has been escalated to the local authority and an audit of Child Protection Conferences by the multi-agency Quality and Performance Sub Group is planned for the first quarter of 2017-2018.

Page 93

LOOKED AFTER CHILDREN

This year has seen the start of the re-modelling of the children in care service and the care leaver service. The remodel integrates the Looked After Children and Care and After services for children and is designed to reduce the need for changes of social worker.



As can be seen in the graph above, the number of children looked after in Bristol has fluctuated between 660 and a high of 704 during 2016-2017. This is an annual average of 76.6 children per 10,000 who are looked after which is similar to the city’s statistical neighbours.

Every child has an Independent Reviewing Officer (IRO). The caseloads for this team has been lower this year with more resources provided. This has brought their caseloads in line with the national recommendations. BSCB received reports that indicated greater level of challenge evidence in case notes from IROs to social workers which is positive development.

A lack of life story work, life storybooks and later life letters is an identified area requiring improvement in Bristol. IROs now keep cases open following adoption when life story and later life letters have not been completed in order to ensure this is in place. Bristol City Council have reported this delay is due to capacity issues for their social workers which remains a challenge due to an increased number of agency social workers and staff vacancies in social care teams this year.

Placement type (March 2017)	Number of Children
Agency Foster Care	164
Bristol Residential	68
Family or Mother & Baby Unit	4
In-House Foster Care	403
Non-Bristol Residential	36
Parent/Independent Living	14
Placed for Adoption	15
Secure	3
Total	707

19 children were adopted this year which is a significant reduction on the last two years where 46 children were adopted each year. 39 children were made subject to care arrangements under Special Guardianship Orders.

Over the year an average of 13.1% of looked after children were placed more than 20 miles away from their families. At the end of 2016-2017, 82% of looked after children in Bristol were placed with foster carers, the majority with in-house foster carers. This evidences that the improvement of increased numbers of young people being placed in foster care settings has been sustained since our last annual report, and remains above the national average.

Placement stability has remained a focus for Bristol City Council. The percentage of children looked after aged under 16 at year end who had been looked after continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement together last for at least 2 years has been maintained at close to 80% throughout the year which is above the England average of 68% (March 2015).

There was an increase in the numbers of children looked after who had had more than three placements reported in the BSCB's 2015-2016 Annual Report. This dropped from a peak of 10.3% of children looked after in April 2016 to a low of 7.5% of children looked after in March 2017 showing an improvement across the year in placement stability for children.

Page 95 PRIVATE FOSTERING

Despite work to raise awareness of private fostering continuing this year, building on last year's work, numbers of children in private fostering arrangements remain low and the BSCB knows that many continue not to be referred to social care. This trend is in line with patterns nationally. Children's Social Care continue to work with partners in core cities and statistical neighbors in order to learn from each other and share ideas of how to improve this. Children's Social Care have worked on improving the timeliness of visits to children in private fostering arrangements this year to ensure that they are responded to quickly.

This year there were 41 private fostering arrangements recorded in Bristol (there were 43 in 2015-2016).

LOCAL AUTHORITY DESIGNATED OFFICER

The role of LADO is to manage allegations and concerns regarding people who are in a position of trust. The LADO provides advice and guidance on how such allegations should be investigated and has overall responsibility for the management and oversight of all allegations. The LADO is involved from the initial reporting of the allegation through to the conclusion of the case.

Aside from 2014-15, over the last five years there has been an upward trend in referrals to the Bristol LADO. This is encouraging as it indicates an improvement in the identification and reporting of concerns regarding individuals in a position of trust. The increase in referrals may also be due to the LADO providing training to a variety of different agencies to increase their knowledge and understanding of their role and the process of allegation management.

Page 96
The majority of referrals to the LADO have been in relation to allegations of physical abuse. The majority of these relate to the education sector. This is consistent with the last six years and reflects the pattern locally and nationally. The second highest category related to allegations of a sexual nature. The third largest category of referrals is “other” allegations. This category includes suitability and conduct issues, for example where there are concerns about issues in a person’s personal life that bring into question their suitability to work with children (i.e. drug or alcohol use, perpetrating violence).

For the second year the LADO raised concerns with the BSCB about LADO referrals from supplementary schools and volunteer-led organisations or groups where there is an absence of safeguarding procedures and policies in place. This is a priority for the BSCB to address in 2017-2018.

The work of the LADO has continued to be supported through close links and co-training with the Safeguarding Education Team.

CHILDREN WITH DISABILITIES

379 children were supported by the integrated 0-25 service this year. An audit undertaken by the Quality and Performance Sub Group identified very low numbers of children in this service who were subject to a Child Protection Plan. This raised concern for the Board given national research trends which show that disabled children and adults are more likely to experience abuse.

Subsequently cases within the service were reviewed and support given by the Quality and Assurance team at Bristol City Council to ensure that Child Protection issues were not being masked by the level of support being provided to families with children with disabilities. Subsequently there has been a small increase (to 6) of children identified in this service as meeting the threshold for a Child Protection Plan. Internal audit findings have been shared with the Quality and Performance Sub Group and work in this area remains a priority for 2017-2018.

The Board is committed to supporting professionals in the city to improve the safeguarding of this vulnerable group of children including the development and launch of an updated multi-agency guidance for Safeguarding Disabled Children and a newly designed training offer for professionals.

CHILDREN MISSING FROM HOME OR CARE

Total number of Bristol children missing from home or care in last 12 months	427
Total number of times children went missing in last 12 months	801

Children who go missing should be offered an Independent Return Home Interview to explore the reasons they went missing and put in place plans to reduce the risk of them going missing again. The Missing Task Group monitors this data to ensure children are receiving the support.

Page 98

Month of missing data	Total forms	No. of children meet		Interview offered?		Percentage	Child accepted?		Percentage of return interviews accepted **
		No	Yes	No	Yes		No	Yes	
April	52	26	26	26	26	100%	9	17	65%
May	69	27	42	28	41	98%	16	25	61%
June	104	54	50	54	50	100%	23	27	54%
July	70	36	34	36	34	100%	17	16	47%
August	49	21	28	21	28	100%	10	16	57%
September	42	16	26	17	25	96%	8	17	68%
October	65	33	32	33	32	100%	15	17	53%
November	85	41	44	40	45	102%	18	27	60%
December	68	30	38	31	37	97%	19	18	49%
January	86	36	50	36	50	100%	24	26	52%
February	42	15	27	18	24	89%	8	16	67%
March	68	25	43	27	41	95%	12	29	71%
Total	800	360	440	367	433	98%	179	251	58%

The number of Return Interviews accepted by children in relation to the number offered averages at 58% over 2016/17. Ofsted data in 2016 reported a national average of 25%. Although 58% is considerably higher than this the Local Authority and Barnardo's Safe Choices Missing Project are working hard to increase this percentage. There is a focus on working with parents to ensure that children are permitted and encouraged to engage with a Return Interview. Where children do not want to engage with a Return Interview Barnardo's Safe Choices project will share this information with the child's school to allow the school to identify risk and/or provide support.

The analysis of push and pull factors indicate the highest number of children who go missing are running to friends and peer influences. This factor has been discussed in depth and a possible hypothesis is that some of these incidents may have been more accurately recorded as child sexual exploitation. A prompt has now been put into the Return Interview form on LCS to think about CSE and also provides a link to the CSE checklist embedded in LCS. A tab for criminal exploitation has also been added and will now appear in the report.

Issues of bullying have been identified as a factor for children going missing. This links with priorities of the Shadow Board and is a priority for 2017/2018 BSCB Business Plan. Representatives from the School Safeguarding Education team and The Hope Virtual School sit on the task group and contribute to improving the experiences of children within school who are reporting they are running away due to school issues.

The strategy group requested data for a 3 month period to analyse the number of children who did not meet the criteria for a Return Interview but then went missing again. The purpose of this data was to understand the issue and measure the impact of not offering every child who goes missing a Return Interview. Over a 3 month period there were 107 children who went missing that did not meet the criteria for a Return Interview and of those 107, 42 children went missing within a 6 month period.

Barnardo's Safe Choices reports on Return Interviews being offered within 72hrs as indicated within the statutory guidance. Attempts are made to contact the child within 72 hrs but it is not always possible to complete the Return Interview within this timescale.

FEEDBACK FROM YOUNG PEOPLE WHO GO MISSING

At the conclusion of every Return Interview young people are asked if there is anything that would support them with regard to service provision. Very few young people choose to comment on this but there are two recurring comments. Firstly a request for out of hours provision so that there is somewhere safe for young people to go to or people to call and secondly for advice being given to parents/carers to ensure their responses to a child returning from a missing episode supports the young person to remain at home and is not one based on anger (that has come from worry).

ENGAGEMENT WITH SCHOOLS

Page 100

The Board have developed and implemented a new reporting system in 2016-2017. This new system means that Schools are now receiving information on a daily basis of any child that has gone missing the previous night. This will allow the schools to provide immediate support and prioritization on these children.

The BSCB has identified that further work is required to ensure that robust arrangements are in place for Bristol children who are placed out of Bristol being offered a Return Interview if they go missing. Attempts have been made to build this into arrangements when commissioning a placement or undertaking the Return Interviews if children are not placed a significant distance from Bristol. However there is not a robust system in place. This has been identified as an issue across the South West region and work is being undertaken across the region to put local agreements in place.

PREVENTING RADICALISATION

In 2015-16 there were 60 referrals in total assessed and reviewed. This compares to 37 in 2016-17. Of these referrals 27 were cases involving young people (45%). This compares to 16 (43%) in 2016-17.

Cases where there is a high risk of radicalization are managed through the Channel Panel process. In Bristol numbers of children and adults meeting this threshold has been very low. There has only been one case relating to a young person in 2016-17. In this case, the level of vulnerability and risk significantly reduced and the young person was successfully exited from Channel.

The Prevent agenda continues to be overseen by Safer Bristol and updates reported to the Board's Quality and Performance Sub Group.

Page 101

FEMALE GENITAL MUTILATION

Bristol continues to be recognised as leading the way with our coordinated response to ending Female Genital Mutilation (FGM) and engaging with members of communities affected by FGM through the FGM Delivery and Safeguarding Partnership. This year the BSCB's partner Bristol Clinical Commissioning Group have been actively involved in the Bristol FGM agenda with the re-commissioning of the Rose Clinic. The Bristol Community Rose Clinic is a community-based service that provides specialist care and support for Bristol women who are experiencing problems because of FGM.

Summer 2016 saw young people leading the way in the End FGM Summer Campaign. A range of events including a young people's march across the city to End FGM following in the footsteps of a march held six years ago by adult women in the city. The Summer Campaign events showcased the work of young people committed to raising awareness and stopping FGM in their community. At the launch of the



Summer Campaign at the University of the West of England, members of Empowering - the youth arm of campaigning group FORWARD - shaped the agenda for the day with the support of Bristol's FGM Delivery and Safeguarding Partnership. The summer campaign was aimed at members of affected communities, health professionals – including social workers, doctors, medical students and hospital staff - as well as researchers, students and the general public. The work was supported by the Safeguarding Education Team who engaged with schools across the city to increase identification and confidence in working with children and families in combatting the issue. This work sits under the Bristol Zero Tolerance initiative which is working towards Bristol becoming a city free from gender-based violence, abuse, harassment and exploitation.

Page 102
Photo: Chris Cronin/FORWARD

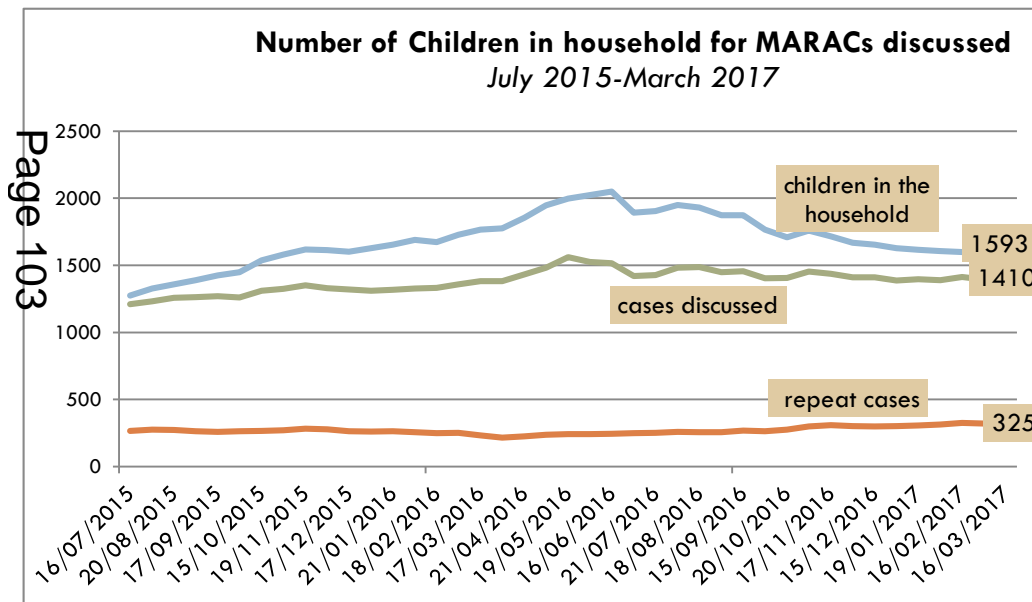
At the Launch BSCB Chair, Sally Lewis said “The voice of young people is central to this year's summer campaign, and they have the support of many organisations in the city. The lack of knowledge and reluctance to talk about FGM is being chipped away each year with more people joining the call to end the practice. We should be very proud of Bristol for leading the way with this.”

The Quality and Performance Sub Group undertook a Child Protection Incident Review of the management of a case of FGM. This is due to be disseminated to the BSCB in early 2017-2018 and will set out recommendations for the BSCB going forward.

A key piece of work undertaken by the BSCB in 2016-2017 was the development of new FGM guidance and processes for staff. This guidance sought to maintain a proportionate response to concerns of FGM and enable professionals to undertake more evidence informed risk assessments. This guidance is due to be ratified and disseminated by the BSCB in the first quarter of 2017-2018.

DOMESTIC VIOLENCE AND MULTI-AGENCY RISK ASSESSMENT CONFERENCES (MARAC)

MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC also makes links with other structures and processes to safeguard children and manage the behaviour of the perpetrator.



The data presented in the table represents the total number of children in households reviewed at a MARAC since July 2015. 1,593 children have been discussed in this period. The BSCB continues to be concerned about the lack of change in the number of children who have been heard at repeat MARACs. This was identified in the 2015-2016 Annual Report and the data set below highlights that this is unchanged. The BSCB have also been made aware of a trend for increasing numbers of MARAC referrals continuing. This is mirrored in Bristol's adjoining local authorities. A review of the delivery of MARACs across the constabulary area has been undertaken and new delivery models are being considered in 2017-2018. The BSCB have implemented greater oversight of this process with the Business Manager joining the Bristol MARAC Steering Group and new operating models to be presented to the BSCB full Board given the risk to children in the city if the arrangements are not robust.

MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authorities) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. Other agencies including children's services have a duty to co-operate with MAPPA.

There are three categories of violent and sexual offenders who are managed through MAPPA:

- Category 1: Certain Sex Offenders are required to register their name, address and other personal details with the police. The length of time an offender is required to register with the police can vary between 12 months and life.
- Category 2: Certain Violent Offenders who have been sentenced to 12 months or more in custody, or to detention in hospital and who are now living in the community subject to probation supervision.
- Category 3: Other Dangerous Offenders who have committed an offence in the past and who are considered to pose a risk of serious harm to the public.

All MAPPA offenders are assessed to establish the level of risk of harm they pose to the public. Risk management plans are then worked out for each offender to manage those risks. MAPPA allows agencies to assess and manage offenders on a multi-agency basis by working together, sharing information and meeting, as necessary, to make sure that effective plans are put in place. Offenders are managed at one of three levels, based on the level of multi-agency co-operation required and can move up and down the levels as appropriate. In 2015-2016 there were 1,848 MAPPA Offenders across the five Avon and Somerset local authorities.

The MAPPA Annual report is not available for 2016-2017 as it will not be published until later in the year. The report for 2015-2016 is available here <https://www.gov.uk/government/statistics/multi-agency-public-protection-arrangements-mappa-annual-report-2015-to-2016--2>

3. NEW MODELS AND PILOTS

MASH PILOT 2016

Bristol City Council has worked with key partners to develop a Multi-Agency Safeguarding Hub (MASH) arrangements for Bristol. The Bristol MASH Project Group set up a task group in 2015 to determine whether there should be MASH arrangements in Bristol. The task group looked at national best practice and designed a pilot that would respond to local needs and drivers for change. The MASH pilot was designed to deliver key benefits around:

- improved risk management and safety of children and adults
- better and more timely decision-making using shared information
- more efficient use of resources for research and decision making
- improved satisfaction of referrers and confidence of referring agencies
- improved pathways to early help services to better manage demand

Page 105

The pilot ran for three months from June 2016 to end of August 2016, to coincide with the fixed-term appointment of 1 full time equivalent health professional who acted as the health services researchers and decision-makers for the MASH. BSCB members were provided with a mid-pilot progress report in July 2016 and the findings of the pilot in January 2017.

The MASH received children and adult cases where there were potential safeguarding concerns **and** uncertainty if they met the threshold for Section 47 enquiries (or Section 42 inquiries for adults). The three core agencies (police, health services and local authority) provided research and made joint decisions for the MASH. Avon and Wiltshire Mental Health Partnership also provided adult mental health information on request and attended the weekly adult MASH discussion where possible.

A total of 83 cases were referred to the Children's MASH from a full range of referring agencies. MASH decisions were found to have been made in a timely way, the majority of which made within 3 working days from referral.

MASH decisions had a significantly lower No Further Action rate than for the Threshold Decisions Service (TDS) for the same period. A higher proportion of cases resulted in actions for participating agencies, which reflected the collaborative nature of the decision making process. Contrary to prior concerns, there was no increase in referrals to children's social care, although 31% of cases being referred to TDS suggests that further work was still required to form a decision for a significant proportion of cases after the MASH process.

Through discussion with practitioners, audit and analysis of data, the following benefits of the MASH have been identified:

Page 106

- **Improved access to information** to inform decision-making, particularly having better access to health services and mental health information.
- **Better interpretation of information** to understand risks and strengths relevant to each case through the input of the health practitioner.
- **Shared ownership of decisions.** MASH decisions are multi-agency and have been made by consensus with no disputes.
- **Improved multi-agency response** to safeguarding concerns. Analysis of MASH decisions show a good spread across single agency actions for health services, referrals to social work, and referrals to early help.
- MASH discussions are also promoting a **better inter-agency understanding** of approach and assessment of risk.
- Shared information and decision-making can lead to **preventative plans that avoid escalation to statutory social work services.**
- **Improved consultation with and data collection** from other agencies.

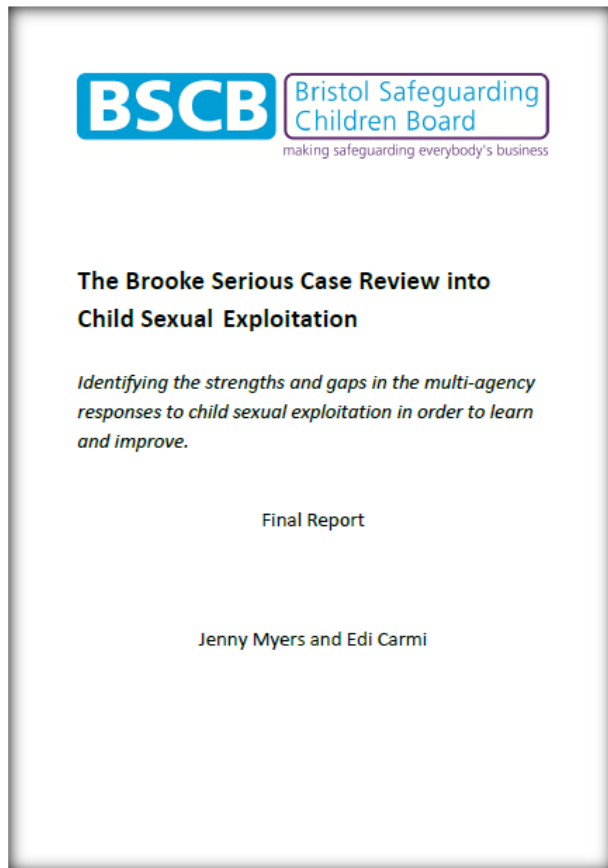
Having received the Findings of the MASH Pilot, BSCB Board members agreed with the suggested implementation plan for the MASH to be established permanently, with resolution of the five issues above. The Bristol MASH is due to be launched in July 2017.

CONNECTING CARE

Information sharing across health agencies and children's social care has been highlighted in many Serious Case Reviews as a barrier to Child Protection. Connecting Care is a local electronic patient record that allows health and social care professionals directly involved in an individual's care and support, to share a summary of the medical record and any safeguarding concerns. Bristol City Council have worked with the South West Commissioning Group to implement Connecting Care for children and families in the city. This is facilitating improved information sharing and speeding up enquiries in First Response providing a more responsive service for families. Safeguarding Teams in Health agencies are also able to see if previous safeguarding referrals have been made for a child, or if a social worker is allocated.

4. SERIOUS CASE REVIEWS

Page 108



The Serious Case Review Sub Group has an oversight role in commissioning and monitoring the progress of Serious Case Reviews. The Sub-Group also monitors the progress made by agencies in implementing changes following Serious Case Reviews. Any exceptions and concerns about these areas are reported to the full Board meetings.

Over 2016/17 the BSCB did not publish any Serious Case Reviews however there are 6 in progress that are due to be published during 2016/17. 2 of these Serious Case Reviews are due to be published in April 2017.

CHILD SEXUAL EXPLOITATION - OPERATION BROOKE (MARCH 2016)

The Serious Case Review into the prosecution of a gang of men who sexually exploited children in Bristol, known as Operation Brooke, was published in March 2016. Over 2016-2017 the Board has overseen the work being undertaken by partner agencies to respond to the findings of this review.

Learning events were held across the city including briefings for all the children's social care teams, Safeguarding Link GPs and health provider briefings.

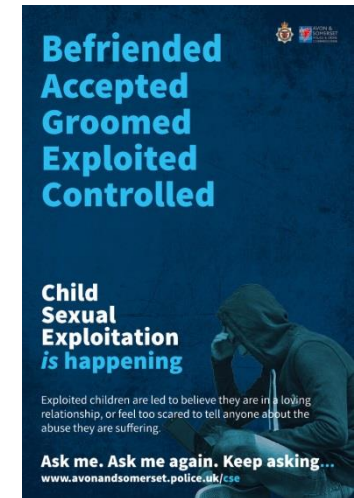
Information sharing between sexual health and GPs remains a challenge but is part of the new unity sexual health contract the new provider is aware of the need for consistent safeguarding practice across all the providers.

Following the Operation Brooke SCR, Public Health Bristol have continued to run the 4YP Training programme for professionals. Courses include supporting professionals around many aspects of sex and relationships education. Public Health Bristol also runs the “Bristol Ideal” which support schools to have good practice in preventing trafficking, forced marriage, honour crimes, FGM, sexual exploitation and sexual harassment. Schools are also participating in the Healthy Schools programme which includes support to schools to deliver PSHE and Relationships and Sex Education.

It has been identified that the increase in awareness and identification has placed significant pressure on the city’s specialist child sexual exploitation team Barnardo’s BASE. Ongoing commissioning of a specialist service at an increased commissioning level has been secured for 2017-2020 through a cross-Avon and Somerset commissioning process. Steps have been taken to build resilience in the model as better identification continues by expanding capacity within other organisations to manage Child Sexual Exploitation cases.

Bristol City Council have set up a network of Child Sexual Exploitation Champions across their services. The Champions are responsible for dissemination of up-to-date best practice information, resources and training. Barnardo’s BASE have developed their offer to increase flexibility including increasing consultation and parent support interventions alongside the long-term therapeutic relationship based support for victims. This has been supported through Train-the-Trainer courses run in the final quarter of the year.

Agencies have also continued to build on the use of predictive analytics. Using the Troubled Families integrated analytics database, agencies have developed a framework for identifying key indicators of vulnerability to sexual exploitation. This has allowed schools and early help to identify which children are most at risk of being sexually exploited in order to prompt greater professional curiosity and align resources so that those children can be offered support with reduces vulnerability.



A significant amount of work in this area has also been undertaken in partnership with our neighboring local authorities. Through the West of England Child Sexual Exploitation Victim Identification and Support Project Two new approaches, the CSE Network Meeting and Operation Topaz, have also been implemented this year to improve disruption and conviction of perpetrators. The CSE Network Meeting provides a perpetrator focus on intervening as a multi-agency network to reduce and prevent offending against children. The CSE Network meetings initially identified that almost three-quarters of actions being recommended could have been implemented at an earlier stage through Child Protection processes. This highlighted a lack of expertise in the disruption and conviction of offenders by statutory agencies.

To respond to this an Investigators Handbook has been developed and training rolled out across all the police investigations teams within Avon and Somerset. Furthermore the Operation Topaz pilot was set up in 2017. Operation Topaz is a group of police officers and staff with significant CSE experience, who implemented proactive targeted strategies to disrupt and convict perpetrators. Multi-agency partners from Social Care, Education, Health and Barnardo's meet with them weekly to review high risk cases and ensuring the sharing of intel and implementation of effective plans for dynamic responses to risk. Police officers are also co-located for partner of the week within the Barnardo's multi-disciplinary team. The Board will receive a report on the outcomes of this pilot after six months of delivery.

We know that the public are the frontline in protecting children and young people from Child Sexual Exploitation. The Communications Sub Group support a cross Avon and Somerset awareness campaign that included CSE awareness material being displayed at all the major transport hubs in the city including Temple Meads Station. The materials were also rolled out across schools, health services and the voluntary sector.

2016-2017 was the second year of the delivery of a specialist CSE awareness raising programme to staff across a wide range of public venues including fast food chains, taxi ranks, clubs, pubs, security staff and street pastors. In total 684 staff were trained in CSE awareness in 2016-2017, ensuring that we equip communities to know the signs of CSE and how to report concerns.



5. WEST OF ENGLAND: CHILD DEATH OVERVIEW PANEL

Bristol has joined with the other LSCBs of the ex-Avon County Council area (Bath & North East Somerset, North Somerset and South Gloucestershire) to establish the West of England Child Death Overview Panel (WofE: CDOP). An annual meeting of LSCB chairs and managers to oversee the operation of the WofE: CDOP has meets annually in September.

The West of England CDOP has undertaken detailed overviews of child deaths which have occurred in the area since its inception in 2008. The CDOP has benefitted from the availability of local and national expertise to inform their deliberations and case reviews and has been proactive in pursuing modifiable factors which indicate the potential for improvements in policy, procedure, practice and wider learning for the future.

An annual report is provided to the four LSCBs each autumn, therefore reporting in the LSCB annual report is for the preceding 12 months.

Number notified deaths of Bristol Children by Year	2011/12	2012/13	2013/14	2014/15	2015/16
	30	43	30	31	35

589 child deaths were notified to the West of England Child Death Enquiries Office between 1st April 2011 and 31st March 2016. 170 of these children were from Bristol.

Between 2011 and 2016, (39/109) 36% of children were not residents of Bristol, North Somerset, South Gloucestershire or Bath and North East Somerset (BANES). The great majority of these children were receiving specialist medical care in Bristol Children's Hospital or St Michaels Hospital (NICU). This figure is lower than previously as from January 2015 the West of England CDOP stopped reviewing and collecting data on the deaths of Welsh children within hospitals in the West of England area.

Between 2011 and 2016, 70% of deaths occurred during the first year of life, 12% of deaths were of children ages 1-4, and rates then decrease in mid-childhood but are higher in ages 15-17 with 6% of deaths. The number of deaths in the 7-27days age bracket dropped over the 5 year period by almost a half, and deaths in 1-4 year olds also dropped notably.

75% of deaths notified in the last 5 years were children expected to die and 25% of deaths in children aged 0-17 years were unexpected; 30% remaining unexplained after a full investigation and the local case review meeting. 34% of deaths due to perinatal complications (mostly extreme prematurity), and 28% children with chromosomal, genetic or congenital conditions. Acquired natural causes account for 21% and external causes, encompassing deliberate injury, suicide and trauma, accounted for 9%.

THEMES ARISING FROM REVIEWS OF CHILD DEATHS

Page 112

Lack of bereavement support for families

This year CDOP has recorded some dissatisfaction with bereavement provision for some families. A number of cases in past meetings have reflected this and while this issue is not directly related to identifying modifiable factors in relation to the death the panel felt it is important to try to address. One forward step is that CDOP has flagged this issue to the local children's hospital trust who now have a bereavement team in place. CDOP have also helped to raise awareness of bereavement support for specific cultural groups.

Delay in receipt of final Post Mortem Reports

Unfortunately the effect of the national shortage of paediatric pathologists continues to impact families after their child's death. CDOP reviewed a number of cases this year where the delay in the final post-mortem report being available to families caused significant distress. This year CDOP wrote to the Royal College of Pathologists who confirmed that the College is aware of this issue and has reported that

paediatric pathology remains a shortage speciality to Health Education England. They reflected that there are adequate numbers of training posts at present, but there are difficulties in attracting high quality trainees to the speciality, and events were run by the College last summer to ensure that paediatric pathology is represented to trainee doctors at an early stage. The Designated Doctor for Children's Deaths has also dealt with some media contact in relation to this issue.

Difficulty in obtaining information on fathers of children who have died

As part of the child death review process, information on the child's family and background circumstances is routinely reviewed. However CDOP recognised that it is often difficult to collect adequate information on the fathers of children who have died as this information is often not held on agency records. WOE: CDOP is aware that this is also an issue for other CDOPs and may be a national issue. CDOP has been able to remind clinicians involved in the child death review process about this issue, for example, where there has been a rapid response in relation to an unexpected child death professionals have been reminded to ensure that, wherever possible, information on the GP surgery that the father is registered with is collected.

Medical learning from case reviews

This year CDOP has highlighted important medical learning from a number of cases, in particular in relation to presenting features of infection and childhood malignancies. Discussions have taken place about how best to disseminate this learning to relevant agencies. CDOP has received anecdotal evidence that many parents wish to contribute to future learning in this way.

6. TRAINING AND ANNUAL CONFERENCE

The BSCB Training team ran 23 different courses in 2016-2017 over 64 training days. 14 were conducted by the BSCB Trainer and 9 by external agency trainers. Three of the courses run by the BSCB Trainer had speakers from other agencies.

In 2016/17 we trained 1640 professionals compared to 1423 professionals trained in 2015/2016 which was a 15% increase. This data does not include the figures from the Annual Conference.

Data from our Initial Child Protection training feedback showed that the training delivered is upskilling professionals effectively. There was a significant increase in confidence in Safeguarding Practice reported with 236% increase in reported Confidence in Safeguarding Practice reported after the course.

Page 114 Some examples of respondents' feedback on actions taken after training:

- I reviewed a number of serious case reviews and explored the SWCPP website meaning i am more familiar with processes and how things can go wrong also the support that is out there providing guidance for us
- I have revised our Safeguarding children and adults policy to make it more comprehensive. Created a clearer reporting structure and a central log where safeguarding concerns are recorded. I also organised Safeguarding training for staff and there is now more confidence within the organisation about reporting, recording, including following up on disclosures of historical childhood abuse and reporting to police. This helps to promote children's safety.
- It has made me feel more confident to share my knowledge with other colleagues within my team. So following an incident I had to make a safeguarding referral to keep one of my service users safe - I was able to discuss my concerns within a whole team meeting gaining more support from colleagues. I was able to pull on my knowledge, resources and contact numbers that were given to me during the Child Protection Training.

- I feel that I have a greater understanding of the mental health issues that face young people and adolescents, and the impact that parental mental health can have upon children and young people. I am putting together training for my own agency regarding mental health and can use the information learned from this study day to inform my own training. I am also involved in the transition process from children's to adult services and this training was helpful to bring different issues to mind

Through the end of year review of the BSCB Training offer, the Training Team has identified a need to update the Child Protection for Managers course to ensure it is relevant for managers managing more complex Child Protection issues. The review also identified that Cultural Competency and consideration of Equality and Diversity issues could be strengthened throughout the core training offered. This will be addressed in a review of the whole of the Training Programme in 2017-2018 and the development of a 2018-2021 Multi-Agency Training Strategy.

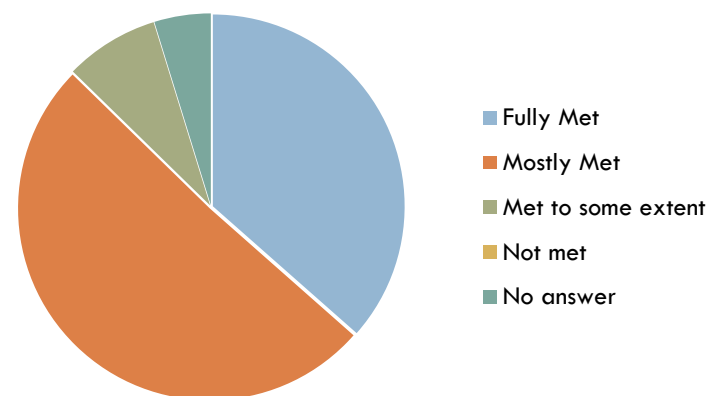
Page 115 ANNUAL CONFERENCE

This year's Annual Conference "Building Honest and Effective Relationships with the Communities and People We Serve" was held on Monday 11 July 2016. There were 194 attendees at the conference representing over 70 agencies in the city.



Delegates heard talks from a range of speakers and practitioners:

- Jeanette Plumb, BSCB Senior Training and Development Officer; Working Openly with People of Varied Faiths and Cultures
- Matthew Gibson, University of Birmingham; Understanding the Emotional Impact of Safeguarding on Professional Practice
- Joanna Nicolas, Social Work Consultant; Awareness of Disguised Compliance in Families and Communities we work with
- Kalsoom Bashir/Dickon Turner; Prevent/Extremism and Radicalisation
- Integrate Bristol – End FGM



A review of the Conference feedback found the majority of attendees said that the aims of the conference were met. Professionals who attended were particularly positive about the input from the young people from Integrate Bristol who inspired the delegates with their passion, knowledge and commitment to End FGM. Integrate are now delivering specialist training across the country in schools, to professionals and to community groups.

PRIORITIES FOR 2017-2018

With the introduction of the new Social Work Act, the BSCB recognizes that we are working towards a period of significant change for LSCBs. Despite this we will continue to ensure that the safeguarding of children and young people is at the forefront of our work as we work with partners to ensure young people's right to a life free of harm are promoted.

The areas we have identified through our review of this year which we will focus on in the year ahead are:

1. Safeguarding Disabled Children
2. Safeguarding Children in Supplementary Schools and Youth Groups
3. Improving Safeguarding of Children and Mothers in the Peri-natal Period
4. Developing Improved Cross-Working Arrangements with Safeguarding Adults
5. Review the Effectiveness of Child Protection Plans
6. Increase Oversight of the MARAC process
7. Training Review and Development of Inter-Agency Training Strategy



Bristol Health & Wellbeing Board

Bristol Pharmaceutical Needs Assessment 2018	
Author, including organisation	Barbara Coleman, Programme Manager, Public Health, Bristol City Council
Date of meeting	21 st February 2018
Report for Approval of PNA for Publication	

1. Purpose of this Paper

This paper is to ask the Bristol Health & Wellbeing Board (HWB) to approve the attached Bristol Pharmaceutical Needs Assessment 2018 for publication.

2. Context

The Health & Wellbeing Board has a legal obligation to produce a Pharmaceutical Needs Assessment (PNA) at intervals of no less than every 3 years. It must produce a revised assessment or supplementary statement after notification of significant changes to the availability of pharmaceutical services since the publication of its PNA. The PNA must be published no later than 1st April 2018

3. Development of the PNA

The HWB has previously received reports on the need to produce this PNA, a progress report and a copy of the draft PNA which went out for consultation between September and November last year. This paper now presents the final PNA and provides a summary of the key points arising from the consultation, following approval by the Bristol PNA Steering Group.

4. Summary of key points arising from the consultation

There were 66 respondents to the online public consultation. Of these:-

- 53% agreed, 10% disagreed and 37% answered “don’t know” when asked if they agreed that the draft PNA provided an accurate assessment of local pharmacy services

- 39.5% agreed, 25.5% disagreed and 35% answered “don’t know” when asked if they agreed with the assessment of “no gaps in essential services”
- There were a number of respondents who praised their local pharmacies
- There were concerns about opening hours, particularly in the north where the 100 hour pharmacy recently closed
- There were some concerns about the potential “gaps” in areas where there are new housing developments planned, particularly where the walking distance to the nearest pharmacy is already more than 1 mile

A number of suggestions and requests for improvements were received, including adjustments needed for people from groups with protective characteristics:-

- Greater support to meet the needs of the elderly, those with long term conditions and people with hearing impairments
- More electronic prescribing and better management of dispensing arrangements (less queues)
- Consideration of the staffing levels and skills mix of teams to enable them to take on a more holistic role in supporting general practices

The full report of public consultation and analysis can be found in Appendix J of the PNA.

The Bristol PNA Steering Group did not perceive there were any gaps in services, however they did come up with a number of recommendations to address some of the concerns raised. These were:-

- **Increase awareness of how to find out about opening hours.** All local healthcare commissioners and providers are asked to help publicise and use sources of information on ‘where to find information on your nearest pharmacy and opening hours’ e.g. through NHS Choices and the 111 service. This includes asking frontline healthcare staff to advise patients needing immediate access to a dispensing service out of hours.

- **Make reasonable adjustments to address specific needs.**
Avon Local Pharmaceutical Committee is asked to publicise the findings of this PNA to local pharmacists, specifically the need for information to be provided in formats that are useful for people with hearing impairments and people with language barriers. The use of hearing loops for example might be appropriate.

NHS England is asked to emphasise to contractors the importance of compliance with the 2010 Equalities Act including making reasonable adjustments to meet the needs of people with protected characteristics. Staff training on meeting information needs, providing aids and guiding people with sight impairment should be strongly encouraged to support compliance.

5. Key risks and Opportunities

The key risks in producing a PNA are:-

- Failure to follow the process required by legislation
- Failure to publish the PNA by the due date

The production of the PNA has been to the agreed remit and project plan. These included mitigations of the risks identified relating to the above.

As a needs assessment, this PNA does not present new policy or plans for implementation. It is advisory to decision making by NHS England. No new risks are identified in the final recommendations of the PNA, in particular it does not commit new financial resources.

6. Implications (Financial and Legal if appropriate)

None

7. Evidence informing this report.

What evidence have you used to inform:

- JSNA
- patient feedback
- national directive

8. Conclusions

The enclosed final PNA is ready to receive approval of the HWB. Following HWB approval, the PNA will be published on the Bristol HWB website.

9. Recommendations

It is recommended that the HWB approves the 2018 Bristol PNA for publication.

10. Appendices

Bristol PNA 2018



Bristol Pharmaceutical Needs Assessment 2018

January 2018

With thanks to:

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Approved by	Date
Bristol Health and Wellbeing Board	21 st February 2018

Contents

1. Executive Summary	1
2. Introduction	3
3. Background to the Pharmaceutical Needs Assessment (PNA)	4
3.1 Pharmaceutical Contractors	4
3.2 Pharmaceutical services	4
3.3 Locally Commissioned Service	6
3.4 Hospital Pharmacies	7
3.5 Legislative and Strategic Context of the PNA	7
3.6 Assessment and Revision	8
3.7 Equality Impact Assessment	8
3.8 Purpose of the PNA	9
4. The Pharmaceutical Needs Assessment – The Process	10
4.1 Governance and Quality Assurance	10
4.2 Definition and Description of Localities	10
4.3 Stakeholder Views	10
4.4 Consultation Process	11
4.5 Information Requirements	11
4.6 Data Sources	12
4.7 Mapping	12
4.8 Estimation of Travel Times: Method	12
5. Key Health Issues for the Bristol Population	13
5.1 Background	13
5.2 The Bristol Population	13
5.2.1 Equalities Groups in Bristol	14
5.2.2 Ethnicity	15
5.2.3 Languages Spoken	17
5.2.4 Population Projections	17
5.2.5 Housing Developments	18
5.2.6 Deprivation	19
5.2.7 Life Expectancy	22
5.2.8 Premature Mortality in Bristol	24
5.2.9 Mental Health	25
5.2.10 Long Term Conditions	25
5.2.11 Health Inequalities	26
5.2.12 Population Influxes due to Major Events in Bristol	27
5.3 Bristol Localities and Health Needs	28
5.3.1 Bristol North and West Outer	29
5.3.2 Bristol North and West Inner	30
5.3.3 Bristol Inner City	30
5.3.4 Bristol East	31
5.3.5 Bristol South	31
6. User views on Pharmaceutical Services	33
6.1 What Matters to the Public in Using Pharmacy Services?	33
6.2 Themes Emerging from the Scoping Review	33

<u>6.3 Bristol Citizens Panel Findings</u>	34
<u>6.3.1 Implications for the Bristol PNA</u>	35
<u>6.4 Pharmaceutical Services Issues and Complaints</u>	36
<u>6.5 Young People</u>	36
<u>6.6 Substance Misuse Supervised Consumption</u>	37
<u>6.7 Findings from the Formal Consultation Process</u>	37
7. <u>Current Provision of Essential Pharmaceutical Services</u>	39
<u>7.1 Necessary Services</u>	39
<u>7.2 Other Services Provided by Community Pharmacists</u>	39
<u>7.3 Essential Services Currently Provided by Community Pharmacies</u>	39
<u>7.4 Essential Service locations within Bristol Localities</u>	40
<u>7.4.1 Bristol North and West</u>	40
<u>7.4.2 Inner City and East</u>	41
<u>7.4.3 Bristol South</u>	41
<u>7.5 Bristol Provision Compared with England</u>	41
<u>7.6 Travel Times Analysis</u>	42
<u>7.7 Opening Hours Analysis</u>	42
<u>7.7.1 Bristol North and West Locality</u>	43
<u>7.7.2 Bristol Inner City and East Locality</u>	43
<u>7.7.3 Bristol South Locality</u>	43
<u>7.8 Essential Services Outside the Bristol Boundary</u>	43
8. <u>Other Services Commissioned from Local Community Pharmacies</u>	44
<u>8.1 Services commissioned by NHS England</u>	44
<u>8.1.1 Advanced Pharmaceutical Services</u>	45
<u>8.1.2 Enhanced Pharmaceutical Service</u>	45
<u>8.2 Services commissioned by Bristol Clinical Commissioning Group</u>	45
<u>8.2.1 Emergency Supply Service</u>	45
<u>8.3 Services commissioned by Bristol City Council Public Health</u>	45
<u>8.3.1 Smoking cessation Tobacco Harm reduction</u>	45
<u>8.3.2 Sexual Health</u>	46
<u>8.3.3 Services commissioned for drug misuse</u>	46
<u>8.3.4 Healthy Living Pharmacies</u>	46
<u>8.3.5 Services Commissioned from Healthy Living Pharmacists for Weight Management</u>	47
<u>8.3.6 Services Commissioned from Healthy Living Pharmacists for Alcohol Misuse</u>	47
9. <u>Gaps and scope for improvements or better access</u>	48
<u>9.1 Gaps and improvements to service provision</u>	48
<u>9.2 Travel times and distance to local pharmacy</u>	48
<u>9.3 Opening hours</u>	48
<u>9.4 Growth in population, housing developments and GP surgeries</u>	48
<u>9.5 Local health planning priorities</u>	49

9.5.1 Bristol Health and Wellbeing Strategy	49
9.5.2 Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group five year plan	50
9.6 Views from the PNA consultation	51
9.6.1 Views on locality provision	51
9.6.2 Other views on local pharmaceutical services	51
9.7 At a Glance: Schedule 1 Statements Bristol PNA 2018	51
9.8 Steering Group Conclusions and Recommendations	53
9.8.1 Conclusion	53
9.8.2 Recommendations	54
Glossary	55
Maps	
Map 5: Location of all Community Pharmcies	58
Map 6: Location of 100 hour Pharmacies	59
Map 7: Bristol Location of 7 day per week Pharmacies	60
Map 8: Population Density	61
Map 9: Index of Multiple Deprivation, 2015	62
Map 10: Drive Time to Pharmacies	63
Map 11: Peak Drive Time to Pharmacies	64
Map 12: Walking Time to Pharmacies	65
Appendices	
Appendix A: Pharmacy Opening Hours	66
Appendix B: Services Commissioned by NHS England	69
Appendix C: Service Commissioned by Public Health	75
Appendix D: Communications and Consultation Plan	78
Appendix E: Equality Impact Assessment	84
Appendix F: Scoping Review	90
Appendix G :Citizen Panel Results 2017	92
Appendix H: VSO Organsations Contacted	112
Appendix I: Locality Summaries	113
Appendix J: Consultation Results	120

1. Executive Summary

Bristol City Council Health and Wellbeing Board (Bristol HWB) has a statutory responsibility to assess needs for pharmaceutical services in its area. It must publish its assessment by April 2018.

The Pharmaceutical Needs Assessment (PNA) assesses how well existing services meet health needs of the people of Bristol for “necessary” pharmaceutical services. It must identify gaps and highlight priorities for future developments. It will be used by the NHS England South (South West) team to inform decisions on future pharmaceutical commissioning intentions and when they consider applications for new or relocated premises. The NHS Bristol Clinical Commissioning Group (Bristol CCG) and Bristol City Council (BCC) may also use it when determining needs to commission services that might be provided by local pharmaceutical services.

“Necessary” services have been defined as including essential services, the Medicines Use Review and New Medicines Service Advanced Service and the ‘on demand availability of specialist medicines’ Enhanced Service. “Essential” pharmaceutical services are those which every pharmacy contractor on the pharmaceutical list must provide i.e. the dispensing of medicines, the acceptance of unwanted medicines returned by patients for disposal, signposting to other providers of health and social care services, promotion of healthy lifestyles and support for self-care. For dispensing appliance contractors, the essential services are the dispensing of appliances and signposting. People need to live within easy reach of these necessary services.

The PNA has found that the number of local community pharmacies in Bristol has decreased from 94 to 93, since the last PNA was published in 2015, excluding internet pharmacies. The rate of provision of pharmacies is similar to the average rate for England. A further closure (Lloyds Pharmacy, Lanaway Road, Fishponds) is planned for the end of January 2018. There a number of other pharmacies within a 1.6 km radius.

Nearly all (99.4%) of the Bristol population live within 1.6km of a community pharmacy. For NHS commissioning, Bristol has three localities: Bristol North and West; Inner City and East; and Bristol South. Within each locality, there are 31 local community pharmacies with a minimum of 3 in each that open seven days per week. Following the closure of Lanaway Road, there will be 30 pharmacies in the Inner City and east Locality.

Maps are included in the PNA to show the pharmacy locations and how close these are to where people live. Locality analysis shows an even spread of advanced and enhanced services. Locally commissioned services are described. Detailed information on all locality pharmacy services as at June 2017 is provided in appendices to the PNA.

Locality health profiling shows that the population of the inner wards of the North and West locality have more favourable health indicators compared with the Bristol average. Many indicators were much less favourable in the outer wards of North and

West and Bristol South. There was a more mixed picture for Inner City and East, where recent population growth has been greatest.

In a survey of the Bristol Citizen's Panel, the majority of respondents (77%) were either "satisfied" (29%) or "very satisfied" (48%) with their local community pharmacy. The majority of respondents considered the pharmacy being close to work and to shopping centres was important.

The PNA includes consideration of changes projected for the Bristol population, including housing developments.

Conclusions

- **This PNA has not identified current or future gaps in the provision of necessary, essential pharmaceutical services in the 3 localities of Bristol.** Local pharmaceutical services are distributed across the localities of Bristol with over 99% of residents living within 1.6km of a community pharmacy. All 3 localities have 100hr and 7day opening pharmacies.
- **This PNA has not identified scope for current improvement or better access.** Bristol has a good level of provision of necessary pharmaceutical services distributed across the 3 localities.
- **This PNA has not identified scope for future improvement or better access.**
- **This PNA reports growing needs and inequalities in health in Bristol.** Data on local needs has been analysed by locality. This should help commissioners, local pharmaceutical services and other community services to plan services targeted at local health inequalities to improve local health outcomes. Population growth and increases in dwellings are not expected to result in local gaps or improvement needs. This will be reviewed in the next PNA, which will be published in 2021.

Recommendations

- **Increase awareness of how to find out about opening hours.** All local healthcare commissioners and providers are asked to help publicise and use sources of information on 'where to find information on your nearest pharmacy and opening hours' e.g. through NHS Choices and the 111 service. This includes asking frontline healthcare staff to advise patients needing immediate access to a dispensing service out of hours.
- **Make reasonable adjustments to address specific needs.** Avon Local Pharmaceutical Committee is asked to publicise the findings of this PNA to local pharmacists, specifically the need for information to be provided in formats that are useful for people with hearing impairments and people with language barriers. The use of hearing loops for example might be appropriate.

- NHS England is asked to emphasise to contractors the importance of compliance with the 2010 Equalities Act including making reasonable adjustments to meet the needs of people with protected characteristics. Staff training on meeting information needs, providing aids and guiding people with sight impairment should be strongly encouraged to support compliance.

2. Introduction

Bristol City Council Health and Wellbeing Board (Bristol HWB) has a statutory responsibility to assess needs for pharmaceutical services in its area, and publish a statement of its assessment and of any revised version.

The Bristol Pharmaceutical Needs Assessment (PNA) has been developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Pharmaceutical services are defined within these regulations and the PNA describes the provision of pharmaceutical services including essential, enhanced and advanced for all those on the pharmaceutical list.

The Bristol PNA provides an up to date statement of the needs for pharmaceutical services of the local population. It identifies any gaps in current services and the need for future provision and enhancement.

The production of the Bristol PNA was overseen by the Bristol PNA Steering Group on behalf of the Bristol HWB. Standardised service provision maps were produced to ensure comparable evidence is used to inform the development of pharmaceutical services across the BNSSSG regions.

The PNA will be used to inform decisions on:

- Grant applications to open new premises
- Grant applications to relocate existing premises
- Improvements or better access to services
- Commissioning enhanced services
- Commission pharmacy-led public health or other services.

3. Background to the Pharmaceutical Needs Assessment (PNA)

3.1 Pharmaceutical Contractors

NHS England maintains a number of lists of providers of pharmaceutical services for each HWB area. Those lists include:

Pharmacy contractors: Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this category there are the following groups:

- **Community pharmacies:** which mainly provide pharmaceutical services in person from premises in high street shops, supermarkets or adjacent to doctors' surgeries. Most community pharmacies open for at least 40 hours per week, however some are required to be open for a minimum of 100 hours per week.
- **Local pharmaceutical services (LPS) contractors:** similar to pharmacy contractors, but the services they provide may be more tailored to the area they serve. There are currently no LPS contractors in the Bristol HWB area.
- **Distance-selling pharmacies:** which provide pharmaceutical services remotely from the patient: no essential services may be provided face-to-face on the pharmacy's premises. Patients will place orders by post, telephone or over the internet and then post their prescription to the pharmacy, which will deliver the medication to the patient's home using Royal Mail or a courier.
- **Dispensing appliance contractors (DACs):** providers who supply appliances on prescription, such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no DACs in Bristol.
- **Dispensing doctors:** medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities". There are no dispensing doctors in Bristol and no controlled localities.

3.2 Pharmaceutical Services

It is a requirement of the PNA that the assessment is based on the provision of both *essential* and *directed* pharmaceutical services. Directed services include advanced and enhanced services.

These are defined within the legislation as follows:

Essential services are those which every pharmacy contractor on the pharmaceutical list must provide. These are:

- **Dispensing of prescriptions:** the supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a

drug or appliance without a prescription at the request of a prescriber.

- **Dispensing of repeatable prescriptions:** the management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs:** acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles:** the provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
- **Signposting:** the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care:** the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – the ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient.
- **Access to the NHS Summary Care Record:** the pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that

medicine before.

Advanced services are those which community pharmacy contractors and dispensing appliance contractors can choose to provide, subject to accreditation as necessary. These are:

- **Medicines use review** and prescription intervention services (more commonly referred to as the medicines use review or MUR service) – the improvement of patient knowledge, concordance and use of their medicines through one-to-one consultations to discuss medicine understanding, use, side effects and interactions, and reduce waste, and if necessary making recommendations to prescribers.
- **New medicine service:** the promotion the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications, and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- **Influenza vaccination service:** the provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Urgent medicines supply service** (pilot), known as NUMSAS: to provide, at NHS expense, urgent supplies of repeat medicines and appliances for patients referred by NHS 111, and so reduce demand on the urgent care system, particularly GP Out of Hours providers. This service is a national pilot running until 31 March 2018.
- **Stoma appliance customisation service:** the modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service** (AUR): the improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.

Enhanced services are those commissioned locally by NHS England from some, but not necessarily all, pharmacies. The Bristol PNA Steering Group has noted that in Bristol “on demand availability of specialist drugs” are commissioned by NHS England.

Any applications for new, additional or relocated pharmacy, appliance contractor or dispensing doctor premises must be made to the local NHS England team.

3.3 Locally Commissioned Services

The Bristol PNA considers locally commissioned services provided by community pharmacists. These include:

- Services commissioned by Bristol City Council Public Health Team include:-
 - smoking cessation support
 - sexual health services (includes chlamydia screening and treatment, C-card condom distribution scheme)
 - emergency hormonal contraception for under 25s (EHC)
 - supervised consumption of controlled medicine for substance misuse
 - needle exchange
- In Bristol we have 19 Healthy Living Pharmacies (HLPS) who additionally provide:-
 - Alcohol Identification and Brief Advice service
 - Referral to Weight Management support
- Bristol Clinical Commissioning Group (CCG) commissions:-
 - An emergency supply service
 - Out-of-hours medical services which includes supply of medication where necessary (medicines are supplied directly to patients by the provider when the pharmacies are closed)

These locally commissioned services are not pharmaceutical services for the purposes of the legislation, in contrast to the directed services commissioned by NHS England (see Section 3.2).

3.4 Hospital Pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

Local hospitals include:-

- University Hospitals Bristol NHS Foundation Trust (hospital pharmacy and Boots BRI, both located in the main building in A Block, Upper Marlborough Street)
- North Bristol NHS Trust (hospital pharmacy, Gate 12, Level 1, Brunel Building).

None of the other local hospitals have a dispensing pharmacy on site.

3.5 Legislative and Strategic Context of the PNA

The Health and Social Care Act 2012 transferred responsibility for developing and updating Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs) with effect from 1st April 2013.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis and provisions for developing and updating PNAs. Every HWB in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area.

In accordance with the 2013 Regulations, the PNA will include (as a minimum) statements on:

- Current provision of necessary services (both within the HWB area and nearby areas outside the locality which may be used by people in the HWB's area).
- Gaps in provision of necessary services.
- Current provision of other relevant services.
- Gaps in provision of services that would secure improvements and better access to pharmaceutical services.
- Other NHS services provided or arranged locally which affect the need for pharmaceutical services (or whether access to these could be improved through development of pharmaceutical services).
- How the assessment was carried out including a report on the consultation undertaken.
- A map of providers of pharmaceutical services.

3.6 Assessment and Revision

Each HWB is required to publish its updated PNA and Supplementary Statements within the following timescales:

- The updated PNA is to be published by 1st April 2018.
- A minimum period of 60 days is to be allowed for consultation responses before formal publication.
- A revised PNA is to be published within three years of the first PNA and as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services (unless it is satisfied that making a revised assessment would be a disproportionate response to those changes).
- A Supplementary Statement may be published to cover less significant changes pending a revised PNA.
- The pharmaceutical map should be kept up to date as a matter of course without waiting for the publication of Supplementary Statements or a revised PNA.

Department of Health guidance was used to help support HWBs in interpreting and implementing their duty with regard to PNAs.

3.7 Equality Impact Assessment

The Equality Act 2010 came into force in October 2010. It replaces all existing equality legislation and aims to harmonise the law relating to different equality groups, or "protected characteristics". These are:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Sex
- Pregnancy and maternity
- Race
- Sexual orientation
- Religion and belief.

Under the Public Sector Equality Duty of the Equality Act 2010, Bristol City Council is required to give due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The Bristol PNA Communications and Consultation Plan (Appendix D) identified the need to promote equality of opportunity through explicitly recognising and highlighting the diverse needs of these groups.

The views of different equality groups were sought in the drafting of the PNA, and additional feedback will be gathered from these groups during the consultation period.

A draft Equality Impact Assessment is included at Appendix E. This will be updated and finalised following the consultation.

3.8 Purpose of the PNA

The PNA will be used by NHS England to inform decisions on future pharmaceutical commissioning intentions and when considering applications for new or relocated premises.

The PNA will provide evidence to help identify other services that could be provided by community pharmacies and other providers of pharmaceutical services. The Bristol CCG and Bristol City Council may also use it to determine the need to contract additional services from pharmacies.

4. The Pharmaceutical Needs Assessment – The Process

4.1 Governance and Quality Assurance

Bristol HWB has the responsibility for developing and updating the PNA, in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The Director of Public Health led the production of the PNA on behalf of the HWB. The process was overseen by the Bristol PNA Steering Group, to ensure it satisfied the regulations and consultation requirements.

The stakeholders on this group included representatives from:

- NHS England South (South West)
- Avon Local Pharmaceutical Committee (LPC)
- Avon Local Medical Committee (LMC)
- Healthwatch Bristol
- BCC Communications and Consultation Departments
- BCC Public Health Team
- Bristol Clinical Commissioning Group (CCG)

The Steering Group agreed the requirements, scope, structure, content and timescales of the PNA, including the stakeholder engagement and consultation process.

4.2 Definition and Description of Localities

The Bristol PNA health summaries are categorised over three localities: Bristol North and West Locality, Inner City and East Locality and Bristol South Locality. The data is derived from electoral ward level information. The health summaries are included in chapter 5 below.

The rationale for the choice of these three localities is:

- There is a distinct pattern of demography and health needs and differences between these 3 localities of Bristol, as presented in the current Bristol Joint Strategic Needs Assessment (JSNA).
- These localities are used by the Bristol CCG for other health service planning and for working with stakeholder groups, e.g. GP locality forums.
- These localities are compatible with those used in Neighbourhood Partnerships, as they can be further analysed to ward level.
- These localities were used in the 2015 NHS Bristol PNA, and will therefore help make comparisons and trends more easily identifiable.

The Local Boundary Commission for England agreed changes to boundaries in Bristol to take effect from May 2016. The changes do not reflect any increase or decrease in the number of pharmacies in Bristol as a whole, but the numbers in each locality have changed marginally.

4.3 Stakeholder Views

In developing the Communication and Consultation Plan (see Appendix D), relevant stakeholder groups were identified, including a range of equalities groups. An Equality Impact Assessment was conducted to inform the consultation and ensure

full engagement in the consultation process by the public, local organisations and professional groups (see Appendix E).

The PNA Steering Group agreed that, in addition to formally consulting stakeholders on the PNA, the views of the public should be investigated and taken into account in writing the PNA at an earlier stage. This included:

- A literature review was carried out to find out what published research could tell us about the needs of the public for community pharmaceutical services.
- Questions relating to issues identified in the literature review were included in the questionnaire survey of Bristol City Council Citizens Panel in April 2017.
- Local research on the views of young people and drug users was also considered in developing the Consultation Plan.

See Appendix F and Appendix G for further details.

4.4 Consultation Process

There is a statutory duty to consult the bodies identified below at least once during the process of developing the PNA. The minimum period of consultation should be 60 days. To fulfil the requirements of the 'Bristol Compact', the PNA Steering Group agreed that a longer consultation period was required to engage effectively with a diverse range of groups.

The regulations state that the following organisations must be consulted about the contents of the PNA:

- Avon Local Pharmaceutical Committee
- Avon Local Medical Committee
- All persons on the Bristol pharmaceutical lists
- Healthwatch Bristol
- Other patient groups or consumers with an interest in the provision of pharmaceutical services
- Local NHS trusts and NHS foundation trusts
- NHS England
- Neighbouring Health and Wellbeing Boards

4.5 Information Requirements

The Bristol HWB considered the following matters when producing the PNA:

- The demography of the area.
- Whether there is sufficient choice with regard to obtaining and accessing pharmaceutical services.
- The differing needs of localities in the area.
- The pharmaceutical services provided in the area of any neighbouring HWBs which affect the need for pharmaceutical services in the area and whether further provision of pharmaceutical services in the area would secure improvements or better access to pharmaceutical services.
- Any other NHS services provided in or outside the area (not covered above) which affect the need for pharmaceutical services in the area.
- Likely future needs.

Health needs that could be met through pharmaceutical provision were considered by the PNA Steering Group as follows:

- Tobacco harm reduction
- Obesity and weight management
- Teenage pregnancy
- Immunisation and vaccination rates
- Drug and substance misuse
- Long term conditions such as; cardiovascular disease, diabetes
- Mental health (signposting)

Other population characteristics, such as the number of people aged over 65 years or younger than 16 years, were also considered.

The PNA Steering Group considered access from home to the nearest local pharmacy to be a key issue. Access was measured by two standards:

- A 20 minute journey from home to the nearest local pharmacy by foot.
- A 20 minute journey from home to the nearest local pharmacy by motorised transport.

Opening hours were also a prime consideration, such as the location of all 100 hour pharmacies and extended hour pharmacies.

4.6 Data Sources

Data sources used in this PNA include:

- The Bristol Joint Strategic Needs Assessment (JSNA).
- NHS England data sources on local pharmacy provision, access etc.
- A scoping review of issues of public preferences when accessing pharmacy services, conducted in June 2017.
- The BCC Citizen's Panel questionnaire, conducted in April 2017.

4.7 Mapping

It is a statutory requirement for the PNA to include a map of the premises at which community pharmaceutical services are provided within Bristol. Further maps have been developed for the PNA to aid identification of local health needs and gaps in provision.

4.8 Estimation of Travel Times: Method

Travel analysis to community pharmacies was undertaken and mapped. Public Health England SHAPE online tool was used for the analysis. Walking and drive time maps can be found in the appendices.

5. Key Health Issues for the Bristol Population

This chapter provides information on the demography and health needs of Bristol. It identifies issues and key points for the PNA, noting that detailed analysis and information on specific health issues can be found in the Bristol JSNA.

5.1 Background

Bristol is the largest city in the South West. It is the tenth largest local authority in England. The population is growing rapidly, following a period of population decline in the post war years, and is projected to keep growing in the future.

Bristol is an increasingly diverse city with a young population compared to England as a whole. There are now at least 45 religions, at least 50 countries of birth represented and at least 91 main languages spoken by people living in Bristol. There are marked differences within Bristol with some areas of Bristol being very affluent and others ranking amongst the most deprived in the country. Child poverty is significantly higher than average and there are marked health inequalities across the city.

5.2 The Bristol Population

The resident population of Bristol is estimated to be 454,213 (mid 2016 population estimate, ONS). The population has increased substantially since 2001, largely due to international migration. The population increased by an estimated 42,400 people between 2001 and 2011 (10.9%) compared to an increase of 8.0% in England and Wales for the same period.

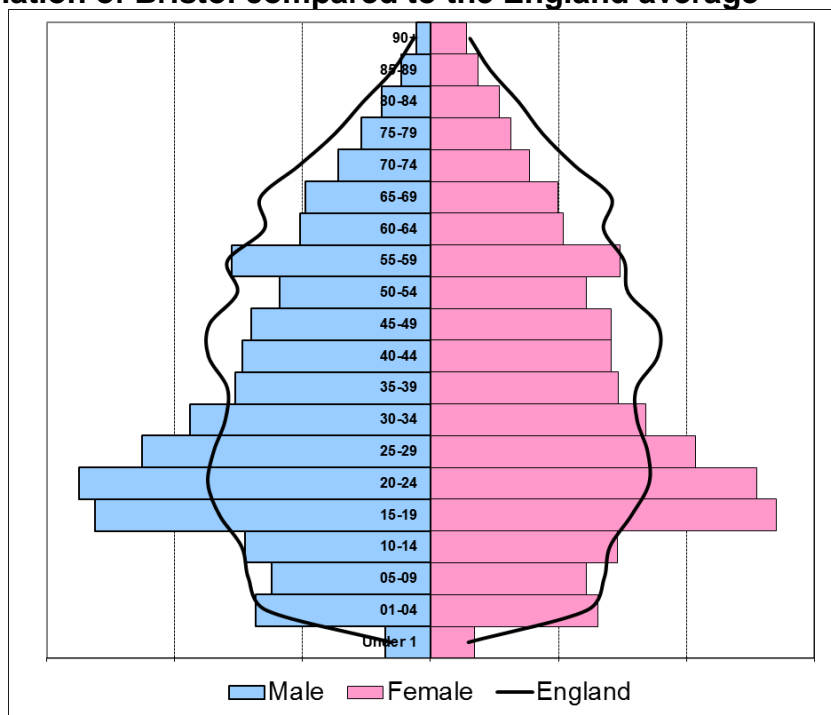
The size of the under 5 population has increased by 34% between 2006 and 2015, one of the highest percentage increases in England. The increase in Bristol's child population has been concentrated in the increasingly diverse Inner City and East (inner) locality, where health inequalities are a particular concern.

In 2006 - 2015, the inner city child population of under 15 years of age increased by 26%, compared with Bristol's increase of 18%.

The proportion of over 65s in Bristol is lower than the national picture (13% compared to 18%). Bristol's median age is 33 years compared to 40 [mid 2015, ONS] years for England and Wales.

Figure 1 shows the shape of the population of Bristol and compares it to the England average [mid 2016, ONS]. Bristol has considerably more of its population in the age range 20 to 34 years and less people in the age groups 40 to 89 years.

Figure 1: Population of Bristol compared to the England average



Source: Office for National Statistics – mid 2015 estimate

5.2.1 Equalities Groups in Bristol

The table below provides a summary of equalities statistics from the 2011 Census for the Bristol Local Authority area.

Table 1: Equalities Statistics from 2011 Census

	<i>Number of Bristol residents</i>	<i>% of Bristol residents</i>	<i>% of England and Wales residents</i>
Gender			
Male	213,071	49.8	49.2
Female	215,163	50.2	50.8
Ethnicity			
White British	333,432	77.9	80.5
Other White	26,160	6.1	5.5
Black and minority ethnic group	68,642	16.0	14.0
Religion			
Yes	233,234	54.5	67.7
No	160,218	37.4	25.1
Not stated	34,782	8.1	7.2
Disability			
Day-to-day activities limited	71,724	16.7	17.9
Day-to-day activities not limited	356,510	83.3	82.1

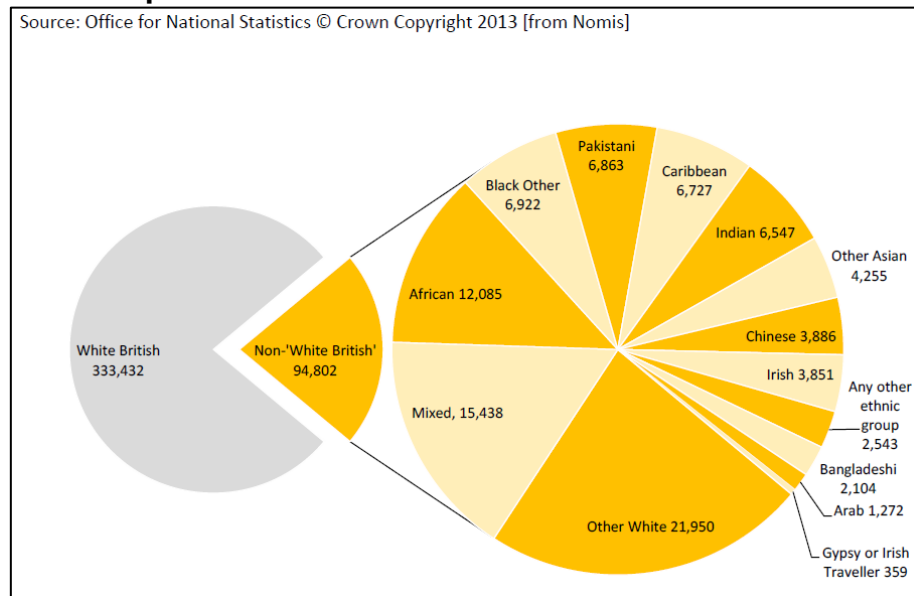
Source: ONS 2011 Census Crown Copyright 2012 Reproduced from: Bristol City Council. 2011 Census. Key Statistics about Equalities Communities in Bristol.

5.2.2 Ethnicity

The concept of ethnicity is a social group of people who identify with each other based on common ancestral, social, cultural, or national experience. It is possible to choose or change ethnicity. The Black or Minority Ethnic group (BAME) population (all groups with the exception of all White groups) make up 16% of the total population in Bristol (census 2011). This is an increase from 8.2% in 2001.

The non-‘White British’ population (all groups with the exception of White British) which includes the Eastern European population make up 22% of the total population Bristol – this is an increase from 12% of all people in 2001. Figure 2 below shows the breakdown of ethnic groups within Bristol.

Figure 2: Ethnic Groups within Bristol



Source: Office for National Statistics. 2013

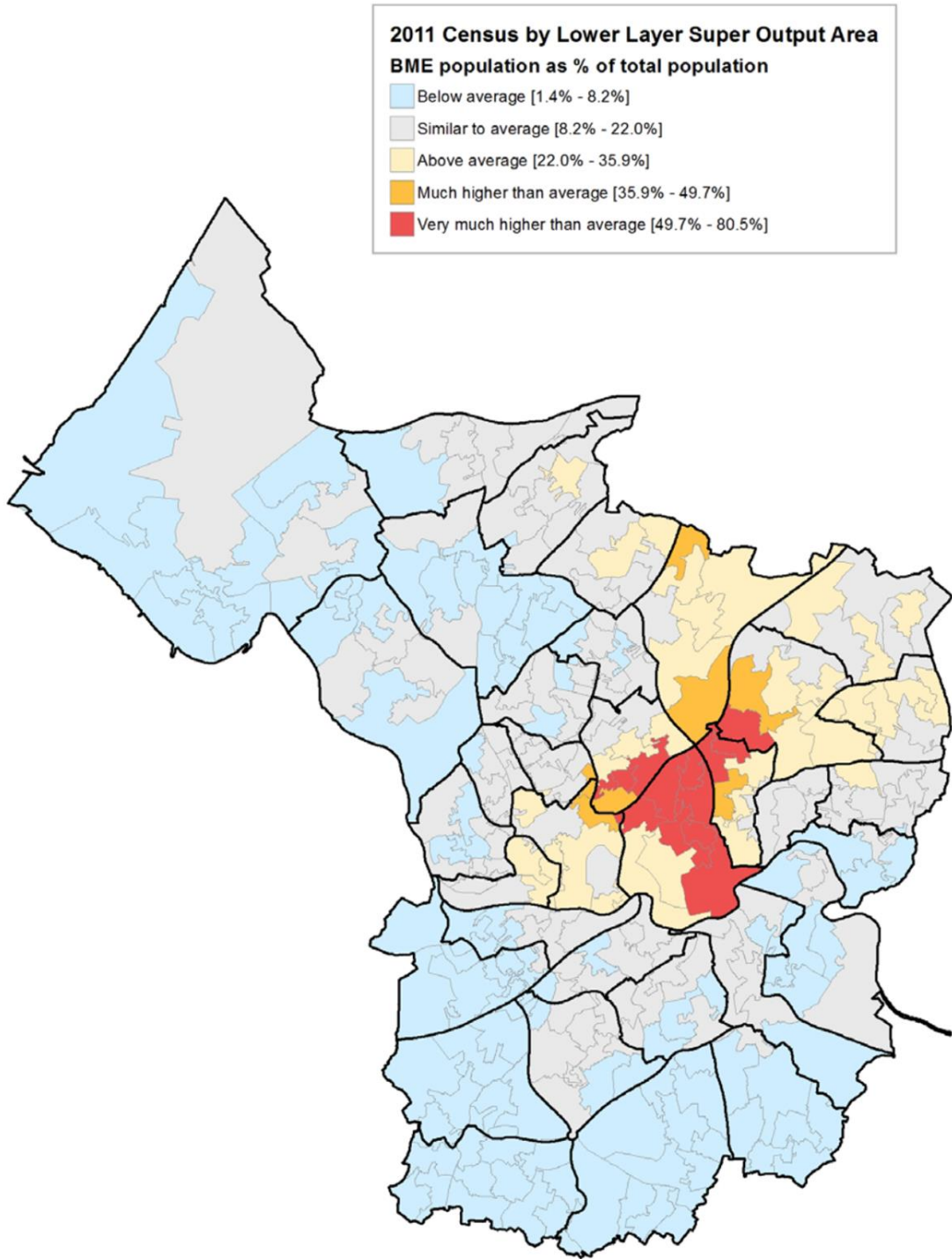
The age profile of the BAME population is much younger than the age profile of the Bristol population as a whole. The proportion of children (aged 0-15) who belong to a BAME group is 28%, the proportion of people of working age (aged 16-64) who belong to a BAME group is 15% and the proportion of older people (aged 65 and over) who belong to a BAME group is just 5%.

The BAME population varies significantly across the city. In Lawrence Hill ward 55% of all people belong to a BAME group compared to 4% in Whitchurch Park (see map below). This difference is emphasised even more when looking at areas smaller than wards. In ‘St Pauls Grosvenor Road’, 80% of all people belong to a BAME group whilst just 1.4% are from BAME groups in ‘The Coots’ in Stockwood.

There is increasing ethnic diversity and uneven distribution of the child population across City wards, from under 800 children in Clifton East to 4,900 in Lawrence Hill, one of the City’s most disadvantaged wards.

Almost half (49%) of children in Inner City & East locality are BAME, compared with 19% in North West Bristol and 13% South Bristol (electoral ward range: 6% children in Whitchurch Park to 83% in Lawrence Hill from BAME backgrounds). See map 1.

Map 1: Bristol BAME population



Produced by Strategic Planning, Bristol City Council
Source: Office for National Statistics © Crown Copyright 2013.
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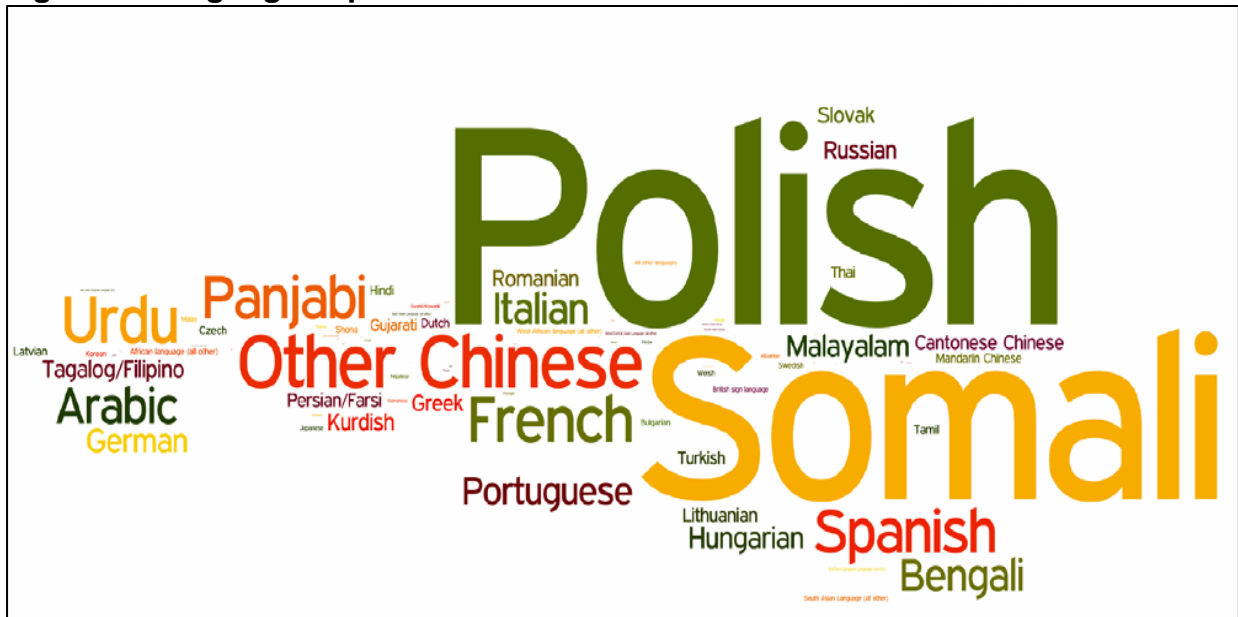
Source: Office for National Statistics. 2013 [from BCC population of Bristol 2016 report

5.2.3 Languages Spoken

The main languages spoken other than English are illustrated in figure 4, whereby the size of the text represents the number of people who speak that language as their main language.

English is the main language spoken in Bristol followed by Polish and Somali. Overall 9% of people do not speak English as their main language. Of these, 1.5% cannot speak English well or not at all.

Figure 3: Languages Spoken in Bristol

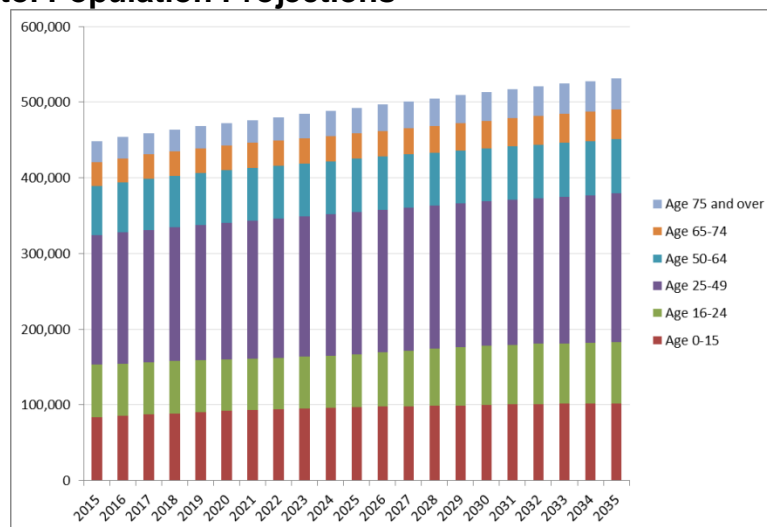


Source: Office for National Statistics © Crown Copyright 2013 [from Nomis]

5.2.4 Population Projections

The population of Bristol is predicted to rise from 449,328 in 2015 to 531,500 in 2035, an increase of 18%. All age groups are predicted to rise, with the highest % increase in the over 75s (48% predicted increase by 2035).

Figure 4: Bristol Population Projections



Source: ONS 2014

Over the 10 year period (2014-2024), Bristol's population is projected to increase by 46,000 to 488,500 (10.4% increase). Over this time period, the main drivers of population growth are expected to be due to natural change (i.e. more births than deaths) rather than migration. Between 2014 and 2019, the population is projected to grow by 25,600. This is shown for the city by broad age bands in Table 2.

Table 2: Age Bands Trends

Age	2014	2019	2024	Change to 2024	
00-14	78,400	85,900	90,900	12,500	15.9%
15-24	72,800	73,100	74,100	1,300	1.8%
25-49	167,900	178,700	186,500	18,600	11.1%
50-64	64,600	68,600	70,400	5,800	9.0%
65-74	30,600	32,700	33,200	2,600	8.5%
75+	28,200	29,000	33,400	5,200	18.4%
All Ages	442,500	468,100	488,500	46,000	10.4%

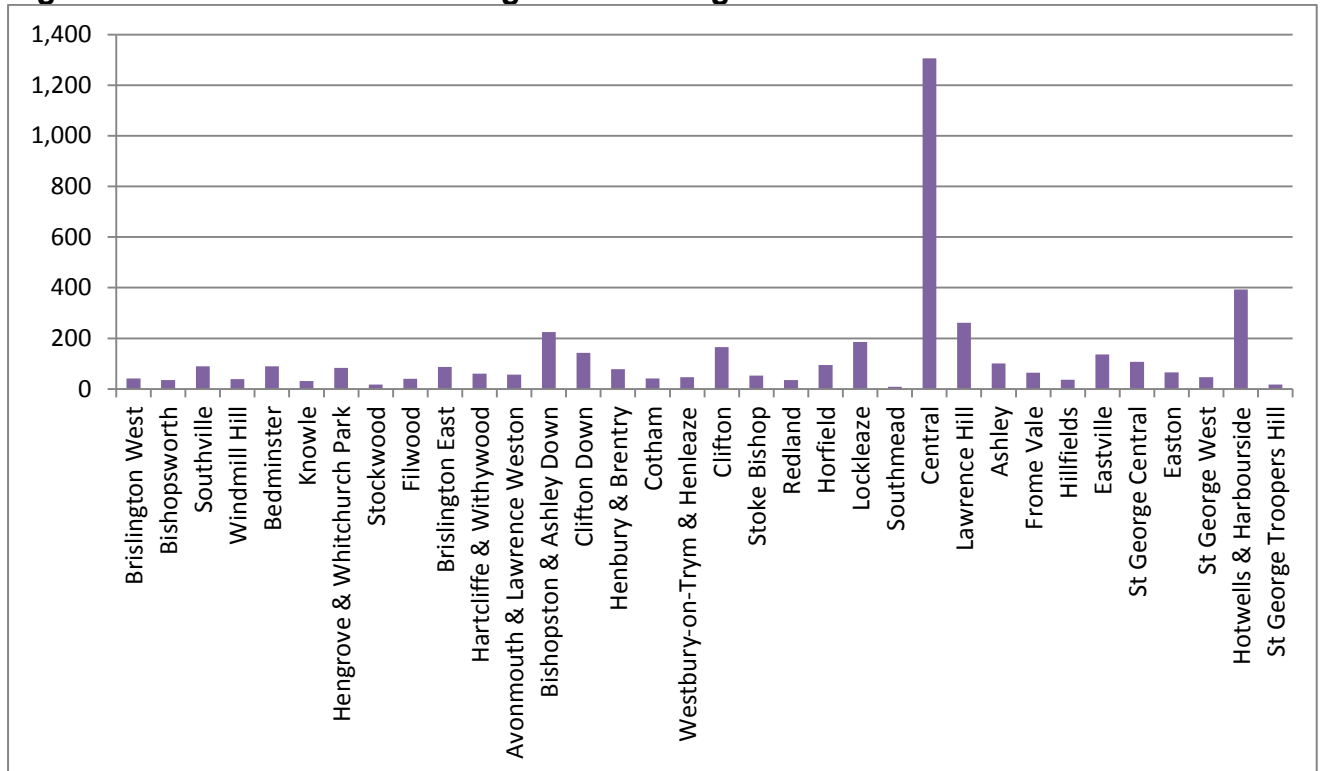
Source: 2014 -based Sub-national Population Projections, ONS (© 2016) published 25th May 2016.

These are trend-based projections, which mean assumptions for future levels of births, deaths and migration are based on observed levels, over previous 6 years. They show what the population will be if the trends continue.

5.2.5 Housing Developments

BCC has estimated that 6,737 dwellings will be delivered between 2018 and 2021. This estimate is based upon both existing sites with planning permission and also assumptions about sites proposed to be allocated for development in the Local Plan. Central has the highest estimated increase of 2,536 dwellings, whereas Southmead has the lowest increase of 17 dwellings. See figure 5 for all the ward level changes in dwelling numbers between 2013/4 and 2017/8. Figure 6 shows the planned changes from 2016-17 to 2020-21.

Figure 5: Bristol ward level changes in dwelling numbers 2013/4 and 2017/8



Source: Strategic planning, BCC July 2017

Figure 6: Five Year Housing Supply Changes 2016-17 – 2020-21



Source: Strategic Planning BCC, July 2017

There are plans to develop 7,962 new homes by 2027 in the South Gloucestershire area, 5,971 of these to be complete in the next 5 years. There are two areas which directly link to Bristol borders. To the north west of Bristol, 5,971 new homes are planned. To the north of Bristol Inner City and East, the plans for the development of 694 new houses east of Coldharbour Lane by 2019/20 indicate a need to develop local GP services. The Cheswick Village of 796 dwellings was completed to the west of Coldharbour Lane in 2015/16.

5.2.6 Deprivation

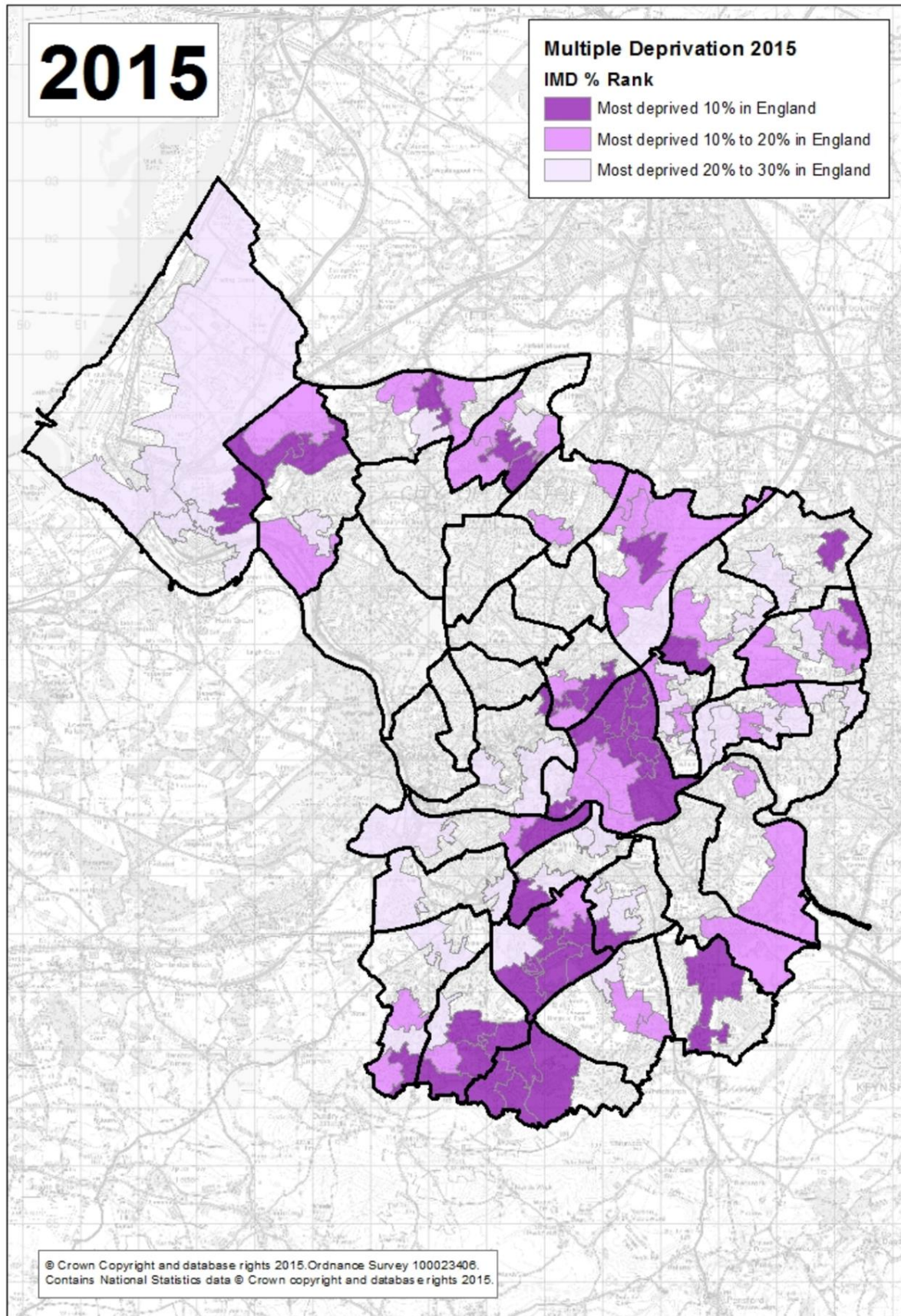
The Indicators used in this section are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on, whereas deprivation refers to a general lack of resources and opportunities. The domains used in the Index of Multiple Deprivation 2015 are income, employment, health, education, crime, access to services and living environment.

There are 69,000 people living in the most deprived 10% of Lower Layer Super Output Areas (LSOAs) in England. This represents 16% of all residents living in Bristol.

Some areas of Bristol are amongst the most deprived in the country and some within the least deprived. Map 2 shows those areas within the most deprived 10% of LSOAs in England. Figure 5.7 shows that some areas of Bristol are amongst the most deprived 1% of areas in England.

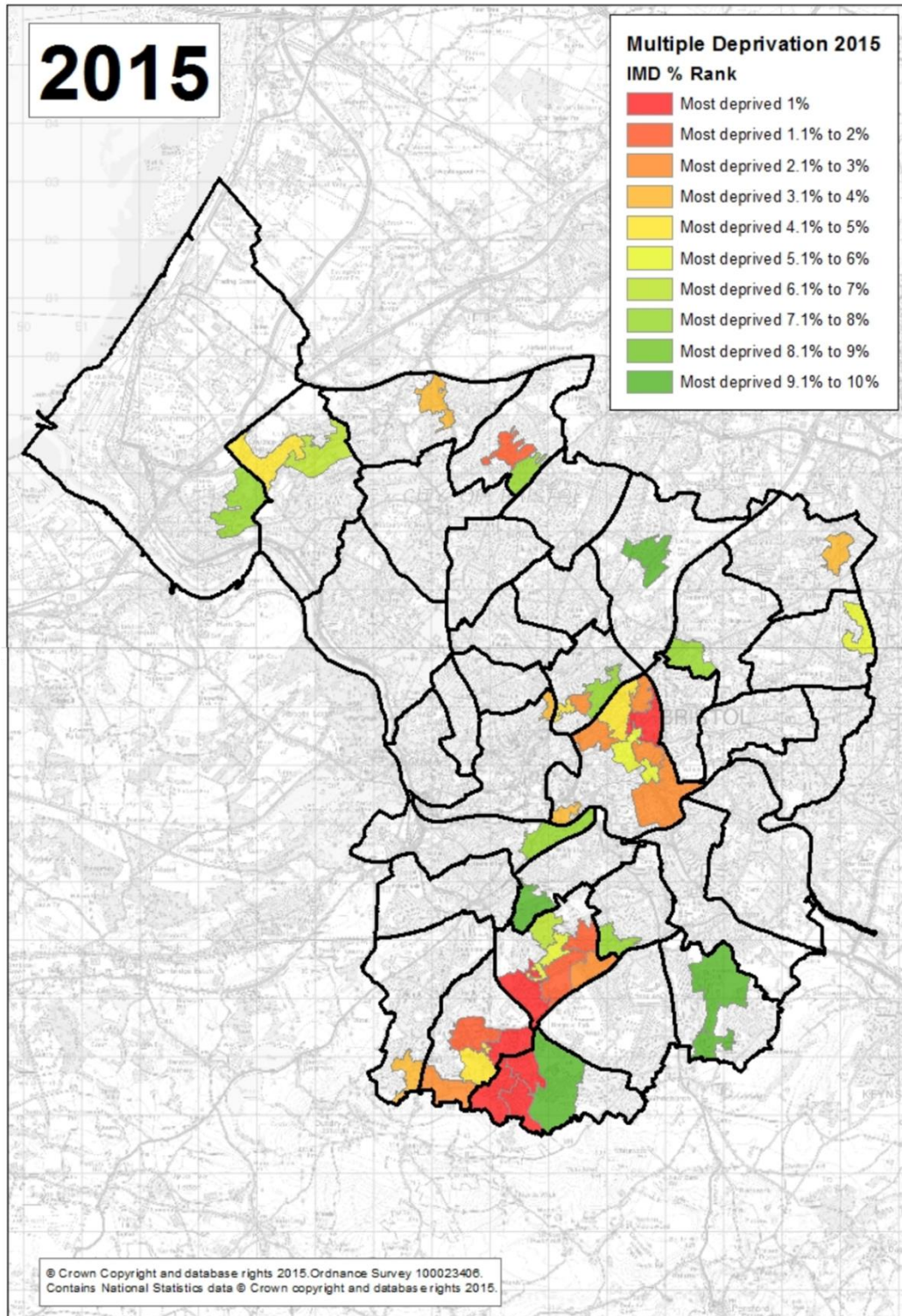
More Bristol LSOAs sit within the most deprived 10% in England compared with 2010.

Map 2: Index of Multiple Deprivation



Source: Department for Communities and Local Government, Indices of Deprivation, 2016 [from BCC Deprivation in Bristol 2015 report]

Map 3: Index of Multiple Deprivation showing Most Deprived LSOAs from 1% to 10%



Source: Department for Communities and Local Government, Indices of Deprivation. 2016 [from BCC Deprivation in Bristol 2015 report]

5.2.7 Life Expectancy

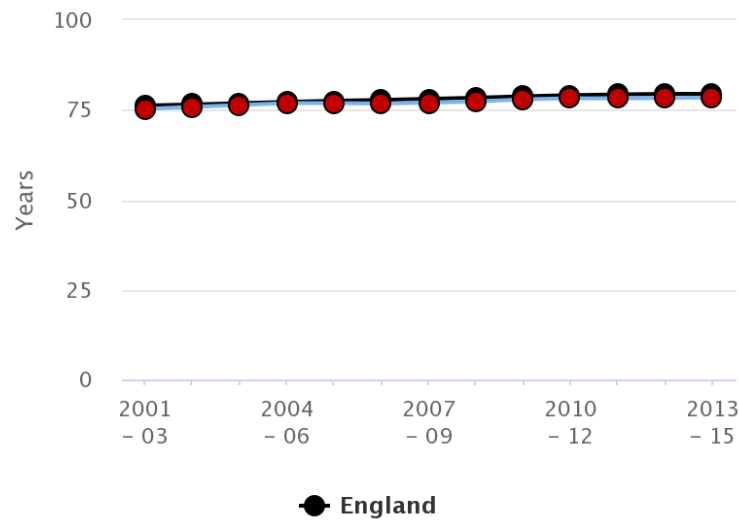
Life expectancy for men in Bristol is 78.4 years (2013-2015), more than one year less than the national average. For women it is 82.7 years (2013-2015), almost half

a year less than the national average. Both male and female life expectancy in Bristol is significantly worse than the national average.

The gap in life expectancy between the most deprived and the least deprived groups in Bristol is 9.6 years for men years and 7.0 years for women. Trends in life expectancy are improving, although female life expectancy did drop slightly (non-significant) in the latest time period.

Figure 7: Trends in Life Expectancy at Birth; Males

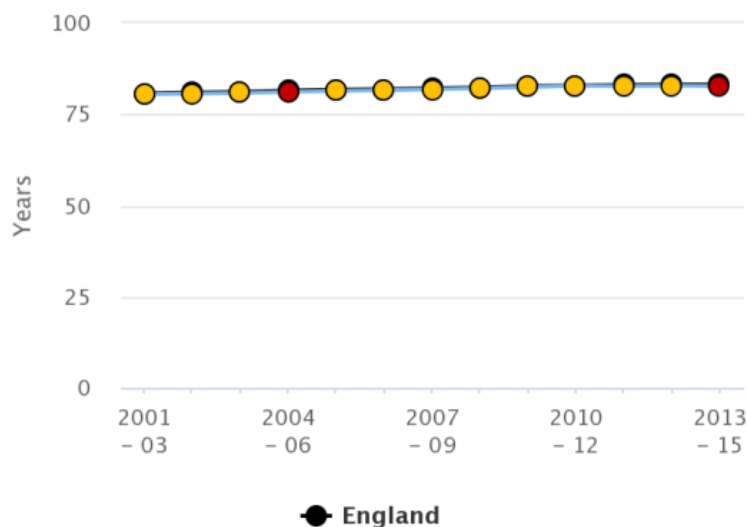
0.1ii - Life expectancy at birth (Male) - Bristol



Source: Public Health Outcomes Framework, Public Health England

Figure 8: Trends in Life Expectancy at Birth; Females

0.1ii - Life expectancy at birth (Female) - Bristol



Source: Public Health Outcomes Framework, Public Health England

5.2.8 Premature Mortality in Bristol

Premature mortality rates (deaths before 75 years of age) highlight health inequalities within Bristol. Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen, but the death rate both from cancer and from heart disease and stroke are significantly worse than the England average. Collectively cancers are the biggest cause of premature mortality in Bristol, as they are nationally.

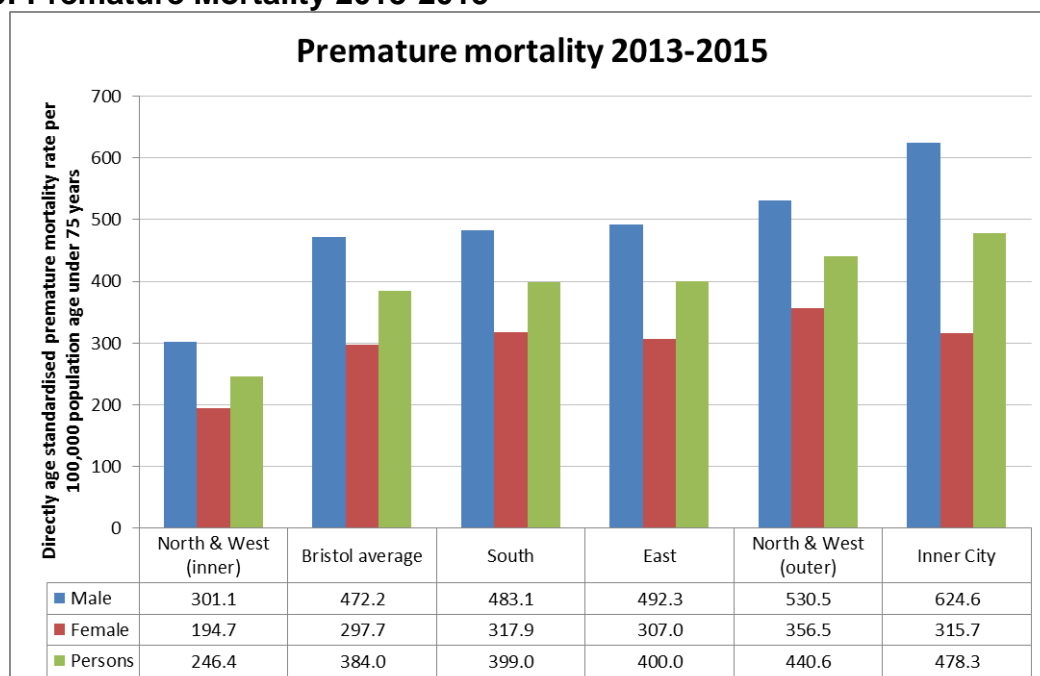
In 2013-2015, there were 3,407 premature deaths (under 75 years) in Bristol. This is a directly standardised rate of 384 deaths per 100,000, which is ranked as 103rd out of 150 local authorities in England (where 150 represents the worst ranking).

Compared with other members of the group of similar 'Core Cities', Bristol is the 3rd lowest overall, and ranks favourably for the 4 national "biggest killers" of Cancer (1st of Core Cities), heart disease and stroke (1st), lung disease (2nd), and liver disease (3rd).

Using 2013-2015 age-standardised estimates per 100,000 (using 2013 European standard population) at a ward level, the Bristol average was 384 early deaths (per 100,000), but range from 188 in Clifton Down Ward to 622 in Central Ward.

By CCG sub-locality area, premature mortality rates are highest in the Inner City (478 per 100,000 persons) and lowest in North and West Inner (246 per 100,000 persons), highlighting inequality in the city.

Figure 9: Premature Mortality 2013-2015



Source: Bristol Public Health Knowledge Service using ONS mortality files & 2013 European Standard Population. 2017

5.2.9 Mental Health

2017 “Projecting Adult Needs and Service Information” estimates 48,500 people (18-64) in Bristol with a “common mental health disorder” (19.7% of women and 12.5% of men). This estimate includes people not requiring GP treatment, as well as those that do.

Data from GP registers (provided via the NHS Quality Outcomes Framework, QOF) shows numbers of patients who are diagnosed with key health conditions, and how this varies across Bristol.

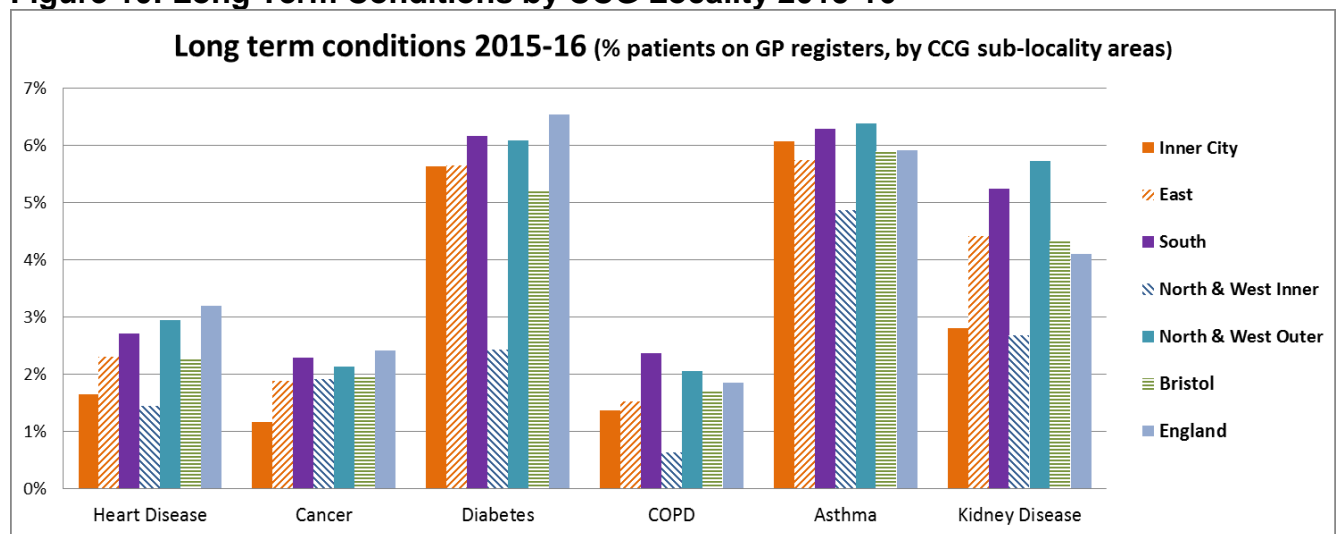
The 2012 Mental Health Needs Assessment for Adults in Bristol estimated that 29,000 adults were expected to have common mental health disorders requiring treatment. GP data indicates that 35,249 Bristol patients (8.8% of patients, all ages) are registered as having had depression, higher than the 8.2% England average (QOF, 2015-16).

GP data indicates that over 2,941 Bristol GP patients (0.59% of patients of all ages) are registered as having dementia, slightly lower than the 0.76% England average (QOF, 2015-16).

5.2.10 Long term Conditions

Figure 10 and Table 3 show selected Long-term conditions (LTC) by sub-locality area (as a % of all patients registered in that area).

Figure 10: Long Term Conditions by CCG Locality 2015-16



Source: NHS Quality Outcomes Framework 2015/16

Table 3: Long Term Conditions by CCG Locality 2015-16

Patients on GP Registers (2015-16)	Coronary Heart Disease		Cancer (all types)		Diabetes		Chronic Obstructive Pulmonary Disease		Asthma		Chronic Kidney Disease	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Sub Locality Area												
Inner City	1,023	1.6	726	1.2	2,836	5.6	848	1.4	3,767	6.1	1,397	2.8
East	2,020	2.3	1,660	1.9	4,064	5.7	1,346	1.5	5,032	5.8	3,135	4.4
South	4,342	2.7	3,664	2.3	7,835	6.2	3,777	2.4	10,034	6.3	6,583	5.2
North & West Inner	1,421	1.4	1,883	1.9	2,042	2.4	632	0.6	4,794	4.9	2,240	2.7
North & West Outer	2,656	2.9	1,932	2.1	4,330	6.1	1,857	2.1	5,758	6.4	4,026	5.7
Bristol	11,462	2.30	9,865	1.98	21,107	5.22	8,460	1.70	29,385	5.91	17,381	4.35
England	1,839,330	3.20	1,392,577	2.42	3,033,529	6.55	1,066,471	1.85	3,400,679	5.91	1,872,808	4.10

Source: NHS Quality Outcomes Framework (QOF) 2015/16 (released Oct 2016) – NB these are crude rates

It is noticeable that North and West (inner) has a substantially lower percentage of patients with almost all LTCs, other than cancer. North and West (outer) however is the opposite, usually having one of the highest percentages of patients with LTC along with South Bristol.

5.2.11 Health Inequalities

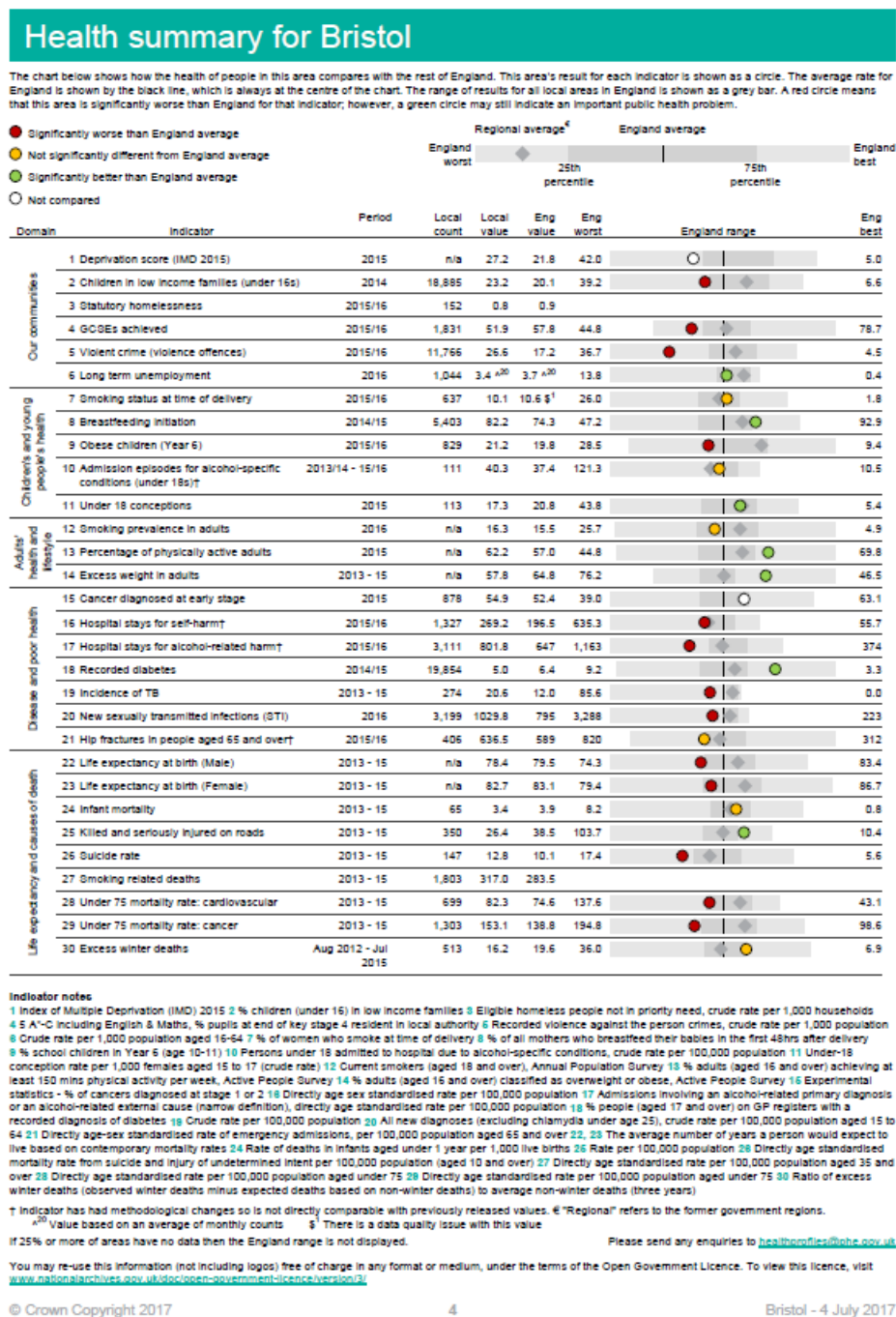
The life expectancy and premature mortality figures highlight the real differences in health experiences for people across the city, linked to long-term neighbourhood-based factors.

For many statistical indicators linked with health, the Bristol figures are close to the England averages, see figure 11 below.

Further analysis shows that at locality levels, there are considerable variations, see below. There are also many population groups who experience specific health inequalities.

Figure 11: Health Summary for Bristol

ED6000023



Source: Public Health England 2017

5.2.12 Population Influxes due to Major Events in Bristol

This assessment needs to take account of any major population influxes which may affect access to pharmaceutical services. The following table sets out the key annual events in Bristol and the expected number of attenders.

Table 4: Major Events in Bristol 2017

Love Saves the Day	Eastville Park	27th - 28th May	19,000
Let's Rock Bristol	Ashton Court	2nd - 4th June	10,000
Festival of Nature	Amphitheatre and Waterfront	9th - 11th June	8,000
Bristol Comedy Garden	Queens Square	14th - 18th June	1,000
Bristol Sounds	Amphitheatre and Waterfront	21st - 25th June	5,000
Grillstock	Amphitheatre and Waterfront	30th June - 2nd July	10,000
Bristol Pride	Amphitheatre and Waterfront Square and Millennium Square	7th - 8th July	10,000
Celebrating Sanctuary	Queens Square	9th July	<1,000
Bristol Harbour Festival	Amphitheatre and Waterfront, Queens Square	21st - 23rd July	250,000
Upfest	Southville	29th - 31st July	<8,000
Bristol International Balloon Festival	Ashton Court	10th - 13th August	<100,000
Team Love - Music Concert	The Downs	2nd Sept	30,000
Bristol Half Marathon	City Centre	16 th September	15,000
Tokyo World	Eastville Park	23rd - 24th September	19,000

Source: Arts and Events Team, July 2017

Although there are a number of events where the number of attendees is significant, all of the venues apart from Ashton Court are within the city boundaries and as such, the pharmacies in each of the localities are able to manage any fluctuation in demand. Although Ashton Court is outside the city boundaries, there are sufficient pharmacies in Bedminster and Clifton which are able to provide a service where needed.

5.3 Bristol Localities and Health Needs

The Bristol PNA uses the three localities recognised by NHS Bristol CCG: Bristol South, Inner City and East and Bristol North and West. Two of these localities have been divided into sub-localities because they have distinct local health needs.

Map 4 divides Bristol North and West into "Bristol North and West (outer)" and "Bristol North and West (Inner)". Similarly it shows Inner City and East (Inner City) and Inner City and East (East).

- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is higher than the Bristol average.
- Teenage conception rates are similar to the Bristol average.
- The number of women smoking during pregnancy is higher than the Bristol average.

5.3.2 Bristol North and West Inner

Locality is made up of the wards Bishopston & Ashley Down, Clifton, Clifton Down, Cotham, Redland, Stoke Bishop and Westbury-on-Trym & Henleaze.

- The proportion of the population in the under 15 year age group is lower than the Bristol average.
- The proportion of the population in the 15 to 24 year age group is higher than the Bristol average.
- Levels of deprivation are generally better than the Bristol average.
- Life expectancy for men is significantly better than the Bristol average.
- Life expectancy for women is significantly better than the Bristol average.
- 3% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is significantly better than the Bristol average.
- Premature mortality for strokes and heart disease is significantly better than the Bristol average.
- Premature mortality for liver disease is significantly better than the Bristol average.
- Premature mortality for cancer is significantly better than the Bristol average.
- Premature mortality for respiratory disease is significantly better than the Bristol average.
- Adult obesity is lower than the Bristol average.
- The number of adults who report that they smoke is lower than the Bristol average.
- More adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is better than the Bristol average.
- Teenage conception rates are lower than the Bristol average.
- The number of women smoking during pregnancy is lower than the Bristol average.

5.3.3 Bristol Inner City

Locality is made up of the wards Ashley, Central, Easton, Harbourside & Hotwells and Lawrence Hill.

- The proportion of the population in the 15 – 39 year age group is higher than the Bristol average.
- The proportion of the population in the over 55 year age group is lower than the Bristol average.
- Levels of deprivation are generally worse than the Bristol average.
- Life expectancy for men is significantly worse than the Bristol average.
- Life expectancy for women is similar to the Bristol average.
- 5.2% of people reported that their health was bad or very bad in the 2011 Census.

- Premature mortality for all causes is significantly worse than the Bristol average.
- Premature mortality for strokes and heart disease is significantly worse than the Bristol average.
- Premature mortality for liver disease is significantly worse than the Bristol average.
- Adult obesity is lower than the Bristol average.
- The number of adults who report that they smoke is similar to the Bristol average.
- More adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is similar to the Bristol average.
- Teenage conception rates are higher than the Bristol average.
- The number of women smoking during pregnancy is lower than the Bristol average.

5.3.4 Bristol East

Locality is made up of the wards Eastville, Frome Vale, Hillfields, St George Central, St George Troopers Hill, St George West.

- The age structure of this locality is similar to Bristol overall.
- Levels of deprivation are generally worse than the Bristol average.
- Life expectancy for men is similar to the Bristol average.
- Life expectancy for women is similar to the Bristol average.
- 6% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is similar to the Bristol average.
- Adult obesity is higher than the Bristol average.
- The number of adults who report that they smoke is similar to the Bristol average.
- Less adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is less than the Bristol average.
- Teenage conception rates are similar to the Bristol average.
- The number of women smoking during pregnancy is similar to the Bristol average.

5.3.5 Bristol South

Locality is made up of the wards Bedminster, Bishopsworth, Brislington East, Brislington West, Filwood, Hartcliffe & Withywood, Hengrove & Whitchurch Park, Knowle, Southville, Stockwood and Windmill Hill.

- The proportion of the population in the 15 – 24 year age group is lower than the Bristol average.
- Levels of deprivation are generally worse than the Bristol average.
- Life expectancy for men is similar to the Bristol average.
- Life expectancy for women is similar to the Bristol average.
- 6.4% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is similar to the Bristol average.

- Adult obesity is higher than the Bristol average.
- The number of adults who report that they smoke is similar to the Bristol average.
- Less adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is similar to the Bristol average.
- Teenage conception rates are higher than the Bristol average.
- The number of women smoking during pregnancy is higher than the Bristol average.

A summary of the locality profiles above and other key facts about each locality can be found at Appendix I.

6. User views on Pharmaceutical Services

6.1 What Matters to the Public in Using Pharmacy Services?

The PNA Steering Group agreed that, in addition to formally consulting stakeholders on the draft PNA, the views of the public should be investigated and taken into account in writing the draft PNA at an earlier stage.

- A scoping review was undertaken to find out what academic and policy literature could tell us about the needs of the public for community pharmaceutical services.
- A survey of Bristol residents' opinions on pharmacy services was conducted, using the BCC Citizens' Panel.
- Young people and gypsy traveller communities had been highlighted as groups with specific needs.

Information from these groups was sought and used to inform the Consultation Plan (Appendix D), with reference to the Equality Impact Assessment (Appendix E).

6.2 Themes Emerging from the Scoping Review

This review identified patient or public preferences when accessing local community pharmacy services and the methods utilised in previous PNAs to understand the public's needs with regard to local pharmaceutical services.

There continues to be limited awareness of new services available from pharmacies but a willingness to use them. There is still a need for better public understanding of the potential role of pharmacies in delivering health care rather than just dispensing medicines.

Survey data suggests that for those seeking selected pharmacy public health services, personal recommendation by health professionals or family/friends is most likely to encourage service uptake.

In addition, when seeking help for minor ailments or treatment for flu-like symptoms, offering community pharmacy services that help people to better understand and manage symptoms, are provided promptly by trained staff who are friendly and approachable, and in a local setting with easy access to parking, has the potential to increase uptake amongst those seeking help.

From the limited evidence base available, the most important factors in accessing services appear to be:

- Longer opening hours
- Good relationship with a doctor's surgery
- Continuity of care – trust - same pharmacist, staff etc.
- Location (close to home or doctor's surgery)
- Hours of operation
- Length of wait for service
- Having medication in stock

See Appendix F for full report.

6.3 Bristol Citizens Panel Findings

The Bristol Citizens' Panel was set up to keep the council informed about public opinion. The panel is currently made up of 2,265 people from across Bristol from all backgrounds and all areas of Bristol. Age, gender, ethnicity, and disability are all taken into account in the selection of Panel members. Questions relating to issues identified in our literature review were included in the questionnaire survey of Bristol City Council Citizens' Panel.

The Bristol Citizens' Panel members were asked:

- How satisfied are you with your local community pharmacy?
- Whether they had ever used an on-line pharmacy or would consider doing so?
- How important certain factors were in using their local community pharmacy?

The survey was sent to 2,265 panellists in April 2017. A total of 498 people responded (21.9%). It is important to remember that the majority view of the panellists may not reflect minorities with particular needs.

The main findings for all respondents were:

- The majority of respondents (76.5%) were either "satisfied" (28.8%) or "very satisfied" (47.7%) with their local community pharmacy. Only 7.3% said they were "dissatisfied".

- The most important factors in using their local pharmacy were:

Factor	2017	2015
Close to work	96%	34%
Close to shopping centre	86%	34%
Adequate waiting area	84%	65%
Free parking nearby	74%	67%
Home delivery	73%	41%
Medication in stock	59%	98%
Weekend opening hours	58%	88%
Close to GP	42%	77%

- Less important factors were:

Factor	2017	2015
Close to home	36%	91%
Length of wait for service	32%	89%
Evening opening hours	29%	78%

- The most important services to have available at your local community pharmacy were:

Services	2017	2015
Advice on minor illnesses or injuries	81%	85%
Advice on medicines prescribed to you	79%	85%
Prescription made up ready for you to collect	78%	74%
Private consultation room available	68%	64%
Advice on managing long term illnesses	58%	59%
Health tests e.g. cholesterol	53%	58%

- Slightly less important services were:

Services	2017	2015
Flu vaccination	46%	45%
Advice on being healthy, e.g. stop smoking	43%	46%
Sexual health service, e.g. chlamydia tests	40%	45%
Prescriptions delivered directly to your home	31%	37%

Most respondents (89%) had not used online pharmacies, and over half (62%) would not consider using one. A total of 38% would consider using an online pharmacy.

See Appendix G for the full Citizens Panel report.

6.3.1 Implications for the Bristol PNA

The Bristol Citizens' Panel findings indicate that the local population value having a community pharmacy close to work and / or shopping centres with adequate waiting areas and free parking nearby. This is in contrast to the findings from 2014. Advice on medicines, minor illnesses and minor injuries is particularly highly valued. Some specialist services were not rated as highly, which may be because they are mainly for minority groups such as people with long term illnesses or disability.

The investigations described above indicate that:

- The PNA should assess local access in terms of both proximity to where people work and shop.
- The level of satisfaction with local community pharmacy services was high in the Bristol Citizens' Survey Panel. The survey provides more information for commissioners about what the public think is important and the services they would most welcome from their community pharmacy.
- Interpretation of the survey results should take account of the fact that the importance of some special services to minority groups is not reflected in the results for the general population sample as a whole. For example, home delivery services might be highly rated by the minority of people with long term illnesses or disabilities, but irrelevant to the majority of respondents.

Whilst these investigations have provided an overview of the concerns of the general public, it was considered necessary for the PNA Consultation Plan to include consultation with groups who may have particular needs and barriers to access to the local pharmacy services that they need.

The Citizen's Panel survey and scoping review highlighted that the views of people from certain equalities groups may have been underrepresented during the drafting of the PNA, and they will therefore be sought during the public consultation:

- Young people
- Pregnancy and maternity, as we do not have information on this equality strand from our survey
- Black and Minority Ethnic Groups
- Lesbian Gay Bisexual and Transgender (LGBT) people because, although representation in the sample was proportionate, the numbers were necessarily small
- People from religions who are few in number in the Bristol population.

6.4 Pharmaceutical Services Issues and Complaints

Healthwatch Bristol is part of Healthwatch England, a national consumer champion in health and social care. It has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

In the Healthwatch Bristol Annual Report 2016, no issues were raised about community pharmacies. Healthwatch also have an on-line review centre where people can send reviews of services. No reviews were received for pharmacies.

6.5 Young People

As part of the Consultation Plan, a report from the Bristol Young Peoples Public Health team was considered. A mystery shopping exercise was conducted during March 2017 to get feedback on young people's experience of using sexual health services in pharmacies.

11 pharmacies in Bristol were visited by 40 young people during March 2017. 7 were in the Bristol South locality, 2 in the Inner City and East locality and 2 in the North and West. All pharmacies visited were Healthy Living Pharmacies.

Positive results included:-

- 33 young people felt that the pharmacy they visited was easy to get to
- 36 felt that the location was appropriate for young people (i.e. on a bus route and / or near to a school or college)
- 40 young people felt that the pharmacies were accessible for young people who are disabled
- 39 said that the pharmacies were welcoming to LGBTQ young people.
- 35 young people said they would use the same pharmacy again or would recommend it to friends
- 33 young people felt that the pharmacy staff were easy to talk to
- 31 felt that the pharmacy staff attitudes were appropriate
- 37 young people reported that they were served quickly.
- 40 young people saw 4YP posters
- 36 saw other leaflets appropriate for young people's health.

Concerns reported included:-

- Not all staff seemed to be aware of the service they provided
- Some staff 's attitude was inappropriate
- Some staff seemed unaware of confidentiality issues (only 18 young people were offered a private room for their conversation).

Generally young people had a very positive experience of mystery shopping these pharmacies. However, some important issues were raised by these visits suggesting that staff in some pharmacies need more understanding about the importance of ensuring that young people understand confidentiality. Some also need a broader understanding of young people's sexual health services and improved skills in communicating with young people.

6.6 Substance Misuse Supervised Consumption

Bristol Drugs Project (BDP) is an independent agency that provides confidential information, advice and counselling service to drug misusers, their relatives and friends and to other professionals working with drug misusers. They work closely with pharmacists around the care of patients who are accessing the supervised consumption of methadone service. There have been no recent surveys with drug users around their perceptions of the service. However, there is a very robust system for recoding significant events and / or issues arising from the service. There have been no particular issues that are worthy of note. Most reports have been about minor dispensing errors which have been dealt with quickly.

6.7 Findings from the Formal Consultation Process

An Equality Impact Assessment was completed, initially to ensure that the consultation process was fully inclusive of all groups. This was updated following consultation (see Appendix E).

The full public consultation on the draft PNA ran between 4th September and 27th November, to coincide with the PNA consultations in the neighbouring local authority areas of South Gloucestershire and North Somerset.

Social media, attendance at meetings and other events, and a telephone helpline were used to encourage all groups to identify any issues they had around the use and accessibility of local pharmaceutical services.

The organisations invited to comment on the PNA are shown in Appendix H.

There were 66 respondents to the online public consultation. Of these:-

- 53% agreed, 10% disagreed and 37% answered “don’t know” when asked if they agreed that the draft PNA provided an accurate assessment of local pharmacy services
- 39.5% agreed, 25.5% disagreed and 35% answered “don’t know” when asked if they agreed with the assessment of “no gaps in essential services”
- There were a number of respondents who praised their local pharmacies
- There were concerns about opening hours, particularly in the north where the 100 hour pharmacy recently closed
- There were some concerns about the potential “gaps” in areas where there are new housing developments planned, particularly where the walking distance to the nearest pharmacy is already more than 1 mile

A number of suggestions and requests for improvements were received, including adjustments needed for people from groups with protective characteristics:-

- Greater support to meet the needs of the elderly, those with long term conditions and people with hearing impairments
- More electronic prescribing and better management of dispensing arrangements (less queues)
- Consideration of the staffing levels and skills mix of teams to enable them to take on a more holistic role in supporting general practices

The full report of public consultation and analysis can be found in Appendix J.

7. Current Provision of Essential Pharmaceutical Services

7.1 Necessary Services

The PNA is required to make statements on current provision and gaps in 'necessary pharmaceutical services' provided by community pharmacists.

This chapter considers only those services provided by community pharmacies that fall within the definition of 'essential pharmaceutical services' commissioned by NHS England:

- The dispensing of prescriptions
- The dispensing of repeatable prescriptions
- The acceptance and disposal of unwanted medicines returned by patients
- Signposting to other providers of health and social care services
- Promotion of healthy lifestyles
- Support for self-care.

This group of services falling within the 'essential' contract are deemed 'necessary' because local access to dispensed medicines is a high priority health need.

7.2 Other Services Provided by Community Pharmacists

Many community pharmacies provide other services, beyond the 'essential' services. These services are considered in Chapter 8.

In Chapter 9, scope for securing improvements or better access to pharmaceutical services or pharmaceutical services of specified type is considered.

Commissioning decisions for services that could be commissioned from any qualified provider fall outside the scope of this pharmaceutical needs assessment.

7.3 Essential Services Currently Provided by Community Pharmacies

Essential pharmaceutical services are commissioned for Bristol by the NHS England local team. The data used in this section was collected and analysed during May to July 2017. Locations and opening hours for all community pharmacies in Bristol as at April 2017 are provided in Appendix A.

Pharmacies open for 'core hours' (those hours a pharmacy is formally contracted to provide NHS pharmaceutical services) and 'supplementary hours' (additional hours a pharmacy opens beyond their core hours). Core hours can only be changed with NHS England's agreement, while supplementary hours can be modified with 90 days' notice. In this PNA we have reported total hours (core plus supplementary hours).

As at April 2017, there were 93 (92 from Feb 2018) community pharmacies in Bristol, of which:

- 7 pharmacies open for 100 hours per week (8, 2015)
- 10 pharmacies open 7 days a week (11, 2015)
- 23 pharmacies open Monday to Saturday (all day) (25, 2015)
- 40 pharmacies open Monday to Saturday (morning only) (38, 2015), (39 from Feb 2018 following closure of Lanaway Rd)

- 13 pharmacies open Monday to Friday (12, 2015)

Plus

- 3 distance-selling pharmacies open Monday to Friday.

When the last Bristol PNA was published in 2015, there were 94 community pharmacies. One pharmacy has closed during the period; Lloyds Pharmacy, Carlton Court, Westbury-on-Trym. A further pharmacy will close at the end of January 2018; Lloyds Pharmacy, Lanaway Rd, Fishponds.

There has been a decrease in the provision of 100 hour pharmacies since 2015, from 8 to 7 pharmacies.

There are no pharmacies offering 24 hour access seven days a week.

7.4 Essential Service Locations within Bristol Localities

The following tables show the opening hours in the three Bristol localities.

In sections 7.4.1 to 7.4.3 we show how the net decrease of local community pharmacies is distributed across the three localities.

Because the three distance-selling pharmacies Drugs Direct, Pilltime and The Independent Pharmacy can only provide services to patients remotely and not at their premises, they have not been included in a locality.

There has been a marginal decrease in the number of pharmacies in Bristol North and West and a corresponding increase in Bristol Inner City and East localities due to changes arising from an electoral review requested by the Mayor of Bristol. The Local Boundary Commission for England agreed changes to boundaries to take effect from May 2016. The changes do not reflect any increase or decrease in the number of pharmacies in Bristol as a whole. Only 1 pharmacy in the North and west locality had ceased to trade during this period (Lloyds Pharmacy, Carlton Court, Westbury-on-Trym). There are a number of other pharmacies in the area which provide adequate cover for the local population. There are also a number of other pharmacies in the Fishponds area which provide adequate cover following the closure of Lloyds Pharmacy, Lanaway Rd, Fishponds.

7.4.1 Bristol North and West

- Estimated resident population: 166,123
- Number of Pharmacy contractors: 31 (34 in 2015)
- Pharmacies per 100,000 population: 18.7

Table 6: Bristol North West Locality Pharmacy Contractors

Bristol North and West Opening Hours	Number of pharmacies	Name
100 hour pharmacy	1	Southmead Pharmacy
Open seven days per week	3	
Open 6 days per week	8	

Bristol North and West Opening Hours	Number of pharmacies	Name
Open 5 ½ days per week	15	
Open 5 days per week	4	
Open in the evening Mon – Fri after 18:00	15	

Source: NHS England June 2017

7.4.2 Inner City and East

- Estimated resident population: 136,883.
- Number of Pharmacy contractors: 31 (29 in 2015); (30 from February 2018)
- Pharmacies per 100,000 population: 22.7

Table 7: Bristol City and East Locality Pharmacy Contractors

Inner City and East Opening Hours	Number of Pharmacies	Name
100 hour pharmacy	2	Boots Avonmeads, Easton Day and Night
Open seven days per week	4	
Open 6 days per week	7	
Open 5 ½ days per week	13	12 from February 2018
Open 5 days per week	5	
Open in the evening Mon – Fri after 18:00	20	

Source: NHS England June 2017

7.4.3 Bristol South

- Estimated resident population: 146,322
- Number of Pharmacy contractors: 31 (compared with 31 in 2015)
- Pharmacies per 100,000 population: 21.2

Table 8: Bristol South Locality Pharmacy Contractors

Bristol South Opening Hours	Number of Pharmacies	Name
100 hour pharmacy	4	Asda Bedminster, Asda Whitchurch, Lloyds Southville, Stockwood
Open seven days per week	3	
Open 6 days per week	8	
Open 5 ½ days per week	12	
Open 5 days per week	4	
Open in the evening Mon – Fri after 18:00	16	

Source: NHS England June 2017

A full breakdown of opening hours for all pharmacies in Bristol is available at Appendix A.

7.5 Bristol Provision Compared with England

Table 9 compares the number of community pharmacies' prescription items dispensed per month and population by CCG. It shows that the rate of provision of pharmacies per 100,000 population in Bristol (21) is slightly lower than the rate for England (22). From February 2018, the ratio decreases from 21 to 20 for Bristol, 22 for The Inner City and East locality due to the closure of one pharmacy.

Table 9: Number of Community Pharmacies Prescriptions Dispensed

	Number of community pharmacies	Prescription items dispensed per month (000)s 2015-2016	Population (000)s Mid 2015	Pharmacies per 100,000 population
ENGLAND	11,688	82,940	54,317	22
Bristol – Inner & East	31		137	23
Bristol North & west	31		166	19
Bristol South	31		146	21
Bristol Total	93	698	449	21
North Somerset	44	367	210	21
Somerset	102	770	543	19
South Gloucestershire	51	370	275	19

Source: NHS Prescription Services part of the NHS Business Services Authority. Population data, Office of National Statistics (2015 mid-year Estimates).

Count of pharmacies for BNSSG areas excludes distance selling pharmacies. There are also GP surgery dispensaries in NS (2), SG (3) and Somerset (24). There has been a change of 2 pharmacies between Bristol Inner City & East and Bristol North & West due to boundary changes, plus a closure of 1 pharmacy in Bristol North & West.

7.6 Travel Times Analysis

- 99.4% of Bristol residents are within 20 minutes walking time of a pharmacy.
- 100% of Bristol residents are within 5 minutes' drive time (peak and off-peak) of a pharmacy.
- 91.5% of residents can access a hundred hour pharmacy within a 10 minute drive.

The whole of the Bristol population, with the exception of two areas, is within 1.6km (approx. 1 mile) of a community pharmacy. The exceptions are "Charlton Mead" in the north of Southmead ward. Approximately 400 people live in this area. The nearest pharmacy is 2km. The other exception is "Broomhill Road" area in the east part of Brislington East ward, approximately 1,500 people live in this area, the nearest pharmacy is 2.5km. The Steering Group did not consider this as a gap for the purposes of this PNA.

7.7 Opening Hours Analysis

There has been a decrease in the provision of 100 hour pharmacies since publication of the last Bristol PNA in 2015, from 8 to 7 pharmacies. All 100 hour pharmacies in Bristol open every day of the week. A pharmacy can achieve 100 hours by opening very long hours on most days and then be closed on 1 or 2 days of the week.

7.7.1 Bristol North and West locality has seen a decrease in the number of 100 hour pharmacies from 2 to 1. The number of other pharmacies open 7 days per week has stayed the same (3), 6 day per week opening has reduced from 11 to 8. Those open 5.5 days per week has increased from 14 to 15 and those open 5 days per week has stayed the same (4). The number open in the evenings after 18:00 has stayed the same (15).

7.7.2 Bristol Inner City and East locality numbers of 100 hour pharmacies has stayed the same (2). The number of other pharmacies open 7 days per week has decreased from 5 to 4. There has been a decrease in the number open 6 days per week from 9 to 7. The numbers open 5.5 days per week has increased from 9 to 13, although this reduces to 12, from February 2018. Those open 5 days per week has increased from 4 to 5 and those open in the evening has increased from 19 to 20.

7.7.3 In Bristol South locality the number of 100 hours pharmacies has stayed the same (4). The number of other pharmacies open 7 days per week has stayed the same (3). Those open 6 days per week have decreased (9 to 8), but there has been an increase in the number open 5.5 days per week (10 to 12). Those open in the evening have decreased from 17 to 16.

7.8 Essential Services Outside the Bristol Boundary

Maps 10 to 12 show that there are several community pharmacies located over the north and north east boundaries of Bristol, within a 1.6km radius of Bristol residents. These pharmacies in South Gloucestershire provide additional local access for Bristol residents.

Maps showing the following are detailed in the appendices:

- Map 5: Location of all Community Pharmacies
- Map 6: Bristol Location of 100 hour Pharmacies
- Map 7: Bristol Location of 7 day per week Pharmacies
- Map 8: Population Density
- Map 9: Index of Multiple Deprivation, 2015
- Map 10: Drive Times to Pharmacies
- Map 11: Peak Drive Time to Pharmacies
- Map 12: Walking Times to Pharmacies

8. Other Services Commissioned from Local Community Pharmacies

8.1 Services Commissioned by NHS England

The 'essential' pharmaceutical services commissioned by NHS England are described in chapter 7.

This section describes provision of services defined as 'advanced' and 'enhanced' commissioned by NHS England and locally commissioned services commissioned by Bristol CCG and Bristol City Council Public Health Team.

8.1.1 Advanced Pharmaceutical Services

Two of the advanced services, which can only be provided by pharmacies, are considered to be 'necessary' services:

- Medicines Use Reviews (MURs)
- New Medicines Service (NMS)

The other advanced services are considered to be 'other relevant services':

- Influenza vaccination (pharmacies only)
- NHS Urgent Medicines Supply Advanced Service (NUMSAS, pharmacies only)
- Appliance Use Reviews (AURs, pharmacies and DACs)
- Stoma Customisation Service (SCS, pharmacies and DACs)

From the June 2017 data provided by NHSE we identified:

- 93 active providers of Medicines Use Reviews (MUR)
- 84 active providers of New Medicines Service (NMS)
- 0 providers of Appliance Use Reviews (AUR)
- 26 providers of Stoma Customisation Service (SCS)

Within the 3 Bristol localities, these services are distributed as detailed in Table 10:

Table 10: Services Commissioned by NHS England

	MUR	NMS	AUR	SCS	Flu Vaccs
Bristol North and West	30	26	0	7	26
Inner City and East	30	27	0	8	25
Bristol South	33	31	0	11	31
Total	93	84	0	26	82

Source: NHS England June 2017

Further details of the providers of these services are set out in Appendix B.

AUR and SCS can be provided by pharmacies, but there is usually no need for them to do so as the vast majority of appliances in general, and stoma appliances in particular, are dispensed by a small number of specialist appliance contractors that operate across the UK. Patients are usually directed to these specialists on discharge from hospital.

8.1.2 Enhanced Pharmaceutical Services

NHS England currently commissions an “on demand availability of specialist drugs” service from pharmacies selected because they have long opening hours. This enhanced service is considered to be a necessary service.

There are 5 pharmacies who provide this service in Bristol; 1 in the North and West locality, 2 in the Inner City and East locality and 2 in the South.

8.2 Services Commissioned by Bristol Clinical Commissioning Group

8.2.1 Emergency Supply Service

Prescription-only medicines (POMs) need a prescription issued by a GP or another suitably qualified healthcare professional. The Emergency Supply Service improves access to POMs for patients when an emergency supply is required and their GP practice is closed, ensuring prompt access and continuity of treatment.

This service should benefit patients when:

- The patient meets all the legal criteria for an emergency supply of a POM from a pharmacist.
- The patient is unable to pay for this supply, and intends to contact NHS111 instead.

There are 80 pharmacies who provide this service in Bristol; 25 in the North and West locality, 29 in the Inner City and East locality and 26 in the South.

8.3 Services Commissioned by Bristol City Council Public Health

8.3.1 Smoking Cessation / Tobacco Harm Reduction

The services commissioned by Bristol city Council Public Health team are listed on the LiveWell Bristol website (<https://www.bristol.gov.uk/web/live-well-bristol/be-smoke-free>).

This provides information and advice for people wanting to stop smoking or to reduce their harm from tobacco. Their options include:

- community group support work
- one-to-one support commissioned from community pharmacies, GPs and other community providers
- online support including support to stop apps.

The smoking cessation support commissioned from community pharmacies in Bristol includes 2 elements. Pharmacies may contract to provide both or just one of these:

- **Voucher scheme only** - the pharmacy dispenses Nicotine Replacement Therapy through the Bristol City Council voucher scheme. Vouchers are given to smokers seen by stop smoking advisors in community settings. These are then presented to pharmacies for them to dispense against and they claim costs back from Bristol City council
- **Voucher Scheme and Stop Smoking Interventions** - conducted through a stop smoking advisor. Stop smoking intervention, it includes behavioural

support to the client plus the provision of medications to help clients to quit or reduce their harm

Medications include Nicotine Replacement Therapy which is provided through the Bristol City Council voucher scheme and varenicline (Champix), via the PIPscript scheme. Under the PIPscript scheme the pharmacy providing the behavioural support to clients is able to dispense Champix prescribed by pharmacist independent prescribers

48 pharmacies in Bristol provide both elements and 10 provide the voucher scheme. The activity varies across the Bristol Pharmacies and in some parts of the city where preventable mortality rates (attributed to smoking) are high, support to stop smoking activity is either absent or very low.

Other relevant providers of smoking cessation support include:

- 34 general practices in Bristol contract with Bristol City Council to provide access to trained advisors and access to prescription of drugs used in smoking cessation. As with Pharmacy providers the activity varies and is low in some areas where preventable mortality rates are high.
- Wellspring Healthy Living Centre, Hartcliffe Health and Environment Action Group, Working in Southmead for Health and Knowle West Health Park have trained smoking cessation advisers and are able to offer vouchers for access to prescribed drugs for smoking cessation. For some priority groups the community organisations offer vouchers for e-cigarettes to reduce harm. The ultimate aim is to stop smoking tobacco completely.
- North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust acute services and other health professional bodies (e.g. health visitors), provide 'brief intervention' advice to people who smoke, information on how to access further support and referral to the Bristol LiveWell Hub.

8.3.2 Sexual Health

92 of the 93 community pharmacies provide sexual health services which include:-

- emergency hormonal contraception
- chlamydia testing
- chlamydia treatment
- free condoms.

The services offer young people good local access to these sexual health services. See section 6.5 for results of a survey with young people.

8.3.3 Services Commissioned for Drug Misuse

91 of the 93 community pharmacies provide supervised consumption of methadone.

This service ensures the safety of patients who are prescribed methadone as a substitution for illicit drugs (heroin) and reduces the potential of medication being diverted within local communities. Pharmacists supervise the patient consuming the methadone on a daily basis at their premises.

Needle exchange services are co-ordinated across Bristol by Bristol Drugs Project (BDP). Alongside specialist static and mobile provision, 22 community pharmacies

participate in the scheme to supply injecting paraphernalia to people who inject drugs. Over half of the needles supplied in Bristol are provided through community pharmacies.

8.3.4 Healthy Living Pharmacies

19 community pharmacies have been accredited in Bristol as level 2 Healthy Living Pharmacies (HLPs), including 8 in the North and West locality, 3 in the Inner City and East locality and 8 in the South locality.

Each of the pharmacies has a trained health champion and leadership and development training has been provided for each participating pharmacy.

The pharmacies are expected to provide healthy living advice at every opportunity and will be actively participating in all core Council directed health promotion campaigns.

Additional services currently provided by the HLPs include a weight management service and an alcohol identification and brief advice service (see below for details).

8.3.5 Services Commissioned from Healthy Living Pharmacists (HLPs) for Weight Management

HLP's are commissioned to provide an additional referral route into the weight management on referral service currently commissioned by BCC. The intention is to target those from the lowest quintiles (3, 4 and 5) and those people who we know are less likely to access this type of service, for example, men, Black, Asian and Minority Ethnic groups, people with learning disabilities and mental health problems. The HLPs are compensated for those that successfully start a weight management programme and achieve a 3% or 5% weight loss (based on initial body weight). Payment is weighted to encourage a more targeted approach towards those groups listed.

8.3.6 Services Commissioned from Healthy Living Pharmacists (HLPs) for Alcohol Misuse

Alcohol Identification and Brief Advice (IBA) is simple, structured and brief advice given to a person after completing a validated alcohol screening tool. It is a preventative approach aimed at identifying and providing a brief advice to increasing and higher-risk drinkers. It is not a treatment and it is not aimed at dependant drinkers. The advice includes feedback on the individual's score from the identification tool and information about harm from alcohol; aimed at motivating risky drinkers to reduce their alcohol consumption to lower risk level. Written information can also be provided.

The overall aim of IBA is to reduce the risk of harm to individuals from their alcohol consumption by encouraging lower consumption which can result in fewer alcohol-related conditions and hospital admissions.

All the 19 HLPs are trained to deliver these interventions to customers.

Bristol City Council are currently procuring a new Behaviour Change for a Healthier Lifestyle programme which the current stop smoking, weight management and

alcohol brief interventions services are in scope and may not appear in their current form from April 2018.

A full summary of services commissioned by public health is included at Appendix C.

9. Gaps and Scope for Improvements or Better Access

9.1 Gaps and Improvements to Service Provision

This section presents conclusions and recommendations of the PNA Steering Group on:

- Current or future gaps in essential services, in terms of numbers of pharmacies, their locations and opening hours
- Scope to secure other improvements or better access to pharmaceutical services or pharmaceutical services of a specified type.

In reaching conclusions the Steering Group took account of:

- Locations of community pharmacies and travel times to reach them (section 7.6)
- Opening hours (section 7.7)
- Demographic and health information (chapter 5)
- Information on housing developments within the next 3 years in and close to the boundaries of Bristol (section 5.2.5)
- Local health planning priorities (section 5.2.4)
- Individual views put forward in the PNA consultation by members of the public (section 6.8).

9.2 Travel Times and Distance to Local Pharmacy

Since the 2015 Bristol PNA the number of pharmacies in Bristol has reduced by 1. Almost all (99.4%) of the Bristol population live within 1.6km (approximately 1 mile) of a community pharmacy. 91.5% can access a hundred hour pharmacy within an average drive time of 10 minutes (average day time drive). Two exceptions were found:

- **Bristol North and West:** an area north of Southmead, bordering South Gloucestershire (Charlton Mead – approximately 2 km). The nearest Bristol pharmacies are in Southmead centre.
- **Bristol South:** an area east of Brislington (Broomhill Road – approximately 2.5km). The nearest pharmacy is in Brislington.

The Steering Group noted that these areas are sparsely populated with an estimated population of around than 400 people in Charlton Mead and 1,500 in Broomhill Road. The Steering Group did not consider this as a gap for the purposes of this PNA.

9.3 Opening Hours

Opening hours have not changed significantly since the 2015 PNA. All three localities have 100 hour pharmacies and pharmacies that are open 7 days per week.

In all localities, there is a spread of pharmacies opening on Saturdays and on seven days of the week.

The Steering Group did not identify current gaps in terms of opening hours in any of the three localities.

9.4 Growth in Population, Housing Developments and GP Surgeries

Population projections suggest that Bristol's population is currently growing at an average of just over 4,000 persons per annum, the 2017 population projection being 454,900 compared with 437,500 in 2013.

Recent growth has been greatest in the Inner City wards of Bristol. Children under 15 years and adults aged 25 to 49 years are expected to account for more than half of the growth in numbers.

The majority of new sites in development are in Inner City and East (4,361 dwellings), with approximately 903 new dwellings in Bristol North and West and 1,473 dwellings in Bristol South. Within the Inner City and East locality, the highest number of new dwellings will be close to the city centre, notably in Central ward (2,536), Lawrence Hill (515 dwellings) and Ashley (358 dwellings).

Chapter 5 also noted plans to develop 7,715 new homes on the northern borders of Bristol with South Gloucestershire during the next 5 years, 5,971 north of Bristol North & West and 694 north of Bristol Inner City & East. 796 homes were completed at Cheswick Village in the last 5 years.

The Steering Group did not identify current gaps in the areas most affected by these changes. It considered whether there were specific circumstances whereby gaps would arise in relation to these developments, but none were identified. Areas with new housing developments are in localities which are well served by community pharmacies.

The Steering Group did not identify plans for any new GP surgeries which would impact on this PNA.

9.5 Local Health Planning Priorities

The following health plan priorities set a context for this PNA, which focuses on the question of whether there is sufficient access to necessary pharmaceutical services. National policies support increased use of self-care, more care in the community and 7 day working by primary and secondary care services. All of these developments could increase demands on local community pharmacy services, including more need for extended opening hours, in parallel with increased opening hours for GP surgeries.

9.5.1 Bristol Health and Wellbeing Strategy

The Bristol Health and Wellbeing Strategy 2013 identified the following themes and priorities:

Table 11: Bristol Health and Wellbeing Priorities 2013

Themes	Priorities
A city filled with healthy, safe and sustainable communities and places	Create a high quality and well-connected built and green environment, and manage the health impacts of Climate Change.
	Achieve a healthier, more sustainable, more resilient food system for the city to benefit the local economy and the environment.
	To reduce all forms of domestic, gender-based, and racially based violence and abuse, including sexual exploitation.
A city where health and wellbeing are improving	Reduce the prevalence of smoking, reduce illicit tobacco availability and increase smoke free areas within the city.
	Reduce the harm caused by alcohol misuse.
A city where health inequalities are reducing	To give children the best start in life.
	Improve mental wellbeing and reduce social isolation.
A city where people get high quality support when and where they need it	To better meet the needs of people with dementia and their carers through improved services and dementia friendly environments.
	To improve the clinical quality of and satisfaction with maternity services.
	Take every opportunity to improve specific outcomes and quality in the delivery of services for adults, children and vulnerable people through integrated care and support.

Following a review of these priorities in 2016, the Health and Wellbeing Board agreed to focus on three priorities. These were:-

- Tackling alcohol misuse
- Mental wellbeing and social isolation
- Healthy weight

9.5.2 Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Three Year Plan

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups are now working more closely together and have developed a joint three year plan this year.

The priorities are grouped under 4 key themes:-

- Transforming care pathways to develop better outcomes and value for money
- A resilient and financially sustainable health and care system
- Better health through prevention and self care
- Better access to good quality services

The priorities (to be confirmed) are set out in figure 12 below.

Figure 12: BNSSG Priorities 2017



9.6 Views from the PNA consultation

9.6.1 Views on Locality Provision

Respondents to the consultation raised concerns over the closure of Lloyds Westbury-on-Trym. The Steering group did not consider this as a gap for the purposes of this PNA as adequate pharmacy provision is available in a number of pharmacies in the local area which are within 1.6 km.

9.6.2 Other Views on Local Pharmaceutical Services

The following themes from the citizens panel survey were taken into account in reaching conclusions:

Satisfaction with current local pharmaceutical services. The majority of respondents (77%) to the Bristol Citizen’s Panel survey were either “satisfied” (29%) or “very satisfied” (48%) with their local community pharmacy. Only 7% said they were “dissatisfied”.

9.7 At a Glance: Schedule 1 Statements Bristol PNA 2018

Schedule 1: Information to be contained in pharmaceutical needs assessments: findings from Bristol PNA 2018

<p>Necessary services: current provision</p> <p>1. A statement of the pharmaceutical services that the HWB has identified as services that are provided:</p> <ul style="list-style-type: none"> (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services). 	<p>The essential services, the Medicine Use Review and New Medicines Service advanced service and the ‘on demand availability of specialist medicines’ enhanced service. See sections 7.1, 8.1.1 and 8.1.2.”</p> <p>Appendix A, Map Appendices 1 2 3.</p>
<p>Necessary services: gaps in provision</p> <p>2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:</p> <ul style="list-style-type: none"> (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area. 	<p>No gaps in the provision of necessary pharmaceutical services have been identified in the 3 localities of Bristol, currently or in specified future circumstances.</p> <p>See Sections 7.4, 9.5, 8.1.1</p>

<p>Other relevant services: current provision</p> <p>3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:</p> <ul style="list-style-type: none"> (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area; (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area; (c) in or outside the area of the HWB and, whilst not being services of the types described in subparagraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area. 	<p>This PNA has not identified services that are not necessary to meet need for pharmaceutical services, but nevertheless securing improvements or better access to pharmaceutical services (a) within the 3 localities of Bristol or (b) outside these areas. It has not identified any services falling within category (c).</p> <p>See Sections 7.3, 7.8.</p>
<p>Improvements and better access: gaps in provision</p> <p>4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:</p> <ul style="list-style-type: none"> (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area, (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area. 	<p>This PNA has not identified services that if provided, would secure improvements or better access to pharmaceutical services or pharmaceutical services of a specified type, in current or future specified circumstances.</p> <p>See Section 9.1.</p>
<p>Other NHS services</p> <p>5. A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect:</p> <ul style="list-style-type: none"> (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area. 	<p>This PNA provides a statement of other NHS services provided, or arranged by a local authority or other commissioner which affect the need for pharmaceutical services or pharmaceutical services of a specified type that the HWB has had regard for in its assessment.</p> <p>See Sections 8.2, 8.3.</p>

<p>How the assessment was carried out</p> <p>6. An explanation of how the assessment has been carried out, and in particular:</p> <ul style="list-style-type: none"> (a) how it has determined what are the localities in its area; (b) how it has taken into account (where applicable): <ul style="list-style-type: none"> (i) the different needs of different localities in its area, and (ii) the different needs of people in its area who share a protected characteristic; and (c) a report on the consultation that it has undertaken. 	<p>This PNA includes an explanation of how it was carried out in Chapter 4.</p>
<p>Map of provision</p> <p>7. A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.'</p>	<p>This PNA includes a map of all premises. See Maps in Appendices.</p>

9.8 Steering Group Conclusions and Recommendations

9.8.1 Conclusions

- **This PNA has not identified current or future gaps in the provision of necessary pharmaceutical services in the 3 localities of Bristol.** Local pharmaceutical services are distributed across the localities of Bristol with over 99% of residents living within 1.6km of a community pharmacy. All 3 localities have 100hr and 7day opening pharmacies.
- **This PNA has not identified scope for current improvement or better access.** Bristol has a good level of provision of necessary pharmaceutical services distributed across the 3 localities.
- **This PNA has not identified scope for future improvement or better access.**
- **This PNA finds a high level of satisfaction with local pharmaceutical services in Bristol and suggestions for making it easier for people to use them.** Making it easier to find out pharmacy open hours and locations could improve the experience of people using pharmacies. Better information is also wanted on medicines and delivery services. Some groups particularly need this. In our consultation, we heard that people with learning disabilities and people with sight impairments need pharmacists to make reasonable adjustments to meet their needs.
- **This PNA reports growing needs and inequalities in health in Bristol.** Data on local needs has been analysed by locality. This should help commissioners, local pharmaceutical services and other community services plan services targeted at local health inequalities, to improve local health outcomes. Population growth and increases in dwellings are not expected to result in local gaps or improvement needs. This will be reviewed in the next PNA, which will be published in 2021.

9.8.2 Recommendations

- **Increase awareness of how to find out about opening hours.** All local healthcare commissioners and providers are asked to help publicise and use sources of information on 'where to find information on your nearest pharmacy and opening hours' e.g. through NHS Choices and the 111 service. This includes asking frontline healthcare staff to advise patients needing immediate access to a dispensing service out of hours.
- **Make reasonable adjustments to address specific needs.** Avon Local Pharmaceutical Committee is asked to publicise the findings of this PNA to local pharmacists, specifically the need for information to be provided in formats that are useful for people with hearing impairments and people with language barriers. The use of hearing loops for example might be appropriate.

NHS England is asked to emphasise to contractors the importance of compliance with the 2010 Equalities Act including making reasonable adjustments to meet the needs of people with protected characteristics. Staff training on meeting information needs, providing aids and guiding people with sight impairment should be strongly encouraged to support compliance.

Glossary

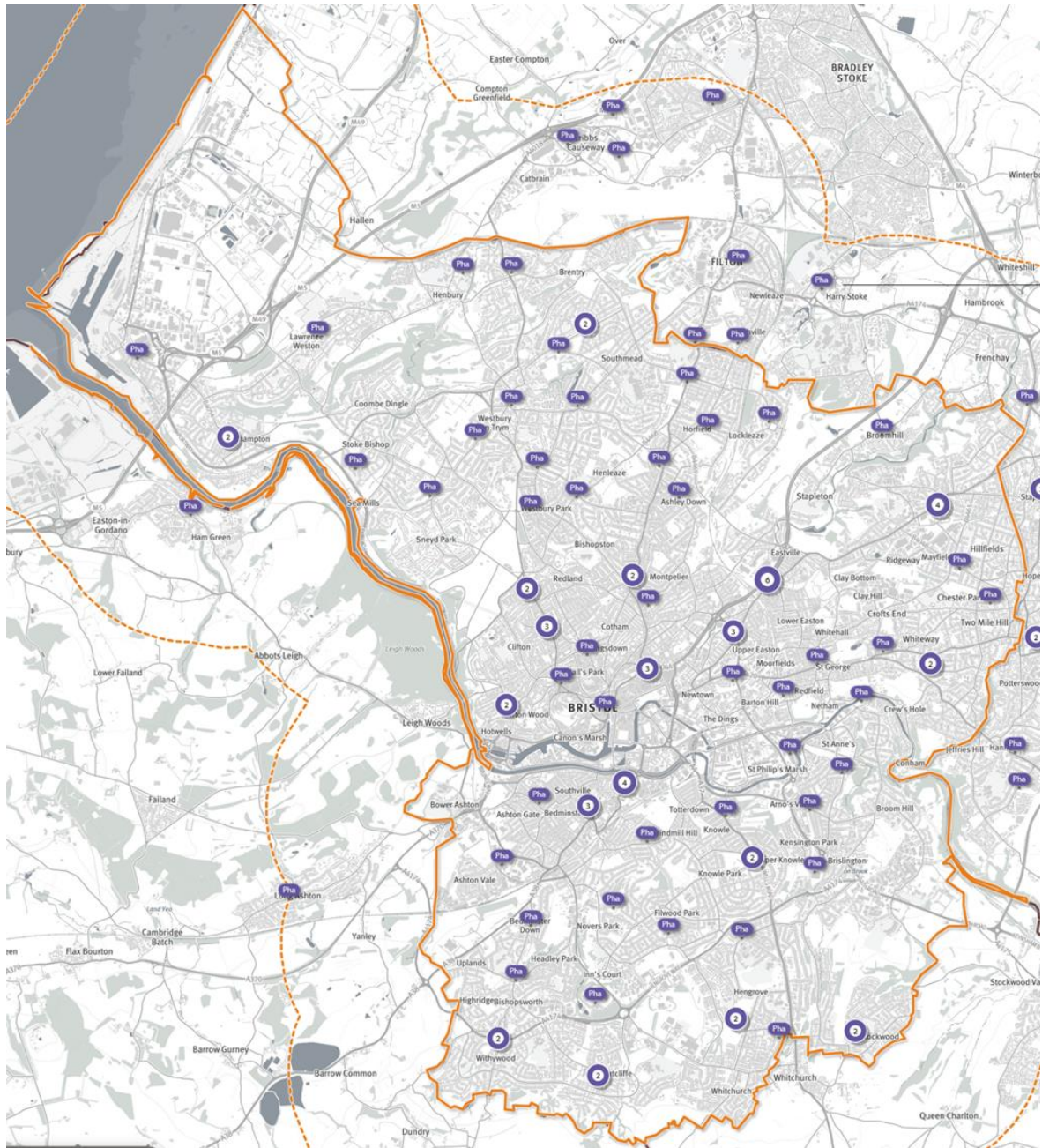
Appliance Use Review (AUR)	Advising the patient on the safe and proper disposal of the appliances that are used or unwanted. Can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home.
Bristol City Council (BCC)	Bristol City Council is the local authority of Bristol. The council is a unitary authority, and is unusual in the United Kingdom in that its executive function is controlled by a directly elected Mayor.
Bristol Compact	The Bristol Compact is the agreement made between the public sector and the VCS in the city.
Bristol Drugs Project (BDP)	As part of the new Bristol ROADS (Recovery Orientated Alcohol & Drugs Service); with the aim of reducing alcohol and drug-related harm.
Bristol, North Somerset and South Gloucestershire (BNSSG)	Geographical area covering Bristol, North Somerset and South Gloucestershire
Bristol, North Somerset, Somerset and South Gloucestershire (BNSSSG)	Geographical area covering Bristol, North Somerset, Somerset and South Gloucestershire
Bristol's Citizens Panel	The Citizens Panel is made up of over 2,000 people from across Bristol who regularly share their views and ideas on a wide range of issues.
Cardiovascular disease (CVD)	General term for conditions affecting the heart or blood vessels.
Census	A complete population count for a given area or place taken on a specific date.
Clinical Commissioning Group (CCG)	Created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Dispensing Appliance Contractor (DAC)	Providers who supply appliances on prescription, such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
Electronic Prescription Service (EPS)	The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically.
Emergency Hormonal Contraception (EHC)	Emergency hormonal contraception is an emergency 'back-up' for after you have had unprotected sex. It is for occasional use. It is not suitable as a regular method of contraception.

Equality Impact Assessment Act 2010	Introduced by the Labour Government under the Race Relations Amendment Act 2000, as a way of requiring public service providers to assess the likely impact of policy decisions on particular groups (now classed as groups with protected characteristics under the Equality Act 2010)
General Practitioner (GP)	A medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.
Health and Wellbeing Board (HWB)	The Health and Social Care Act 2012 required the establishment of a Health and Wellbeing Board for Bristol. The core purpose of the Health and Wellbeing Board is to join-up commissioning across the NHS, social care, public health and other services that the board agrees are related to health and wellbeing. The elected Mayor has also determined that relevant key decisions will be taken at this Board.
Healthwatch Bristol	Healthwatch Bristol launched on April 1st 2013. Healthwatch will give children, young people and adults across Bristol a powerful voice locally and nationally.
Healthy Living Pharmacy (HLP)	A pharmacy which has been recognised as consistently demonstrating a healthy living ethos and a proactive approach to health and health improvement
Influenza Vaccination Service (IVS)	An Enhanced Service (ES) specification outlines more specialised services to be delivered
Joint Strategic Needs Assessment (JSNA)	Looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
Local Medical Committee (LMC)	The professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation.
Local Pharmaceutical Committee (LPC)	Represents all Community Pharmacy Contractors in the area.
Local Pharmaceutical Service (LPS)	Similar to pharmacy contractors, but the services they provide may be more tailored to the area they serve
Long Term Condition (LTC)	A condition that cannot at present be cured.
Lower Layer Super Output Area (LSOA)	A geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

Medicines Use Review (MUR)	The pharmacist conducting a structured review with patients about their medicines use. The aims of this service are to improve patients knowledge, concordance and use of medicines
National Health Service (NHS)	The publicly funded national healthcare system for England
New Medicines Service (NMS)	The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.
NHS England (NHSE)	An executive non-departmental public body (NDPB) of the Department of Health.
Office of National Statistics (ONS)	UK's largest independent producer of official statistics and is the recognised national statistical institute for the UK. It is responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels.
Pharmaceutical Needs Assessment (PNA)	Publication that supports local authority health and wellbeing boards to develop and update.
Prescription Only Medicines (POM)	May be sold by a pharmacist if they are prescribed by a prescriber.
Primary Care Trust (PCT)	Part of the National Health Service in England from 2001 to 2013. PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers.
Public Health (PH)	The science and art of preventing disease, prolonging life and promoting human health through organised efforts and informed choices of society, organizations, public and private, communities and individuals.
Stoma Customisation Service (SCS)	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.
Urgent Medicines Supply service (NUMSAS)	A national pilot of a community pharmacy Urgent Medicine Supply Service. The service is being commissioned as an Advanced Service and it will run from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017.

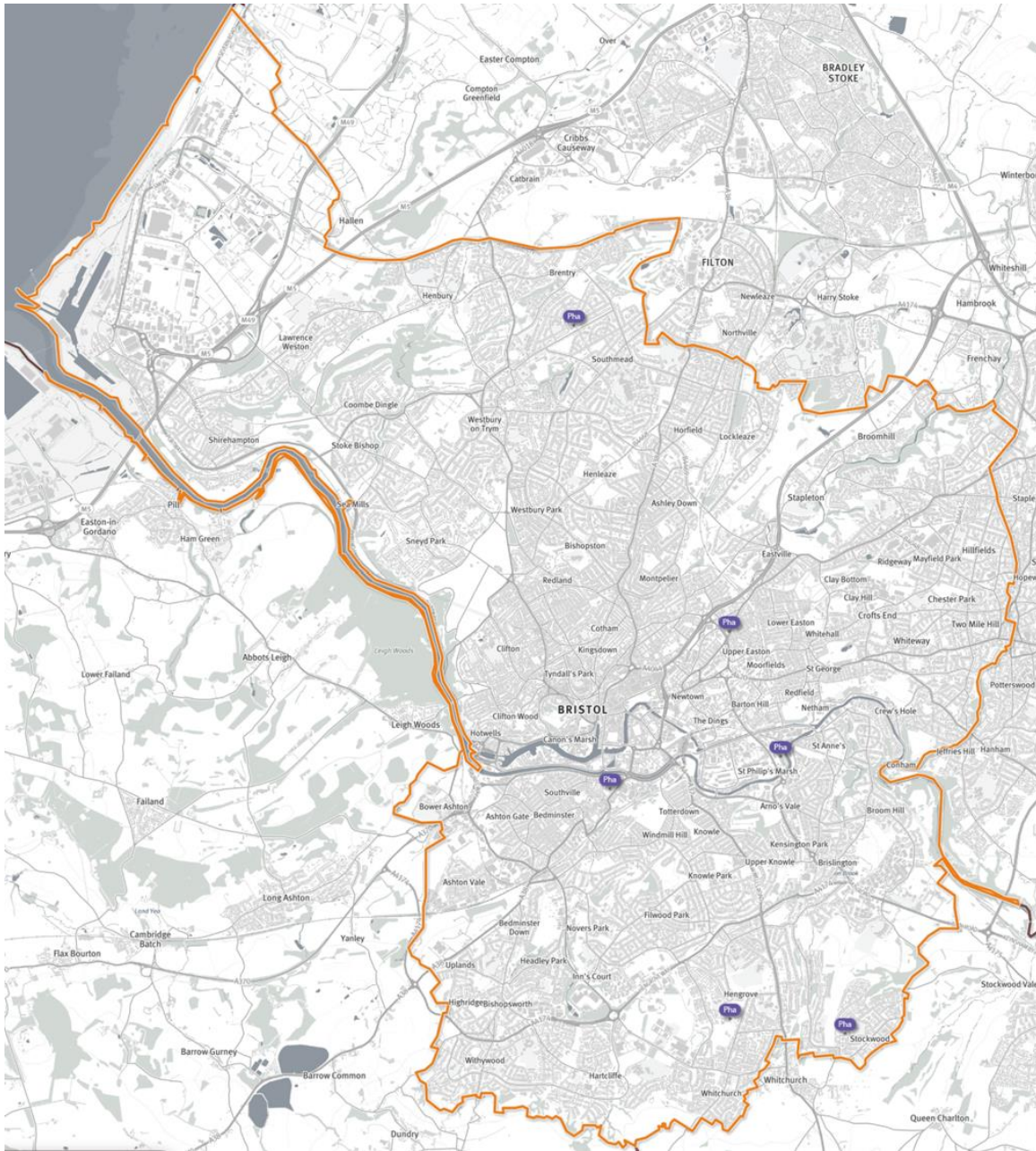
Maps

Map 5: Location of all Community Pharmacies



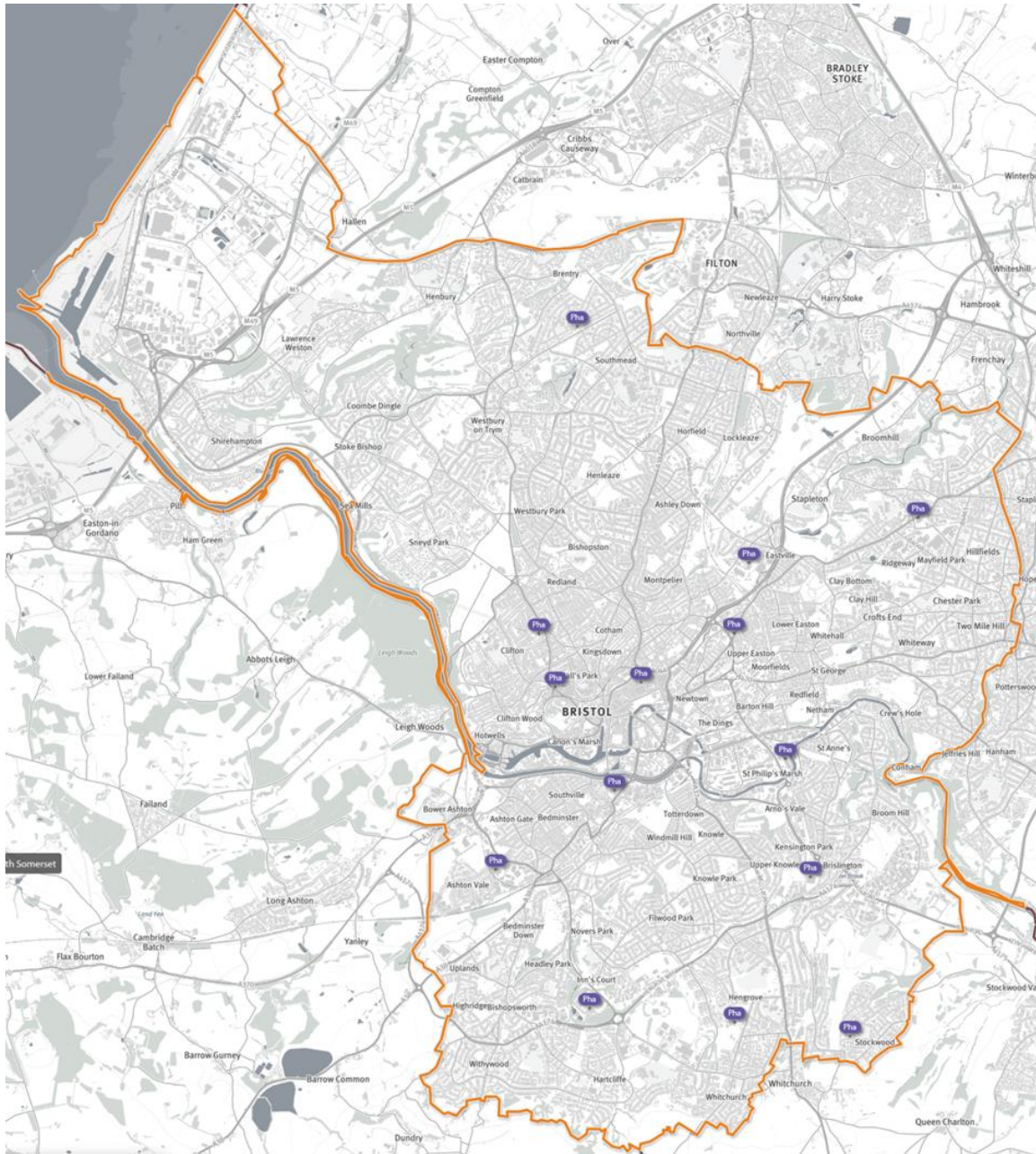
Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Map 6: Bristol Location of 100 hour Pharmacies



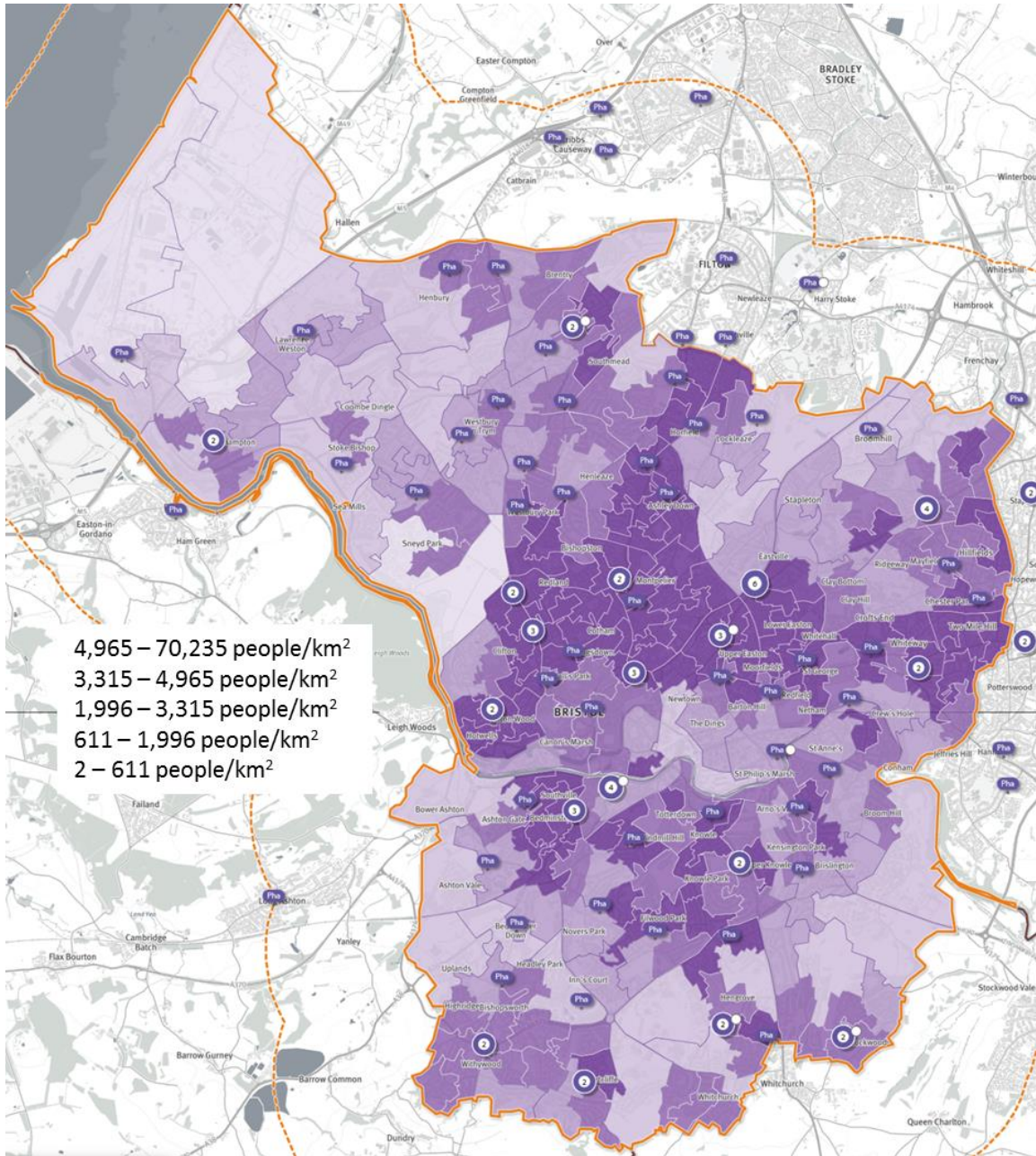
Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Map 7: Bristol Location of 7 day per week Pharmacies



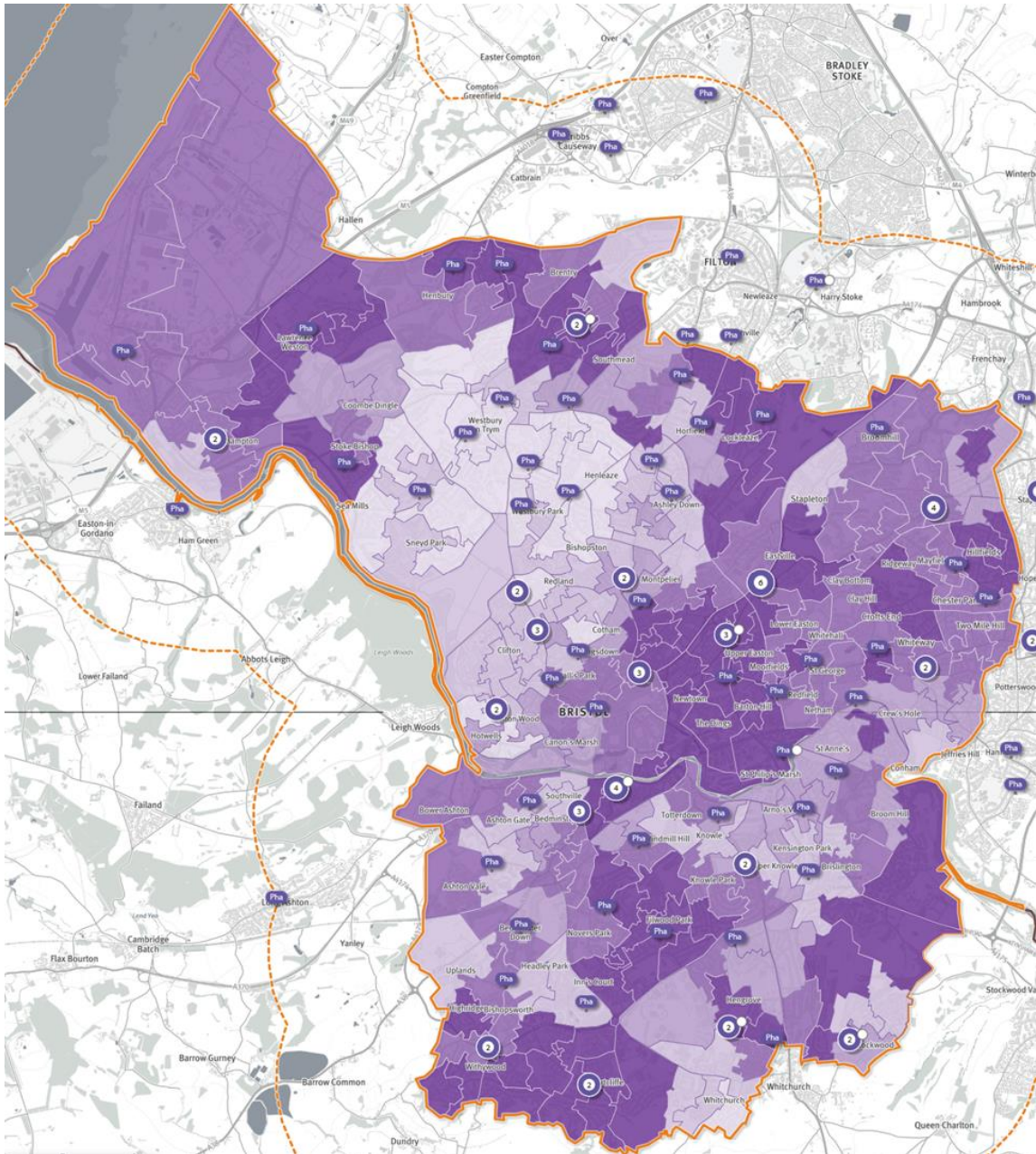
Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Map 8: Population Density



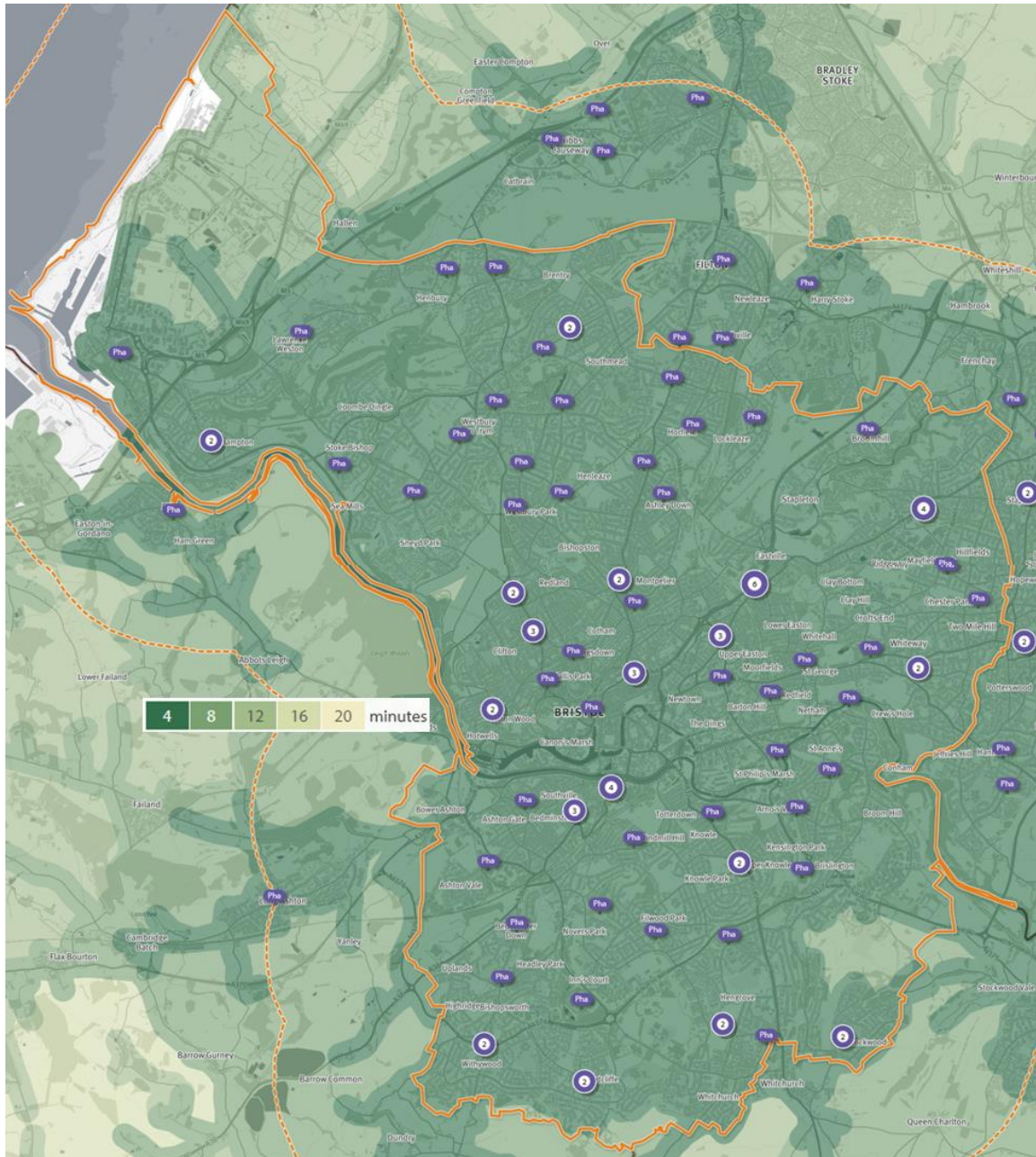
Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Map 9: Index of Multiple Deprivation, 2015



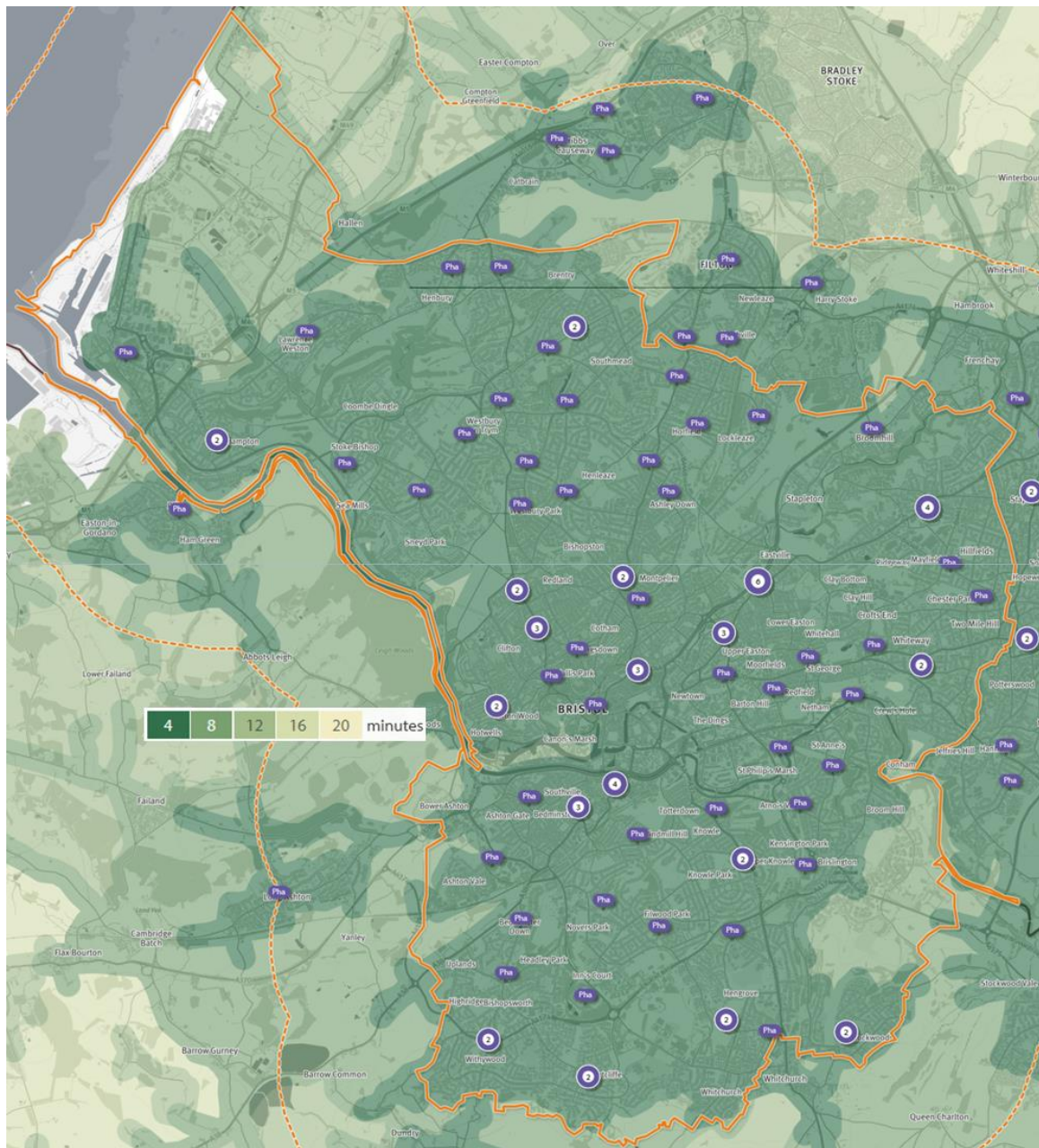
Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Map 10: Drive Times to Pharmacies



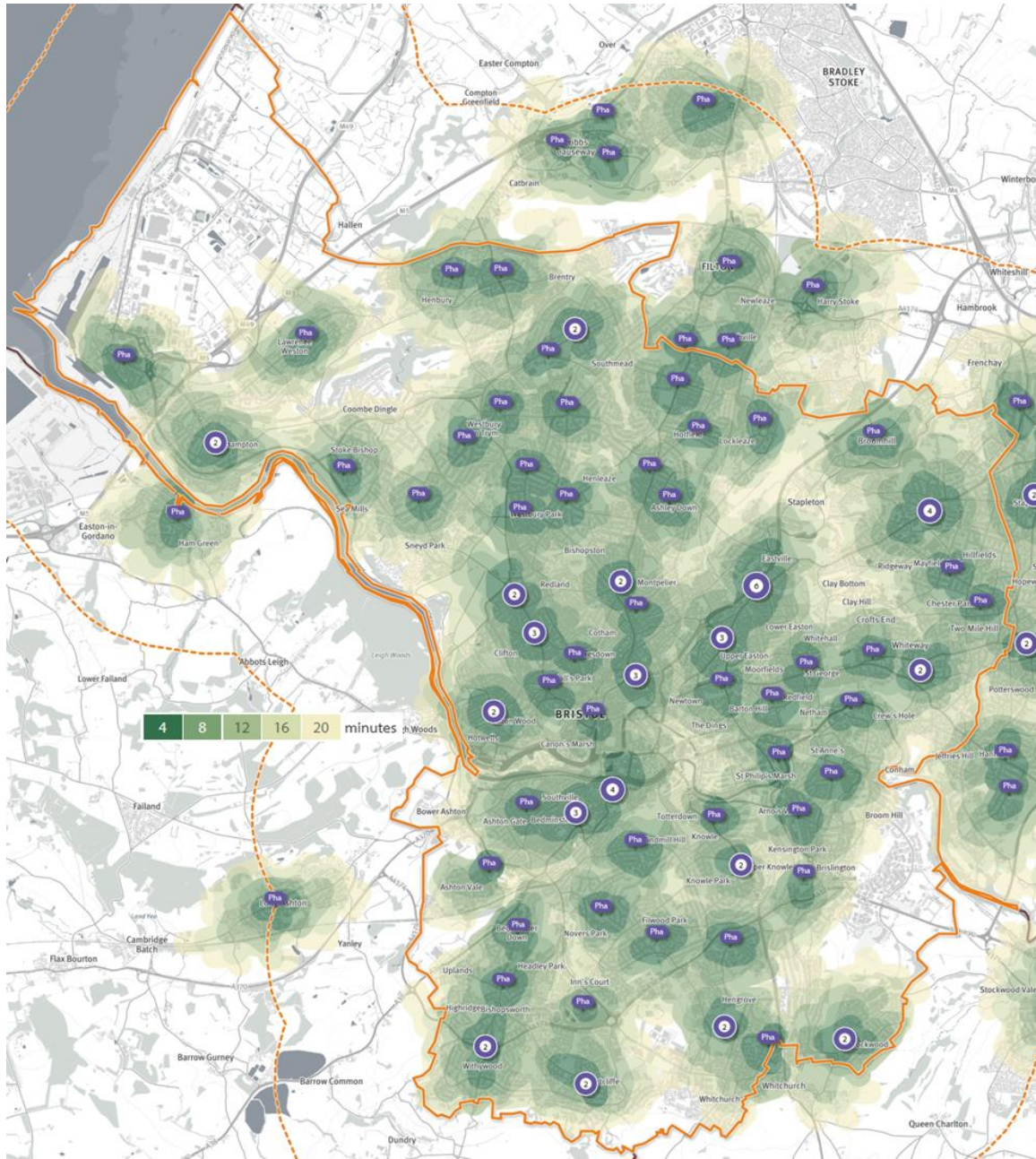
Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Map 11: Peak Drive Time to Pharmacies



Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Map 12: Walking Times to Pharmacies



Source: SHAPE (Strategic Health Asset Planning and Evaluation) Tool, Public Health England

Appendix A: Pharmacy Opening Hours – 1st April 2016 to 31st March 2017

Locality	Ward	F CODE	Name	Address	Postcode	Open after 6pm M-F	Open Sat AM	Open Sat All Day	Open Sunday	Open 100 hours per week
Inner City & East										
Inner City	Easton	FE060	Bhogal dispensing chemist	79-81 St Marks Road	BS5 6HX	Y	Y	Y		
Inner City	Central	FLQ56	Boots pharmacy	59 Broadmead	BS1 3EA	Y	Y	Y	Y	
East	Frome Vale	FG461	Boots pharmacy	Fishponds Health Centre, Beechwood Road	BS16 3TD	Y	Y			
Inner City	Lawrence Hill	FPL66	Boots pharmacy	Wellspring Healthy Living Centre, Beam Street	BS5 9QY		Y			
Inner City	Lawrence Hill	FXN96	Boots pharmacy	Unit 1 Avonmeads Retail Park	BS2 0SP	Y	Y	Y	Y	Y
Inner City	Central	FP386	Boots pharmacy	19-20 St Augustines Parade	BS1 4UR	Y	Y	Y		
Inner City	Lawrence Hill	FG520	Easton Day & Night Chemist	192 Stapleton Road	BS5 0NY	Y	Y	Y	Y	Y
Inner City	Lawrence Hill	FH449	Easton pharmacy	116 Stapleton Road	BS5 0PS	Y	Y	Y		
Inner City	Easton	FJ162	Eastville Enterprises Ltd	East Trees Health Centre, 100a Fishponds Road	BS5 6SA	Y	Y			
Inner City	Lawrence Hill	FQ002	Lloyds Pharmacy	Charlotte Keel Health Centre, Seymour Road	BS5 0UA	Y	Y			
Inner City	Lawrence Hill	FEP37	Lloyds Pharmacy	Lawrence Hill Health Centre, Seymour Road	BS2 0AN	Y	Y			
East	Frome Vale	FK404	Lloyds Pharmacy	782-786 Fishponds Road	BS16 3TT	Y	Y	Y		
East	Frome Vale	FXY23	Lloyds Pharmacy	40 Lanaway Road, Oldbury Court	BS16 2NN		Y			
Inner City	Ashley	FW504	Lloyds Pharmacy	Montpelier Health Centre, Bath Buildings	BS6 5PT	Y	Y			
Inner City	Easton	FCP16	Lloyds Pharmacy	235 Church Road	BS5 9HL		Y	Y		
East	St George West	FDY39	Lloyds Pharmacy	51 Clouds Hill Road	BS5 7LE					
East	St George Central	FN384	Lloyds Pharmacy	Air Balloon surgery, Kenn Road	BS5 7PD	Y	Y			
East	Frome Vale	FHN34	Morrisons pharmacy	668-718 Fishponds Road	BS16 3US	Y	Y	Y	Y	
Inner City	Central	FXJ63	Redcliffe pharmacy	8 Waring House	BS1 6TB		Y			
Inner City	Easton	FYQ42	Selcan pharmacy	103 St Mark's Road	BS5 6HY		Y			
East	Frome Vale	FVE72	Stapleton pharmacy	5 Frome Valley Road	BS16 1HD		Y			
Inner City	Ashley	FEV24	Stokes Croft pharmacy	Unit 2, Avonmead House, 40-48 Stokes Croft	BS1 3QD					
Inner City	Central	FVV06	Superdrug pharmacy	39-43 Broadmead	BS1 3EU		Y	Y	Y	
East	Frome Vale	FJ494	The Old School pharmacy	The Old School surgery, Manor Road	BS16 2JD					
Inner City	Hillfields	FXM29	Well pharmacy	306 Lodge Causeway	BS16 3RD	Y	Y			
Inner City	Central	FW301	Well pharmacy	143 St Michael's Hill	BS2 8DB	Y				
Inner City	Hillfields	FAG83	Well pharmacy	22a Lodgeside Avenue	BS15 1NH	Y				
East	St George Central	FQ826	Well pharmacy	St George Health Centre, Bellevue Road	BS5 7PH	Y	Y			
Inner City	Ashley	FYE01	Boots pharmacy	47-49 Gloucester Road	BS7 8AD		Y	Y		
Inner City	Central	FMV20	Boots pharmacy	66 Queens Road	BS8 1QU	Y	Y	Y	Y	
Inner City	Ashley	FE066	Sood (Chemists) Ltd	23-25 Gloucester Road	BS7 8AA	Y	Y	Y		

Locality	Ward	F CODE	Name	Address	Postcode	Open after 6pm M-F	Open Sat AM	Open Sat All Day	Open Sunday	Open 100 hours per week
North and West										
N & W Outer	Lockleaze	FG03	Boots pharmacy	Eastgate Retail Park	BS5 6XX	Y	Y	Y	Y	
N & W Outer	Lockleaze	FG915	Tesco pharmacy	The Eastgate Centre	BS5 6XU	Y	Y	Y	Y	
N& W Inner	Bishopston & Ashley Down	FA613	Ashgrove pharmacy	97-99 Ashley Down Road	BS7 9JT	Y	Y			
N & W Outer	Avonmouth & Lawrence Weston	FG103	Avonmouth pharmacy	205 Avonmouth Road	BS11 9EG		Y			
N& W Inner	Clifton Down	FNP44	Boots pharmacy	9 Clifton Down Shopping Centre, Whiteladies Road	BS8 2NN	Y	Y	Y	Y	
N& W Inner	Clifton Down	FJY62	Boots pharmacy	112-114 Whiteladies Road	BS8 2RP		Y	Y		
N & W Outer	Avonmouth & Lawrence Weston	FHC21	Boots pharmacy	39 High Street	BS11 0DX		Y	Y		
N & W Outer	Southmead	FQ285	Boots pharmacy	37 Southmead Road	BS10 5DW		Y			
N& W Inner	Westbury-on-Trym & Henleaze	FHF65	Boots pharmacy	55 Henleaze Road	BS9 4JT		Y	Y		
N& W Inner	Clifton Down	FW834	Buxton & Grant	176 Whiteladies Road	BS8 2XU	Y	Y	Y		
N& W Inner	Clifton	FF602	Clifton Village pharmacy	10 Princess Victoria Street	BS8 4BP		Y	Y		
N& W Inner	Clifton Down	FNN87	Cotham pharmacy	3-5 Cotham Hill	BS6 6LD		Y			
N & W Outer	Henbury & Brentry	FWN32	Day Lewis pharmacy	1 Trevelyan Walk	BS10 7NY	Y				
N & W Outer	Southmead	FL842	Day Lewis pharmacy	5 Arnside Road	BS10 6AT	Y	Y	Y	Y	Y
N & W Outer	Lockleaze	FJ726	Jhoots pharmacy	3 Gainsborough Square	BS7 9XA					
N& W Inner	Stoke Bishop	FL623	Jhoots pharmacy	7 Druid Hill	BS9 1EW					
N& W Inner	Redland	FE606	Kellaway pharmacy	18 Kellaway Avenue	BS6 7XR		Y			
N & W Outer	Henbury & Brentry	FCM40	Lloyds Pharmacy	Bradgate surgery	BS10 6SP	Y	Y	Y		
N& W Inner	Clifton Down	FVX98	Lloyds Pharmacy	Whiteladies Medical Centre, Whatley Road	BS8 2PU	Y	Y			
N & W Outer	Avonmouth & Lawrence Weston	FRF67	Lloyds Pharmacy	62 Ridingleaze	BS11 0QB		Y			
N & W Outer	Avonmouth & Lawrence Weston	FNT56	Lloyds Pharmacy	Shirehampton Health Centre, Pembroke Road	BS11 9SB	Y	Y			
N & W Outer	Southmead	FR744	Lloyds Pharmacy	6 Arnside Road	BS10 6AT	Y	Y	Y		
N & W Outer	Southmead	FXP24	Lloyds Pharmacy	Greenway Centre, Doncaster Road	BS10 5PY	Y	Y			
N& W Inner	Westbury-on-Trym & Henleaze	FGP33	Lloyds Pharmacy	Westbury Medical Centre, Westbury Hill	BS9 3UJ	Y	Y			
N& W Inner	Westbury-on-Trym & Henleaze	FKV02	Lloyds Pharmacy	2 Charlecombe Court	BS9 3RL		Y			
N& W Inner	Westbury-on-Trym & Henleaze	FPV09	North View pharmacy	29 North View	BS6 7PT		Y			
N& W Inner	Bishopston & Ashley Down	FM723	Sood (Chemists) Ltd	1b Church Road	BS7 8SA	Y	Y			
N& W Inner	Clifton	FAJ92	The Regent Practice	13 Regent Street	BS8 4HW		Y	Y		
N & W Outer	Horfield	FHE93	Well pharmacy	36 Filton Road	BS7 0PB		Y			
N & W Outer	Lockleaze	FTW66	Well pharmacy	Horfield Health Centre, 10 Lockleaze Road	BS7 9RR					
N& W Inner	Stoke Bishop	FNV78	Well pharmacy	Sea Mills surgery, 2 Riverleaze	BS9 2HL	Y	Y			

Locality	Ward	F CODE	Name	Address	Postcode	Open after 6pm M-F	Open Sat AM	Open Sat All Day	Open Sunday	Open 100 hours per week
South										
South	Southville	FNW08	Asda pharmacy	East Street	BS3 4JY	Y	Y	Y	Y	Y
South	Hengrove & Whitchurch Park	FRD73	Asda pharmacy	Oatlands Avenue	BS14 0ST	Y	Y	Y	Y	Y
South	Bishopsworth	FWT18	Avicenna pharmacy	3a-4a St Peters Rise	BS13 7LU	Y	Y			
South	Filwood	FRA45	Badham pharmacy	45 Filwood Broadway	BS4 1JL		Y			
South	Southville	FA801	Boots pharmacy	94-96 East Gate	BS3 4EY		Y	Y		
South	Hartcliffe & Withywood	FE308	Boots pharmacy	Unit 5 Peterson Avenue	BS13 0BE		Y	Y		
South	Bishopsworth	FNK97	Boots pharmacy	Imperial Retail Park	BS13 7TJ	Y	Y	Y	Y	
South	Southville	FMQ67	Bedminster pharmacy	4-6 Cannon Street	BS3 1BN		Y			
South	Hengrove & Whitchurch Park	FHH76	Boots pharmacy	91 Ridgeway Lane	BS14 9PH					
South	Brislington West	FH206	Boots pharmacy	5 Langton Road	BS4 4EW	Y	Y			
South	Brislington East	FR029	Jhoots pharmacy	5 Avon Village	BS4 4WW	Y				
South	Bedminster	FLL30	Lloyds Pharmacy	Sainsbury's, Winterstoke Road	BS3 2NS	Y	Y	Y	Y	
South	Southville	FQQ77	Lloyds Pharmacy	244 North Street	BS3 1JD		Y	Y		
South	Hengrove & Whitchurch Park	FPQ26	Hengrove pharmacy	9 The Parade, Hengrove Lane	BS14 9DB		Y			
South	Southville	FX240	Lloyds Pharmacy	The Bedminster family practice, Regent Road	BS3 4AT	Y	Y	Y	Y	Y
South	Windmill Hill	FMC68	Lloyds Pharmacy	172 St John's Lane	BS3 5AR	Y	Y			
South	Bishopsworth	FXK21	Lloyds Pharmacy	90 Bishopsworth Road	BS13 7JR		Y			
South	Hartcliffe & Withywood	FCE52	Lloyds Pharmacy	135-137 Church Road	BS13 8JZ		Y			
South	Brislington West	FD554	Lloyds Pharmacy	33 Sandy Park Road	BS4 3PH		Y	Y		
South	Hartcliffe & Withywood	FWV10	Lloyds Pharmacy	94 Queens Road	BS13 8PQ		Y			
South	Filwood	FC455	Lloyds Pharmacy	William Budd Health Centre, 2 Knowle West Health Park, Downton Road	BS4 1WH	Y	Y			
South	Stockwood	FNP70	Lloyds Pharmacy	74-76 Hollway Road	BS14 8PG	Y	Y	Y		
South	Hengrove & Whitchurch Park	FJQ15	Lloyds Pharmacy	Whitchurch Health Centre, Armada Road	BS14 0SU	Y	Y	Y		
South	Knowle	FPA10	Lloyds Pharmacy	Broadwalk shopping centre, 335 Wells Road	BS4 2QB		Y			
South	Stockwood	FEA27	Stockwood pharmacy	78 Hollway Road	BS14 8PG	Y	Y	Y	Y	Y
South	Southville	FXM91	Superdrug pharmacy	44-46 East Street	BS3 4HD		Y	Y		
South	Knowle	FTV41	Superdrug pharmacy	Broadwalk Shopping Centre, 339-341 Wells Road	BS4 2QB		Y	Y		
South	Brislington West	FT056	Tesco pharmacy	Callington Road	BS4 5AY	Y	Y	Y	Y	
South	Southville	FVN17	Well pharmacy	90a North Street	BS3 1HF	Y				
South	Hartcliffe & Withywood	FWR01	Well pharmacy	Hartcliffe Health Centre, Hareclive Road	BS13 0JP	Y				
South	Windmill Hill	FLT92	Silverman Chemist	180a Wells Road	BS4 2AL		Y			

Source: NHS England June 2017

Appendix B: Services Commissioned by NHS England 2017-18

Inner City & East

Pharmacy	Contractor	Address1	Address2	Postcode	100 Hour Pharmacy	Distance-Selling Pharmacy	Included in Pharmacy Access Scheme	Electronic Prescription Service available	Access to Summary Care Record	Number of prescription fees paid	Of which items on electronic prescriptions	Elastic Hosiery items	Fees for Specified appliances requiring home delivery	Appliances requiring measuring and fitting	Medicines Use Reviews	New Medicines Service interventions	Appliance Use Reviews	Stoma Appliance Customisations	Flu Vaccinations
FVE72	Bastion Pharmacy Ltd	5 Frome Valley Road	Stapleton	BS16 1HD	No	No	Yes	Yes	Yes	81,303	38,562	0	£880	0	329	30	0	0	0
FXM29	Bestway National Chemists Ltd	306 Lodge Causeway	Fishponds	BS16 3RD	No	No	No	Yes	Yes	117,356	62,311	0	£2,331	0	233	13	0	0	39
FW301	Bestway National Chemists Ltd	143 St Michael's Hill	Kingsdown	BS2 8DB	No	No	No	Yes	Yes	39,912	15,600	2	£31	0	258	9	0	0	73
FQ826	Bestway National Chemists Ltd	St George Health Centre, Bellevue Road	St George	BS5 7PH	No	No	No	Yes	Yes	104,575	64,316	0	£990	0	404	98	0	0	131
FE060	Bhogals Ltd	79-81 St Marks Road	Easton	BS5 6HX	No	No	No	Yes	Yes	102,842	67,048	2	£297	2	118	4	0	0	288
FLQ56	Boots UK Ltd	59 Broadmead	Broadmead	BS1 3ED	No	No	No	Yes	Yes	107,879	22,762	6	£396	5	453	173	0	0	336
FP386	Boots UK Ltd	19-20 St Augustines Parade	The Centre	BS1 4UR	No	No	No	Yes	Yes	21,787	6,682	4	£92	0	0	0	0	0	0
FG461	Boots UK Ltd	Fishponds Health Centre, Beechwood Road	Fishponds	BS16 3TD	No	No	No	Yes	Yes	134,632	62,336	2	£944	24	401	215	0	0	16
FXN96	Boots UK Ltd	Unit 1 Avonmeads Retail Park	St Philips Causeway	BS2 0SP	Yes	No	No	Yes	Yes	60,124	20,873	12	£424	4	400	62	0	0	225
FGEO3	Boots UK Ltd	Eastgate Retail Park	Eastville	BS5 6XX	No	No	No	Yes	Yes	172,308	104,622	2	£6,237	9	131	14	0	0	32
FPL66	Boots UK Ltd	Wellspring Healthy Living Centre, Beam Street	Redfield	BS5 9QY	No	No	No	Yes	Yes	65,985	26,403	0	£600	13	400	40	0	0	48
FYE01	Boots UK Ltd	47-49 Gloucester Road	Bishopston	BS7 8AD	No	No	No	Yes	Yes	29,017	15,289	2	£123	1	203	40	0	0	59
FMV20	Boots UK Ltd	66 Queens Road	Clifton	BS8 1QU	No	No	No	Yes	Yes	32,886	11,365	2	£296	2	90	11	0	0	70
FG520	Easton Day Night Healthcare Ltd	192 Stapleton Road	Easton	BS5 0NY	Yes	No	No	Yes	Yes	79,647	30,660	0	£330	0	123	24	0	0	0
FJ162	Eastville Enterprises Ltd	East Trees Health Centre, 100a Fishponds Road	Eastville	BS5 6SA	No	No	No	Yes	Yes	59,724	29,172	2	£254	0	406	114	0	0	35
FXY23	Lloyds Pharmacy Ltd	40 Lanaway Road, Oldbury Court	Fishponds	BS16 2NN	No	No	No	Yes	Yes	56,992	31,751	2	£1,375	0	208	3	0	1	23
FK404	Lloyds Pharmacy Ltd	782-786 Fishponds Road	Fishponds	BS16 3TT	No	No	No	Yes	Yes	111,765	46,849	0	£1,041	0	341	26	0	16	31
FEP37	Lloyds Pharmacy Ltd	Lawrence Hill Health Centre, Seymour Road	Easton	BS2 0AN	No	No	No	Yes	Yes	94,611	20,834	4	£428	0	353	11	0	1	13
FQ002	Lloyds Pharmacy Ltd	Charlotte Keel Health Centre, Seymour Road	Easton	BS5 0UA	No	No	No	Yes	Yes	126,323	55,343	4	£549	1	400	136	0	7	30
FDY39	Lloyds Pharmacy Ltd	51 Clouds Hill Road	St George	BS5 7LE	No	No	No	Yes	Yes	65,460	28,427	0	£701	0	197	11	0	2	0
FN384	Lloyds Pharmacy Ltd	Air Balloon surgery, Kenn Road	St George	BS5 7PD	No	No	No	Yes	Yes	122,657	73,587	0	£1,042	0	399	87	0	4	34
FCP16	Lloyds Pharmacy Ltd	235 Church Road	Redfield	BS5 9HL	No	No	No	Yes	Yes	103,186	42,748	0	£836	0	326	29	0	27	158

Pharmacy	Contractor	Address1	Address2	Postcode	100 Hour Pharmacy	Distance-Selling Pharmacy	Included in Pharmacy Access Scheme	Electronic Prescription Service available	Access to Summary Care Record	Number of prescription fees paid	Of which items on electronic prescriptions	Elastic Hosiery items	Fees for Specified appliances requiring home delivery	Appliances requiring measuring and fitting	Medicines Use Reviews	New Medicines Service interventions	Appliance Use Reviews	Stoma Appliance Customisations	Flu Vaccinations
FW504	Lloyds Pharmacy Ltd	Montpelier Health Centre, Bath Buildings	Montpelier	BS6 5PT	No	No	No	Yes	Yes	109,481	22,279	4	£610	0	400	95	0	8	135
FEV24	P&P Healthcare Ltd	Unit 2, Avonmead House, 40-48 Stokes Croft	Stokes Croft	BS1 3QD	No	No	No	Yes	Yes	68,712	12,862	0	£105	0	343	0	0	0	54
FXJ63	Redcliffe Pharm Ltd	8 Waring House	Redcliffe	BS1 6TB	No	No	No	Yes	Yes	113,987	59,949	0	£8,635	1	24	0	0	0	112
FYQ42	S A Meghji	103 St Mark's Road	Easton	BS5 6HY	No	No	No	Yes	Yes	63,940	40,208	2	£547	6	85	12	0	0	0
FE066	Sood (Chemists) Ltd	23-25 Gloucester Road	Bishopston	BS7 8AA	No	No	No	Yes	Yes	39,788	26,528	2	£139	0	6	6	0	0	55
FJ494	St Mathias Ltd	The Old School surgery, Manor Road	Fishponds	BS16 2JD	No	No	No	Yes	Yes	239,105	7,758	4	£2,572	77	216	355	0	0	145
FVV06	Superdrug Stores plc	39-43 Broadmead	Broadmead	BS1 3EU	No	No	No	Yes	Yes	25,034	5,098	4	£71	0	132	1	0	0	42
FH449	Tasmia Pharmaceuticals Ltd	116 Stapleton Road	Easton	BS5 0PS	No	No	No	Yes	Yes	42,644	17,948	0	£321	0	73	0	0	0	0
FHN34	Wm Morrisons Supermarkets plc Pharmacy	668-718 Fishponds Road	Fishponds	BS16 3US	No	No	No	Yes	Yes	65,215	24,235	0	£322	10	140	9	0	0	26

North and West

Pharmacy	Contractor	Address1	Address2	Postcode	100 Hour Pharmacy	Distance-Selling Pharmacy	Included in Pharmacy Access Scheme	Electronic Prescription Service available	Access to Summary Care Record	Number of prescription fees paid	Of which items on electronic prescriptions	Elastic Hosiery items	Fees for Specified appliances requiring home delivery	Appliances requiring measuring and fitting	Medicines Use Reviews	New Medicines Service interventions	Appliance Use Reviews	Stoma Appliance Customisations	Flu Vaccinations
FG915	Tesco Stores Ltd	The Eastgate Centre	Eastville	BS5 6XU	No	No	No	Yes	Yes	75,987	43,917	2	£273	1	400	132	0	0	269
FG103	Avonmouth pharmacy Ltd	205 Avonmouth Road	Avonmouth	BS11 9EG	No	No	Yes	Yes	No	92,429	28,989	0	£2,308	0	277	51	0	0	196
FAG83	Bestway National Chemists Ltd	22a Lodgeside Avenue	Kingswood	BS15 1NH	No	No	No	Yes	Yes	116,775	47,450	0	£877	0	401	91	0	0	206
FHE93	Bestway National Chemists Ltd	36 Filton Road	Horfield	BS7 0PB	No	No	No	Yes	Yes	80,343	59,505	0	£346	0	166	5	0	0	28
FTW66	Bestway National Chemists Ltd	Horfield Health Centre, 10 Lockleaze Road	Horfield	BS7 9RR	No	No	No	Yes	Yes	147,592	100,302	12	£693	1	198	0	0	0	7
FNV78	Bestway National Chemists Ltd	Sea Mills surgery, 2 Riverleaze	Sea Mills	BS9 2HL	No	No	Yes	Yes	Yes	107,317	30,582	4	£278	0	117	31	0	0	0
FQ285	Boots UK Ltd	37 Southmead Road	Westbury-on-Trym	BS10 5DW	No	No	No	Yes	Yes	67,891	55,911	0	£598	1	104	31	0	0	110
FHC21	Boots UK Ltd	39 High Street	Shirehampton	BS11 0DX	No	No	No	Yes	Yes	66,257	25,723	12	£679	4	79	50	0	0	54
FNP44	Boots UK Ltd	9 Clifton Down Shopping Centre, Whiteladies Road	Clifton	BS8 2NN	No	No	No	Yes	Yes	47,229	16,844	2	£294	0	191	30	0	0	31
FJY62	Boots UK Ltd	112-114 Whiteladies Road	Clifton	BS8 2RP	No	No	No	Yes	Yes	27,666	16,284	0	£275	2	191	28	0	0	120
FHF65	Boots UK Ltd	55 Henleaze Road	Westbury-on-Trym	BS9 4JT	No	No	No	Yes	Yes	119,373	89,368	2	£1,206	10	375	114	0	0	166
FNN87	Daljit Limited	3-5 Cotham Hill	Cotham	BS6 6LD	No	No	No	Yes	Yes	49,124	28,592	0	£1,008	0	132	0	0	0	236
FL842	Day Lewis plc	5 Arnside Road	Southmead	BS10 6AT	Yes	No	No	Yes	Yes	127,312	62,695	0	£2,557	0	400	134	0	0	47
FA613	F B Downham Ltd	97-99 Ashley Down Road	Horfield	BS7 9JT	No	No	No	Yes	Yes	73,355	58,752	0	£1,140	6	64	13	0	0	55
FPV09	JJB Weekes	29 North View	Westbury Park	BS6 7PT	No	No	No	Yes	Yes	71,982	54,212	0	£907	0	400	80	0	0	102
FXP24	Lloyds Pharmacy Ltd	Greenway Centre, Doncaster Road	Southmead	BS10 5PY	No	No	No	Yes	Yes	118,255	102,498	4	£979	0	400	20	0	7	25
FR744	Lloyds Pharmacy Ltd	6 Arnside Road	Southmead	BS10 6AT	No	No	No	Yes	Yes	116,322	77,488	10	£1,215	0	400	36	0	6	73
FCM40	Lloyds Pharmacy Ltd	Bradgate surgery	Ardenton Walk	BS10 6SP	No	No	No	Yes	Yes	138,417	63,060	10	£1,586	1	400	41	0	49	94
FRF67	Lloyds Pharmacy Ltd	62 Ridingleaze	Lawrence Weston	BS11 0QB	No	No	No	Yes	Yes	162,282	62,270	2	£2,314	0	312	84	0	41	0
FNT56	Lloyds Pharmacy Ltd	Shirehampton Health Centre, Pembroke Road	Shirehampton	BS11 9SB	No	No	No	Yes	Yes	159,636	48,749	2	£1,203	1	399	104	0	0	158
FVX98	Lloyds Pharmacy Ltd	Whiteladies Medical Centre, Whatley Road	Clifton	BS8 2PU	No	No	No	Yes	Yes	79,393	38,231	26	£498	2	400	16	0	13	76
FKV02	Lloyds Pharmacy Ltd	2 Charlecombe Court	Westbury-on-Trym	BS9 3RL	No	No	No	Yes	Yes	59,452	34,905	2	£1,221	0	357	59	0	17	88

Pharmacy	Contractor	Address1	Address2	Postcode	100 Hour Pharmacy	Distance-Selling Pharmacy	Included in Pharmacy Access Scheme	Electronic Prescription Service available	Access to Summary Care Record	Number of prescription fees paid	Of which items on electronic prescriptions	Elastic Hosiery items	Fees for Specified appliances requiring home delivery	Appliances requiring measuring and fitting	Medicines Use Reviews	New Medicines Service interventions	Appliance Use Reviews	Stoma Appliance Customisations	Flu Vaccinations
FGP33	Lloyds Pharmacy Ltd	Westbury Medical Centre, Westbury Hill	Westbury-on-Trym	BS9 3UJ	No	No	No	Yes	Yes	88,863	69,816	0	£767	0	400	122	0	13	27
FE606	M J Williams Ltd	18 Kellaway Avenue	Horfield	BS6 7XR	No	No	No	Yes	Yes	46,141	37,470	0	£291	0	400	78	0	0	149
FW834	M Ramzan	176 Whiteladies Road	Clifton	BS8 2XU	No	No	No	Yes	Yes	83,778	49,905	0	£3,311	2	57	0	0	0	42
FRX89	Mayberry Pharmacy Ltd	Unit 9, St Andrews Trading Estate, Third Way	Avonmouth	BS11 9YE	No	Yes	No	Yes	No	3,075	2,745	0	£91	0	0	0	0	0	0
FF602	Mrs Opinder Manro	10 Princess Victoria Street	Clifton	BS8 4BP	No	No	No	Yes	Yes	46,481	34,773	2	£241	3	217	5	0	0	286
FAJ92	MS Pharmacy Ltd	13 Regent Street	Clifton	BS8 4HW	No	No	No	Yes	Yes	54,839	43,455	0	£479	1	0	0	0	0	46
FJ726	Pasab Ltd	3 Gainsborough Square	Lockleaze	BS7 9XA	No	No	No	Yes	Yes	72,027	55,706	6	£1,057	0	175	75	0	0	0
FL623	Pasab Ltd	7 Druid Hill	Stoke Bishop	BS9 1EW	No	No	No	Yes	Yes	36,377	23,093	0	£224	0	221	18	0	0	0
FM723	Sood (Chemists) Ltd	1b Church Road	Horfield	BS7 8SA	No	No	No	Yes	Yes	98,041	64,319	14	£796	0	92	0	0	0	0
FWN32	Willow Tree pharmacy Ltd	1 Trevelyan Walk	Henbury	BS10 7NY	No	No	No	Yes	Yes	80,209	59,408	8	£288	0	400	35	0	0	27

South

Pharmacy	Contractor	Address1	Address2	Postcode	100 Hour Pharmacy	Distance-Selling Pharmacy	Included in Pharmacy Access Scheme	Electronic Prescription Service available	Access to Summary Care Record	Number of prescription fees paid	Of which items on electronic prescriptions	Elastic Hosiery items	Fees for Specified appliances requiring home delivery	Appliances requiring measuring and fitting	Medicines Use Reviews	New Medicines Service interventions	Appliance Use Reviews	Stoma Appliance Customisations	Flu Vaccinations
FWT18	A M G Healthcare Ltd	3a-4a St Peters Rise	Bishopsworth	BS13 7LU	No	No	No	Yes	Yes	128,816	89,083	5	£1,006	0	392	254	0	0	269
FA396	ABSM Healthcare Ltd	Unit 3 Heston House, 7-9 Emery Road	Brislington	BS4 5PF	No	Yes	No	Yes	Yes	988	448	0	£17	0	1	0	0	0	0
FRD73	Asda Stores Ltd	Oatlands Avenue	Whitchurch	BS14 0ST	Yes	No	No	Yes	Yes	51,666	18,619	6	£248	0	389	11	0	0	85
FNW08	Asda Stores Ltd	East Street	Bedminster	BS3 4JY	Yes	No	No	Yes	Yes	59,105	16,007	6	£316	1	373	4	0	0	130
FRA45	Badham pharmacy Ltd	45 Filwood Broadway	Knowle	BS4 1JL	No	No	No	Yes	Yes	162,716	92,325	0	£864	7	398	81	0	0	148
FWR01	Bestway National Chemists Ltd	Hartcliffe Health Centre, Hareclive Road	Hartcliffe	BS13 0JP	No	No	No	Yes	Yes	206,885	68,505	0	£835	2	400	101	0	0	171
FVN17	Bestway National Chemists Ltd	90a North Street	Bedminster	BS3 1HF	No	No	No	Yes	Yes	70,660	25,540	6	£242	0	219	9	0	0	124
FE308	Boots UK Ltd	Unit 5 Peterson Avenue	Hartcliffe	BS13 0BE	No	No	No	Yes	Yes	110,011	44,352	2	£1,445	4	401	77	0	0	108
FNK97	Boots UK Ltd	Imperial Retail Park	Hartcliffe	BS13 7TJ	No	No	Yes	Yes	Yes	43,404	18,351	4	£237	2	242	52	0	0	237
FA801	Boots UK Ltd	94-96 East Gate	Bedminster	BS3 4EY	No	No	No	Yes	Yes	49,336	20,440	0	£468	4	197	42	0	0	159
FH206	Boots UK Ltd	5 Langton Road	St Anne's	BS4 4EW	No	No	No	Yes	Yes	82,443	28,583	2	£1,086	2	392	121	0	0	121
FQ729	Boots UK Ltd	91 Ridgeway Lane	Whitchurch	BS14 9PH	No	No	No	Yes	Yes	55,377	29,601	2	£545	0	420	85	0	0	114
FLT92	Daniel Martha & Samuel Ltd	180a Wells Road	Knowle	BS4 2AL	No	No	No	Yes	Yes	79,483	31,743	4	£458	2	183	171	0	0	134
FLE73	DrugsDirect Ltd	12 Emery Road	Brislington	BS4 5PF	No	Yes	No	Yes	Yes	13,764	9,083	0	£299	0	3	0	0	0	0
FPQ26	John Ware Ltd	9 The Parade, Hengrove Lane	Hengrove	BS14 9DB	No	No	No	Yes	Yes	59,843	30,592	0	£923	4	220	7	0	0	107
FXK21	Lloyds Pharmacy Ltd	90 Bishopsworth Road	Bedminster Down	BS13 7JR	No	No	No	Yes	Yes	109,117	76,746	10	£1,375	1	400	29	0	11	81
FCE52	Lloyds Pharmacy Ltd	135-137 Church Road	Bishopsworth	BS13 8JZ	No	No	No	Yes	Yes	107,972	57,913	0	£663	0	400	93	0	14	104
FWV10	Lloyds Pharmacy Ltd	94 Queens Road	Bishopsworth	BS13 8PQ	No	No	No	Yes	Yes	100,091	54,479	5	£656	0	375	73	0	14	93
FJQ15	Lloyds Pharmacy Ltd	Whitchurch Health Centre, Armada Road	Whitchurch	BS14 0SU	No	No	No	Yes	Yes	299,231	135,143	9	£4,823	4	399	337	0	76	873
FNP70	Lloyds Pharmacy Ltd	74-76 Hollway Road	Stockwood	BS14 8PG	No	No	No	Yes	Yes	148,921	112,345	6	£2,233	0	400	126	0	6	180
FQQ77	Lloyds Pharmacy Ltd	244 North Street	Ashton Gate	BS3 1JD	No	No	No	Yes	Yes	95,768	33,554	4	£2,157	0	224	11	0	43	104
FLL30	Lloyds Pharmacy Ltd	Sainsbury's, Winterstoke Road	Ashton	BS3 2NS	No	No	No	Yes	Yes	73,866	32,361	2	£475	2	120	40	0	0	227
FX240	Lloyds Pharmacy Ltd	The Bedminster family practice, Regent Road	Bedminster	BS3 4AT	Yes	No	No	Yes	Yes	150,600	43,071	3	£802	19	398	231	0	14	177

Pharmacy	Contractor	Address1	Address2	Postcode	100 Hour Pharmacy	Distance-Selling Pharmacy	Included in Pharmacy Access Scheme	Electronic Prescription Service available	Access to Summary Care Record	Number of prescription fees paid	Of which items on electronic prescriptions	Elastic Hosiery items	Fees for Specified appliances requiring home delivery	Appliances requiring measuring and fitting	Medicines Use Reviews	New Medicines Service interventions	Appliance Use Reviews	Stoma Appliance Customisations	Flu Vaccinations
FMC68	Lloyds Pharmacy Ltd	172 St John's Lane	Bedminster	BS3 5AR	No	No	No	Yes	Yes	142,744	61,325	4	£932	0	399	63	0	17	91
FC455	Lloyds Pharmacy Ltd	William Budd Health Centre, 2 Knowle West Health Park, Downton Road	Knowle	BS4 1WH	No	No	No	Yes	Yes	110,758	49,910	6	£1,036	2	393	95	0	14	90
FPA10	Lloyds Pharmacy Ltd	Broadwalk shopping centre, 335 Wells Road	Knowle	BS4 2QB	No	No	No	Yes	Yes	100,998	49,416	0	£1,009	0	358	83	0	30	85
FD554	Lloyds Pharmacy Ltd	33 Sandy Park Road	Brislington	BS4 3PH	No	No	No	Yes	Yes	84,032	27,566	0	£1,131	0	400	110	0	29	163
FMQ67	M J Williams Ltd	4-6 Cannon Street	Bedminster	BS3 1BN	No	No	No	Yes	Yes	77,526	21,323	0	£576	0	383	127	0	0	206
FEA27	Muhammad Tanveer	78 Hollway Road	Stockwood	BS14 8PG	Yes	No	No	Yes	No	111,483	80,863	2	£792	1	233	33	0	0	100
FR029	Pasab Ltd	5 Avon Village	St Anne's Park	BS4 4WW	No	No	No	Yes	Yes	55,051	20,714	4	£576	0	327	89	0	0	35
FXM91	Superdrug Stores plc	44-46 East Street	Bedminster	BS3 4HD	No	No	No	Yes	Yes	28,321	7,408	0	£326	0	125	4	0	0	14
FTV41	Superdrug Stores plc	Broadwalk Shopping Centre, 339-341 Wells Road	Knowle	BS4 2QB	No	No	No	Yes	Yes	84,045	47,195	2	£652	0	346	6	0	0	59
FT056	Tesco Stores Ltd	Callington Road	Brislington	BS4 5AY	No	No	No	Yes	Yes	83,226	40,256	0	£674	0	403	186	0	0	205

Source: NHS England June 2017

Appendix C: Services Commissioned by Public Health 2017-18

Inner City & East

Pharmacy	Contractor	Address1	Address2	Postcode	Locality	Sexual Health	Supervised Consumption	Alcohol BI (HLP only)	Stop Smoking: Voucher Only	Stop Smoking: Voucher and Service	Weight Management (HLP only)
FVE72	Bastion Pharmacy Ltd	5 Frome Valley Road	Stapleton	BS16 1HD	Inner & East	No	Yes	No	No	Yes	No
FXM29	Bestway National Chemists Ltd	306 Lodge Causeway	Fishponds	BS16 3RD	Inner & East	Yes	Yes	No	No	Yes	No
FW301	Bestway National Chemists Ltd	143 St Michael's Hill	Kingsdown	BS2 8DB	Inner & East	Yes	Yes	No	No	Yes	No
FQ826	Bestway National Chemists Ltd	St George Health Centre, Bellevue Road	St George	BS5 7PH	Inner & East	Yes	Yes	No	Yes	No	No
FE060	Bhogals Ltd	79-81 St Marks Road	Easton	BS5 6HX	Inner & East	Yes	Yes	No	No	Yes	No
FLQ56	Boots UK Ltd	59 Broadmead	Broadmead	BS1 3ED	Inner & East	Yes	Yes	No	No	Yes	No
FP386	Boots UK Ltd	19-20 St Augustines Parade	The Centre	BS1 4UR	Inner & East	Yes	Yes	No	Yes	No	No
FG461	Boots UK Ltd	Fishponds Health Centre, Beechwood Road	Fishponds	BS16 3TD	Inner & East	Yes	No	No	No	No	No
FXN96	Boots UK Ltd	Unit 1 Avonmeads Retail Park	St Philips Causeway	BS2 0SP	Inner & East	Yes	Yes	No	Yes	No	No
FGE03	Boots UK Ltd	Eastgate Retail Park	Eastville	BS5 6XX	Inner & East	Yes	Yes	No	Yes	No	No
FPL66	Boots UK Ltd	Wellspring Healthy Living Centre, Beam Street	Redfield	BS5 9QY	Inner & East	Yes	Yes	No	Yes	No	No
FYE01	Boots UK Ltd	47-49 Gloucester Road	Bishopston	BS7 8AD	Inner & East	Yes	Yes	No	No	Yes	No
FMV20	Boots UK Ltd	66 Queens Road	Clifton	BS8 1QU	Inner & East	Yes	Yes	No	Yes	No	No
FG520	Easton Day Night Healthcare Ltd	192 Stapleton Road	Easton	BS5 0NY	Inner & East	No	Yes	No	No	Yes	No
FJ162	Eastville Enterprises Ltd	East Trees Health Centre, 100a Fishponds Road	Eastville	BS5 6SA	Inner & East	Yes	Yes	Yes	No	Yes	Yes
FXY23	Lloyds Pharmacy Ltd	40 Lanaway Road, Oldbury Court	Fishponds	BS16 2NN	Inner & East	Yes	Yes	No	No	No	No
FK404	Lloyds Pharmacy Ltd	782-786 Fishponds Road	Fishponds	BS16 3TT	Inner & East	Yes	Yes	No	No	Yes	No
FEP37	Lloyds Pharmacy Ltd	Lawrence Hill Health Centre, Seymour Road	Easton	BS2 0AN	Inner & East	Yes	Yes	No	Yes	No	No
FQ002	Lloyds Pharmacy Ltd	Charlotte Keel Health Centre, Seymour Road	Easton	BS5 0UA	Inner & East	Yes	Yes	Yes	No	Yes	Yes
FDY39	Lloyds Pharmacy Ltd	51 Clouds Hill Road	St George	BS5 7LE	Inner & East	Yes	Yes	No	No	No	No
FN384	Lloyds Pharmacy Ltd	Air Balloon surgery, Kenn Road	St George	BS5 7PD	Inner & East	No	Yes	No	Yes	No	No
FCP16	Lloyds Pharmacy Ltd	235 Church Road	Redfield	BS5 9HL	Inner & East	Yes	Yes	No	No	Yes	No
FW504	Lloyds Pharmacy Ltd	Montpelier Health Centre, Bath Buildings	Montpelier	BS6 5PT	Inner & East	Yes	Yes	No	Yes	No	No
FEV24	P&P Healthcare Ltd	Unit 2, Avonmead House, 40-48 Stokes Croft	Stokes Croft	BS1 3QD	Inner & East	Yes	Yes	No	No	Yes	No
FXJ63	Redcliffe Pharm Ltd	8 Waring House	Redcliffe	BS1 6TB	Inner & East	Yes	Yes	No	No	Yes	No
FYQ42	S A Meghji	103 St Mark's Road	Easton	BS5 6HY	Inner & East	Yes	Yes	No	No	No	No
FE066	Sood (Chemists) Ltd	23-25 Gloucester Road	Bishopston	BS7 8AA	Inner & East	Yes	Yes	No	No	No	No
FJ494	St Mathias Ltd	The Old School surgery, Manor Road	Fishponds	BS16 2JD	Inner & East	Yes	Yes	Yes	No	Yes	Yes
FVV06	Superdrug Stores plc	39-43 Broadmead	Broadmead	BS1 3EU	Inner & East	Yes	Yes	No	No	Yes	No
FH449	Tasmia Pharmaceuticals Ltd	116 Stapleton Road	Easton	BS5 0PS	Inner & East	Yes	Yes	No	No	Yes	No
FHN34	Wm Morrisons Supermarkets plc Pharmacy	668-718 Fishponds Road	Fishponds	BS16 3US	Inner & East	Yes	Yes	No	No	Yes	No

Bristol North & West

Pharmacy	Contractor	Address1	Address2	Postcode	Locality	Sexual Health	Supervised Consumption	Alcohol BI (HLP only)	Stop Smoking: Voucher Only	Stop Smoking: Voucher and Service	Weight Management (HLP only)
FG915	Tesco Stores Ltd	The Eastgate Centre	Eastville	BS5 6XU	North & West	Yes	Yes	No	No	Yes	No
FG103	Avonmouth pharmacy Ltd	205 Avonmouth Road	Avonmouth	BS11 9EG	North & West	Yes	Yes	Yes	No	Yes	Yes
FAG83	Bestway National Chemists Ltd	22a Lodgeside Avenue	Kingswood	BS15 1NH	North & West	Yes	Yes	No	No	Yes	No
FHE93	Bestway National Chemists Ltd	36 Filton Road	Horfield	BS7 0PB	North & West	Yes	Yes	No	No	No	No
FTW66	Bestway National Chemists Ltd	Horfield Health Centre, 10 Lockleaze Road	Horfield	BS7 9RR	North & West	Yes	Yes	No	Yes	No	No
FNV78	Bestway National Chemists Ltd	Sea Mills surgery, 2 Riverleaze	Sea Mills	BS9 2HL	North & West	Yes	Yes	No	Yes	No	No
FQ285	Boots UK Ltd	37 Southmead Road	Westbury-on-Trym	BS10 5DW	North & West	Yes	Yes	No	Yes	No	No
FHC21	Boots UK Ltd	39 High Street	Shirehampton	BS11 0DX	North & West	Yes	Yes	No	No	Yes	No
FNP44	Boots UK Ltd	9 Clifton Down Shopping Centre, Whiteladies Road	Clifton	BS8 2NN	North & West	Yes	Yes	No	Yes	No	No
FJY62	Boots UK Ltd	112-114 Whiteladies Road	Clifton	BS8 2RP	North & West	Yes	No	No	No	No	No
FHF65	Boots UK Ltd	55 Henleaze Road	Westbury-on-Trym	BS9 4JT	North & West	Yes	No	No	No	No	No
FNN87	Dalyit Limited	3-5 Cotham Hill	Cotham	BS6 6LD	North & West	Yes	Yes	Yes	Yes	No	Yes
FL842	Day Lewis plc	5 Arnside Road	Southmead	BS10 6AT	North & West	Yes	Yes	Yes	No	Yes	Yes
FA613	F B Downham Ltd	97-99 Ashley Down Road	Horfield	BS7 9JT	North & West	Yes	Yes	Yes	No	Yes	Yes
FPV09	JJB Weekes	29 North View	Westbury Park	BS6 7PT	North & West	No	No	No	No	No	No
FXP24	Lloyds Pharmacy Ltd	Greenway Centre, Doncaster Road	Southmead	BS10 5PY	North & West	Yes	Yes	No	Yes	No	No
FR744	Lloyds Pharmacy Ltd	6 Arnside Road	Southmead	BS10 6AT	North & West	No	Yes	No	Yes	No	No
FCM40	Lloyds Pharmacy Ltd	Bradgate surgery	Ardenton Walk	BS10 6SP	North & West	Yes	Yes	No	Yes	No	No
FRF67	Lloyds Pharmacy Ltd	62 Ridingleaze	Lawrence Weston	BS11 0QB	North & West	Yes	Yes	No	Yes	No	No
FNT56	Lloyds Pharmacy Ltd	Shirehampton Health Centre, Pembroke Road	Shirehampton	BS11 9SB	North & West	Yes	Yes	Yes	No	Yes	Yes
FVX98	Lloyds Pharmacy Ltd	Whiteladies Medical Centre, Whatley Road	Clifton	BS8 2PU	North & West	Yes	Yes	Yes	No	Yes	Yes
FKV02	Lloyds Pharmacy Ltd	2 Charlecombe Court	Westbury-on-Trym	BS9 3RL	North & West	Yes	Yes	No	No	No	No
FGP33	Lloyds Pharmacy Ltd	Westbury Medical Centre, Westbury Hill	Westbury-on-Trym	BS9 3UJ	North & West	Yes	Yes	No	No	No	No
FE606	M J Williams Ltd	18 Kellaway Avenue	Horfield	BS6 7XR	North & West	Yes	Yes	No	No	Yes	No
FW834	M Ramzan	176 Whiteladies Road	Clifton	BS8 2XU	North & West	Yes	No	No	No	No	No
FRX89	Mayberry Pharmacy Ltd	Unit 9, St Andrews Trading Estate, Third Way	Avonmouth	BS11 9YE	North & West	No	No	No	No	No	No
FF602	Mrs Opinder Manro	10 Princess Victoria Street	Clifton	BS8 4BP	North & West	No	Yes	No	No	No	No
FAJ92	MS Pharmacy Ltd	13 Regent Street	Clifton	BS8 4HW	North & West	No	No	No	No	No	No
FJ726	Pasab Ltd	3 Gainsborough Square	Lockleaze	BS7 9XA	North & West	Yes	Yes	No	Yes	No	No
FL623	Pasab Ltd	7 Druid Hill	Stoke Bishop	BS9 1EW	North & West	Yes	Yes	No	No	Yes	No
FM723	Sood (Chemists) Ltd	1b Church Road	Horfield	BS7 8SA	North & West	No	Yes	No	No	Yes	No
FWN32	Willow Tree pharmacy Ltd	1 Trevelyan Walk	Henbury	BS10 7NY	North & West	Yes	Yes	No	No	Yes	No

Bristol South

Pharmacy	Contractor	Address1	Address2	Postcode	Locality	Sexual Health	Supervised Consumption	Alcohol BI (HLP only)	Stop Smoking: Voucher Only	Stop Smoking: Voucher and Service	Weight Management (HLP only)
FWT18	A M G Healthcare Ltd	3a-4a St Peters Rise	Bishopsworth	BS13 7LU	South	Yes	Yes	Yes	No	Yes	Yes
FA396	ABSM Healthcare Ltd	Unit 3 Heston House, 7-9 Emery Road	Brislington	BS4 5PF	South	No	No	No	No	No	No
FRD73	Asda Stores Ltd	Oatlands Avenue	Whitchurch	BS14 0ST	South	Yes	Yes	No	Yes	No	No
FNW08	Asda Stores Ltd	East Street	Bedminster	BS3 4JY	South	Yes	Yes	No	Yes	No	No
FRA45	Badham pharmacy Ltd	45 Filwood Broadway	Knowle	BS4 1JL	South	Yes	Yes	Yes	Yes	No	Yes
FWR01	Bestway National Chemists Ltd	Hartcliffe Health Centre, Hareclive Road	Hartcliffe	BS13 0JP	South	Yes	Yes	No	Yes	No	No
FVN17	Bestway National Chemists Ltd	90a North Street	Bedminster	BS3 1HF	South	Yes	Yes	No	No	Yes	No
FE308	Boots UK Ltd	Unit 5 Peterson Avenue	Hartcliffe	BS13 0BE	South	Yes	Yes	Yes	No	Yes	Yes
FNK97	Boots UK Ltd	Imperial Retail Park	Hartcliffe	BS13 7TJ	South	Yes	Yes	No	No	Yes	No
FA801	Boots UK Ltd	94-96 East Gate	Bedminster	BS3 4EY	South	Yes	Yes	No	No	Yes	No
FH206	Boots UK Ltd	5 Langton Road	St Anne's	BS4 4EW	South	Yes	Yes	No	No	No	No
FQ729	Boots UK Ltd	91 Ridgeway Lane	Whitchurch	BS14 9PH	South	No	Yes	Yes	No	Yes	Yes
FLT92	Daniel Martha & Samuel Ltd	180a Wells Road	Knowle	BS4 2AL	South	Yes	No	No	No	No	No
FLE73	DrugsDirect Ltd	12 Emery Road	Brislington	BS4 5PF	South	No	No	No	No	No	No
FPQ26	John Ware Ltd	9 The Parade, Hengrove Lane	Hengrove	BS14 9DB	South	Yes	Yes	No	Yes	No	No
FXK21	Lloyds Pharmacy Ltd	90 Bishopsworth Road	Bedminster Down	BS13 7JR	South	Yes	Yes	No	No	No	No
FCES2	Lloyds Pharmacy Ltd	135-137 Church Road	Bishopsworth	BS13 8JZ	South	Yes	Yes	No	No	Yes	No
FWV10	Lloyds Pharmacy Ltd	94 Queens Road	Bishopsworth	BS13 8PQ	South	Yes	Yes	Yes	No	Yes	Yes
FJQ15	Lloyds Pharmacy Ltd	Whitchurch Health Centre, Armada Road	Whitchurch	BS14 0SU	South	Yes	Yes	Yes	No	Yes	Yes
FNP70	Lloyds Pharmacy Ltd	74-76 Holloway Road	Stockwood	BS14 8PG	South	Yes	Yes	Yes	No	Yes	Yes
FQQ77	Lloyds Pharmacy Ltd	244 North Street	Ashton Gate	BS3 1JD	South	Yes	Yes	No	Yes	No	No
FLL30	Lloyds Pharmacy Ltd	Sainsbury's, Winterstoke Road	Ashton	BS3 2NS	South	Yes	Yes	No	No	Yes	No
FX240	Lloyds Pharmacy Ltd	The Bedminster family practice, Regent Road	Bedminster	BS3 4AT	South	Yes	Yes	No	Yes	No	No
FMC68	Lloyds Pharmacy Ltd	172 St John's Lane	Bedminster	BS3 5AR	South	Yes	Yes	No	Yes	No	No
FC455	Lloyds Pharmacy Ltd	William Budd Health Centre, 2 Knowle West Health Park, Downton Road	Knowle	BS4 1WH	South	Yes	Yes	No	Yes	No	No
FPA10	Lloyds Pharmacy Ltd	Broadwalk shopping centre, 335 Wells Road	Knowle	BS4 2QB	South	Yes	Yes	No	Yes	No	No
FD554	Lloyds Pharmacy Ltd	33 Sandy Park Road	Brislington	BS4 3PH	South	Yes	Yes	No	No	No	No
FMQ67	M J Williams Ltd	4-6 Cannon Street	Bedminster	BS3 1BN	South	Yes	Yes	Yes	No	Yes	Yes
FEA27	Muhammad Tanveer	78 Holloway Road	Stockwood	BS14 8PG	South	Yes	Yes	Yes	No	Yes	Yes
FR029	Pasab Ltd	5 Avon Village	St Anne's Park	BS4 4WW	South	Yes	Yes	No	No	Yes	No
FXM91	Superdrug Stores plc	44-46 East Street	Bedminster	BS3 4HD	South	Yes	Yes	No	Yes	No	No
FTV41	Superdrug Stores plc	Broadwalk Shopping Centre, 339-341 Wells Road	Knowle	BS4 2QB	South	Yes	Yes	No	No	Yes	No
FT056	Tesco Stores Ltd	Callington Road	Brislington	BS4 5AY	South	No	Yes	No	No	Yes	No

Source: Public Health, BCC, June 2017

Appendix D: Communications and Consultation Plan

Background and context

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on local health needs and population demographics. The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. There is a legal requirement for the HWB boards to publish the PNA before 31 March 2018

PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England (NHSE) and clinical commissioning groups (CCGs).

Communications and consultation context and scope

This document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

There is a need for the HWB to understand;

- Local people and their representatives affected by the service;
- Existing pharmacy services/community based providers;
- Patients affected by possible new services in the area;
- Patient services and formal complaints; and
- Other key stakeholders (specifically identified groups: Gypsy and Traveller Community, young people)

The information from these can then be used to inform the final PNA document.

Prior to publication of the final document, a formal consultation on a draft version needs to take place. There is a statutory requirement for this to last for a minimum of 60 days. Neighbouring authorities have suggested that the consultation period runs at the same time in each area to avoid possible confusion – it will therefore start for the public on 4th September 2017 for 12 weeks

The steering group decided that it was important to assess the value in providing a variety of services from pharmacies even though technically out of scope of the legal requirements for this consultation and final document. This needs careful presentation in the document to ensure a distinction in legal obligation and recommendations outside of the legal obligation.

Summary of Timelines

Phase	Timing	Requirements
Initiation	January – April 2017	Draft project plan and identify resources. Agree work stream plans and timelines. Establish terms of reference and membership of project group and steering group. Update the Bristol Health and Wellbeing Board.
Information gathering	April- June 2017	Gathering information through work streams for locality profiles; pharmacy services; views of the public (Phase 1 and possible phase 2 for targeted groups); stakeholder views (informal consultation events if required – possibly travellers, young people, and homeless).
Synthesis and drafting	June – August 2017	Bring together results from work streams. Analyse and write up as draft PNA.
Formal public consultation	4th September – 27th November 2017	Public consultation on draft PNA. Develop responses to consultation.
Finalise and publish PNA	December 2017 – February 2018	Produce and agree final PNA, submit to Bristol HWB for sign off and publication no later than first week of March 2018.

Key Audiences for formal consultation

The regulations state that: When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services
- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area;
- any NHS trust or NHS foundation trust in its area;
- NHS England;
- any neighbouring HWB.

The following groups of people can also be formally consulted on the draft PNA.

- General public
- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Neighbouring CCGs

- Local Voluntary Groups
- Scrutiny Committee
- Social services
- Key equalities groups
- Groups including Gypsy and Traveller group, young people, homeless people through more targeted sessions

Consultation engagement

Key considerations

- The use of pharmacies within Bristol by residents outside of Bristol, and the use of border pharmacies by Bristol residents
- Targeting equalities groups who make use of pharmacies but can't be reached in traditional ways during the formal consultation period

There will be two phases:

Phase 1 – Citizen's panel and desk research

Phase 2 – formal consultation (including target groups)

**Action plan
Phase 1**

Actions	timescale	who	Completed?
Public engagement report – from academic/policy literature	April - May 2017	CM	
Citizen's Panel questionnaire	April - May – results available May 2017	MR/JG	
Gather existing research and engagement outcomes including: Existing research with young people Existing research in relation to specific equality groups Complaints	June 2017	BC	
Consultation with Pharmacies	May 2017	NHSE	
Mapping of pharmacies and their services	June 2017	JT	

**Analysis and drafting of document – June/July/August
Consultation documents**

Main document, questionnaire, background papers (including initial research summary, consultation plan, Equalities Impact Assessment, coverage maps) on website at BCC consultation hub
Questionnaire available on request and at key venues across the city i.e. doctor's surgeries, NHS locations
Full version, background papers, maps available on request in paper form (printed on request)

Phase 2 – formal consultation

Audience	Actions	timescale	cost	who
All	Full document to be available for stakeholder consultation by end August	Ready by end August for consultation start date of 4th Sept	0	BC/RM
All	questionnaire	September		SB (S Glos)
	Promotion			
General public	Ask Bristol newsletter to 11,000 people		0	MR
General public/users of pharmacies/patients	Electronic Posters for display at pharmacies/doctor's surgeries, hospital receptions, community centres etc.	September		JG to produce, BCC to e-mail to BCC outlets, LPC to pharmacies, CCG/NHS to doctors' surgeries, hospitals etc.
General public	Article in Our city online and NHS publications/newsletters		0	JG to draft
Patients/public	Article in patient newsletters/communications Partners to advise on deadline dates for their publications		0	JG to do initial draft, partners to distribute
General public	Article for community newsletters, VOSCUR etc.		0	BCC communications team
General public	Press release		0	BCC media team (or joint with neighbouring LAs)
All	BCC Website - (see below for documents) – documents available on consultation hub		0	MR
All	Partner websites - Information on websites directing people to consultation hub		0	partners
Stakeholders	e-mail to all stakeholders with link to		0	Through all

	documents, for their response and to circulate through their channels			partner mailing lists, Healthwatch
General public	Social media promotion of the consultation on BCC and partner channels	September - November	0	AM – plus partner social media sites
Internal council staff	Internal news release linking to consultation pages	Mid-September	0	JG/internal communications team
Partners internal staff	Partner internal channels	Mid-September	0	JG to provide information – partners to action
MPs and councillors	Information to make them aware of survey and link to online documents	September	0	BC/RM
Local voluntary, health and community faith groups	E-mail with link to consultation pages	September	0	Partner groups
Council tenants	Info in BCC housing news – news in brief	September/October	0	JG to send
Key target groups				
Travellers	S Glos to provide	September/October		SB
Equalities groups	(Equalities team to recommend best avenues to engage)		Small cost for refreshments	Equalities Team
Homeless/rough sleepers	e-mail to homeless charities and hostels for response.	September/October	Small cost for refreshments	TBA
Young people	Mystery Shopping Survey Youth Mayor	June September/October	Small cost for materials	JG/MR

Appendix E: Equality Impact Assessment



Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	Bristol Pharmaceutical Needs Assessment 2018
Directorate and Service Area	Public Health
Name of Lead Officer	Barbara Coleman

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

<p>1.1 What is the proposal?</p> <p>This is an Equality Impact Assessment for the Bristol Pharmaceutical Needs Assessment (PNA). Bristol City Council Health and Wellbeing Board (HWB) has a statutory responsibility to assess needs for pharmaceutical services in its area. It must publish its assessment by April 2018.</p> <p>The Pharmaceutical Needs Assessment (PNA) assesses how well existing services meet health needs of the people of Bristol for essential pharmaceutical services. The Bristol Pharmaceutical Needs Assessment (PNA) is a report that provides an up to date statement of the needs for pharmaceutical services of the local population. The PNA identifies all the existing pharmaceutical services in Bristol, which are mapped to compare the level of provision with the demand of local people.</p> <p>The Bristol PNA will be used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. It will be used by NHS England North (South West) team to inform decisions on future pharmaceutical commissioning intentions and when they consider applications for new or relocated premises. NHS Bristol Clinical Commissioning Group (CCG) and Bristol City Council may also use it when determining needs to commission services that might be provided by local pharmaceutical services.</p> <p>The policy objective is to manage the supply of pharmaceutical services (medicines and appliances) in order to align provision with local needs, and in particular ensure adequate service provision in areas of lower demand. Achievement of this objective would increase patient and consumer benefits by aligning services more closely with the requirements and needs of local populations.</p>
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Step 2: What information do we have?

Decisions must be evidence-based and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

<p>2.1 What data or evidence is there which tells us who is, or could be affected?</p> <p>Prior to the draft consultation document being produced research was carried out to gain a greater understanding of the pharmaceutical needs of the local population.</p> <ul style="list-style-type: none"> A scoping review was carried out to find out what academic and policy literature could tell us about the needs of the public for community pharmaceutical services

- A survey of Bristol residents' opinions on pharmacy services was conducted, using the BCC Citizens' Panel - sent to 2,265 panellists in April 2017 who represent the demographic of the city. A total of 498 people responded, a 21.9% response rate.
- Patient groups' opinions and complaints were requested from Healthwatch Bristol (no negative comments received)
- Information was sought from all community pharmacies detailing their opening hours and the services they provide (i.e. home delivery, wider health services etc.)
- In addition detailed mapping of where local pharmacies were situated was carried out to identify any geographical gaps
- Past research conducted into the use of pharmacies was used to inform the draft PNA – this included information from young people and with drug users

The draft Bristol PNA will be consulted on from 4th September - 27th November 2017 to fit with the Bristol Compact requirements and to coincide with consultations taking place on neighbouring authority PNAs. The background investigation and the formal consultation will look at satisfaction with access to pharmacies and whether their distribution and service provision meet local needs. It will also look at the most important factors for people in accessing pharmacies and the services they need. A particular emphasis will be placed on obtaining views from a number of equalities groups where insufficient information is available about their needs prior to the formal consultation period. Please see the results from this consultation, which are included at Appendix J.

From the literature review the following factors were considered important

- Longer opening hours
- Good relationship with a doctor's surgery
- Continuity of care – trust - same pharmacist, staff etc.
- Location (close to home or doctor's surgery)
- Hours of operation
- Length of wait for service
- Having medication in stock

The citizen's panel results had some similarities. The most important factors were:

Close to work	96%
Close to shopping centre	86%
Adequate waiting area	84%
Free parking nearby	74%
Home delivery	73%
Medication in stock	59%
Weekend opening hours	58%
Close to GP	42%

The most important services to have available at your local community pharmacy were:

Advice on minor illnesses or injuries	81%
Advice on medicines prescribed to you	79%
Prescription made up ready for you to collect	78%
Private consultation room available	68%
Advice on managing long term illnesses	58%
Health tests e.g. cholesterol	53%

The majority of respondents (77%) were either “satisfied” (29%) or very satisfied (48%) with their local community pharmacy. Only 7% said they were dissatisfied.

Pharmacy in England Building in Strengths Delivering the Future 2009 indicated that women are among the most frequent users of pharmacies. It also indicated that if gender and age are considered together, the highest frequency pharmacy users are females aged 35-74 and males aged over 55. Males aged 16- 24 use pharmacies the least. Gender, age, speaking English as a main language and having a long-term condition or disability are all key drivers of pharmacy usage, in that order.

The following table shows equalities profile of respondents to the Citizens’ Panel survey.

There were respondents from all 34 of the 34 wards

The health profile within the draft PNA provides statistical analysis on Equalities Groups but more information on the experiences of local people from Equalities Groups would be beneficial.

Table 1 Demographics of Responders to Citizens Panel Survey 2017

Age	Number	% Survey	% Bristol
0-17 years		0	20.4
18-64 years		63.3	66.5
65 years and over		36.7	13
Total			100
Gender			
Male	217	43.6	49.8
Female	280	56.4	50.2
Ethnicity			
White British	449	90.1	77.9
Other white	25	5.1	6.1
Black and minority ethnic group	24	4.8	16
*Religion			
Yes	285	57.3	54.5
No		46	37.4
Not stated			8.1
Disability			
Day-to-day activities limited	87	17.4	16.7
Day-to-day activities not limited		83.6	83.3
Sexual orientation			
LGBT			6 (England & Wales)
*Religion breakdown			
Buddhist	3	0.6	
Christian	183	37	
Jewish	3	0.6	
Muslim	10	0.2	
Sikh	2	0.4	
Other / none	297	60	

Table 2 Equalities key statistics for Bristol, from 2011 Census.

Age	Number	%	England & Wales %
0-17 years	87,503	20.4	21.3
18-64 years	284,859	66.5	62.2
65 years and over	55,872	13.0	16.4
Total population	428,234	100.0	100.0
Gender			
Male	213,071	49.8	49.2
Female	215,163	50.2	50.8
Ethnicity			
White British	333,432	77.9	80.5
Other White	26,160	6.1	5.5
Black and minority ethnic group	68,642	16.0	14.0
Religion			
Yes	233,234	54.5	67.7
No	160,218	37.4	25.1
Not stated	34,782	8.1	7.2
Disability			
Day-to-day activities limited	71,724	16.7	17.9
Day-to-day activities not limited	356,510	83.3	82.1
Sexual orientation [1]			
LGBT			6%

Sources:
 ONS 2011 Census Crown Copyright 2012
 [1] Stonewall Index - national data only

Following the initial research the draft PNA was produced. The consultation will make efforts to get information from groups considered to be under-represented in the data sets available from the previous research, or who the steering group identified as having specific needs that they might not be fully aware of. This may include:

- Young people
- Pregnancy and maternity
- Black and Minority Ethnic Groups
- LGBT individuals
- People from minority religious groups

- Gypsy and Traveller Community
- Older people
- Homeless

Responses were sought from all the groups identified above (see full list of organisations at Appendix H). Agencies and organisations representing some of the above groups were asked to respond. Groups were asked if they would like someone to attend meetings. Members from the public health team attended the Healthwatch Bristol Advisory Group Open Event which was attended by a wide range of equality groups.

2.2 Who is missing? Are there any gaps in the data?

Although the response level was relatively low, the circulation of the document was to a wide range of organisations to ensure we offered an opportunity for these groups to comment.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

The following activities have been included in the background research and the consultation:

- A survey of Bristol residents' opinions on pharmacy services was conducted, using the BCC Citizens' Panel - sent to 2,265 panellists in April 2017 who represent the demographic of the city. A total of 498 people responded, a 21.9% response rate.
- Patient groups' opinions and complaints were requested from Healthwatch Bristol (no negative comments received)
- The draft Bristol PNA was consulted on from 4th September - 27th November 2017 to fit with the Bristol Compact requirements and to coincide with consultations taking place on neighbouring authority PNAs (North Somerset and South Gloucestershire). The results from the survey are included in Appendix J. The consultation was publicised on the Bristol City Council Consultation hub and hosted on partnership organisations websites.
- As part of the consultation, young mums from Gypsy and Traveller families were asked for their views. Although they felt the pharmacies provided a good service in terms of medication dispensing, they did not seem to know about other services that pharmacies can offer.
- The Healthwatch Bristol Advisory Group asked us to attend their Open Event to gain views from their members. The event was attended by a wide range of equality groups. Members were invited to request attendance at any relevant meetings during the consultation period.

The following Statutory consultees were invited to comment during the formal consultation:

- Local Pharmaceutical Committee members
- Local Medical Committee
- Any persons on the pharmaceutical lists
- Any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services
- Healthwatch Bristol
- All NHS trusts and NHS foundation trusts within Bristol
- NHS England North (South West)
- Bristol Clinical Commissioning Group
- Neighbouring HWBs
- VOSCUR

This was in addition to the list of organisations included in Appendix H.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?
<p>There will be no direct adverse effects of the Bristol PNA. The distribution of pharmacies, with the addition of delivery services at the vast majority of pharmacies, and the growth in online pharmacies means that access to services is good for all groups.</p> <p>The following comments were received which, whilst beyond the scope of the PNA, can be raised with appropriate agencies for action.</p> <ul style="list-style-type: none">• Greater support to meet the needs of the elderly, who may not have use of a car and are more likely to need the services of a pharmacy• Those with long term conditions rely on having good pharmaceutical, accessible provision• People with hearing impairments need to be able to communicate with the pharmacy staff• One consultee mentioned the need for staff to be able to communicate in other languages in some areas of Bristol
3.2 Can these impacts be mitigated or justified? If so, how?
<p>There is no specific detrimental impact for any group, but the issues raised in 3.1 above will be referred to the relevant agencies to action. However the following recommendations have been made:-</p> <ul style="list-style-type: none">• Increase awareness of how to find out about opening hours. All local healthcare commissioners and providers are asked to help publicise and use sources of information on 'where to find information on your nearest pharmacy and opening hours' e.g. through NHS Choices and the 111 service. This includes asking frontline healthcare staff to advise patients needing immediate access to a dispensing service out of hours.• Make reasonable adjustments to address specific needs. Avon Local Pharmaceutical Committee is asked to publicise the findings of this PNA to local pharmacists, specifically the need for information to be provided in formats that are useful for people with hearing impairments and people with language barriers. The use of hearing loops for example might be appropriate.• NHS England is asked to emphasise to contractors the importance of compliance with the 2010 Equalities Act including making reasonable adjustments to meet the needs of people with protected characteristics. Staff training on meeting information needs, providing aids and guiding people with sight impairment should be strongly encouraged to support compliance
3.3 Does the proposal create any benefits for people with protected characteristics?
<p>It highlights the benefits of the growth in multiple ways to get dispensed medicines. There has been an increase in home delivery, which benefits vulnerable, elderly and disabled groups. The growth in digital technology will help to facilitate easier requests for medicines.</p>
3.4 Can they be maximised? If so, how?
<p>Through encouragement of increased use of digital technology.</p>

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?
The Bristol PNA Steering Group have taken particular care in the development of the PNA to understand the impact of pharmaceutical services, particularly travel and opening hours, in the development of this plan.
4.2 What actions have been identified going forward?
To monitor demographic change and ensure the PNA remains fit for purpose over its 3 year lifespan. It is not anticipated that there will need to be a change within the 3 year period, based on current population projections.
4.3 How will the impact of your proposal and actions be measured moving forward?
The PNA will be reviewed formally again after 3 years and will be reviewed informally every year by the Steering Group who will report to the Health & Wellbeing Board.

Service Director Sign-Off:	Equalities Officer Sign Off:
Date:	Date:

Appendix F: Scoping Review

Purpose

This briefing reports an update to the review conducted for the 2014 PNA of academic or policy literature relating to patient or public preferences when accessing local community pharmacy services

Methods

This is a scoping review and is not intended to be a systematic search for literature; therefore the search strategy lacked sensitivity and it may be that some significant publications were not identified.

Repeats of searches conducted in 2014 were undertaken utilising NICE Evidence web portal, Embase, Medline and HMIC electronic bibliographic databases together with Google Scholar search engine. Citation searches of any relevant articles were undertaken as were citation searches of key documents found in 2014. Searches were limited to UK literature only; 2015 – 2017.

Findings

Patient or public preferences or practices when accessing pharmacy services

The last review failed to find any studies that explicitly explored UK patient or public preferences or practices when accessing pharmacy services or which factors influence their decision to visit a community pharmacy.

Since then a number of relevant studies to understand preferences for pharmacy services have been published, but the majority of these studies examined the key attributes that influence patients' selection of pharmacy using surveys, opinion polls or satisfaction instruments, methods of data collection highly prone to flaws and biases. These studies are therefore limited in their ability to identify the relative importance of the different characteristics of a service or the drivers of satisfaction. Additionally, many of these studies were conducted by the same study group indicating possible multiple testing of data derived from the same small sample.

There is now very limited data indicating that, when considering pharmacy services in general, the public places greatest emphasis on long opening hours and a pharmacy with a good relationship with their doctor's surgery. Factors such as using the same pharmacy, independent ownership, and personal knowledge of the pharmacist are also important as are a trusting relationship between patients and pharmacy personnel. Convenience (i.e., location, hours of operation, wait time, stock availability, and layout) also ranked as one of the top preferences.

There is also limited survey data suggesting that for those seeking selected pharmacy public health services, they value a pharmacy near to home or doctor's surgery, due to convenience of access. Personal recommendation by health professionals or family/friends is most likely to encourage service uptake.

Further limited survey data suggest that, when seeking help for minor ailments or treatment for flu-like symptoms, offering community pharmacy services that help people to better understand and manage symptoms, are provided promptly by trained staff who are friendly and approachable, and in a local setting with easy access to parking, has the potential to increase uptake amongst those seeking help

Awareness and use of services/extended role

Limited survey data show that patients are unaware of new national services provided by community pharmacists that are designed to support people using medicines (Medicine Use Reviews (MUR) and New Medicines Service (NMS)), but that their expectations of benefit and willingness to use them is high, despite the perception of pharmacists that the public would not want to wait for an informal discussion or to make appointments for formal services.

Additionally, data continues to show that the general public has been slow to utilise pharmacy public health services but are receptive to these services. General public with specific health needs show a greater willingness to use services specific to their problems although some data suggest that community pharmacy as a resource for self-care support of long term conditions (LTCs) is limited and primarily focussed on medicines supply. This is at odds with the recently published *Community Pharmacy: Forward View* which places at its heart community pharmacy as “the facilitator of personalised care for people with long-term conditions” and “the neighbourhood health and wellbeing hub” as well as “the trusted, convenient first port of call for episodic healthcare advice and treatment” Qualitative data suggests that the experience of developing a trusting relationship with the pharmacist is an important consideration in the context of community pharmacy accessibility. This could be an important consideration when a person uses a community pharmacy to access a public health service. There is also a perceived lack of awareness among the general public about the extended role of community pharmacy; this is a potential barrier toward people using them.

Report prepared by Christina Maslen

Senior Public Health Principal: Evidence and Economics

Public Health, Bristol City Council

Appendix G: Citizen Panel Results 2017

Introduction

Bristol Citizens' Panel is currently made up of 2,265 people.

Individuals had been invited at random to join the panel and then selected on the basis of age, gender, ethnicity, disability and where they live so the panel would mirror the demographics of the city.

520 members or 23 percent receive a paper or large print survey in the post with the remaining 77 percent or 1745 members completing the most recent survey online.

Questionnaires have been issued to panel members approximately 3 or 4 times a year. Questions come from within the council, the local health authority, police, Bristol universities, and other local organisations.

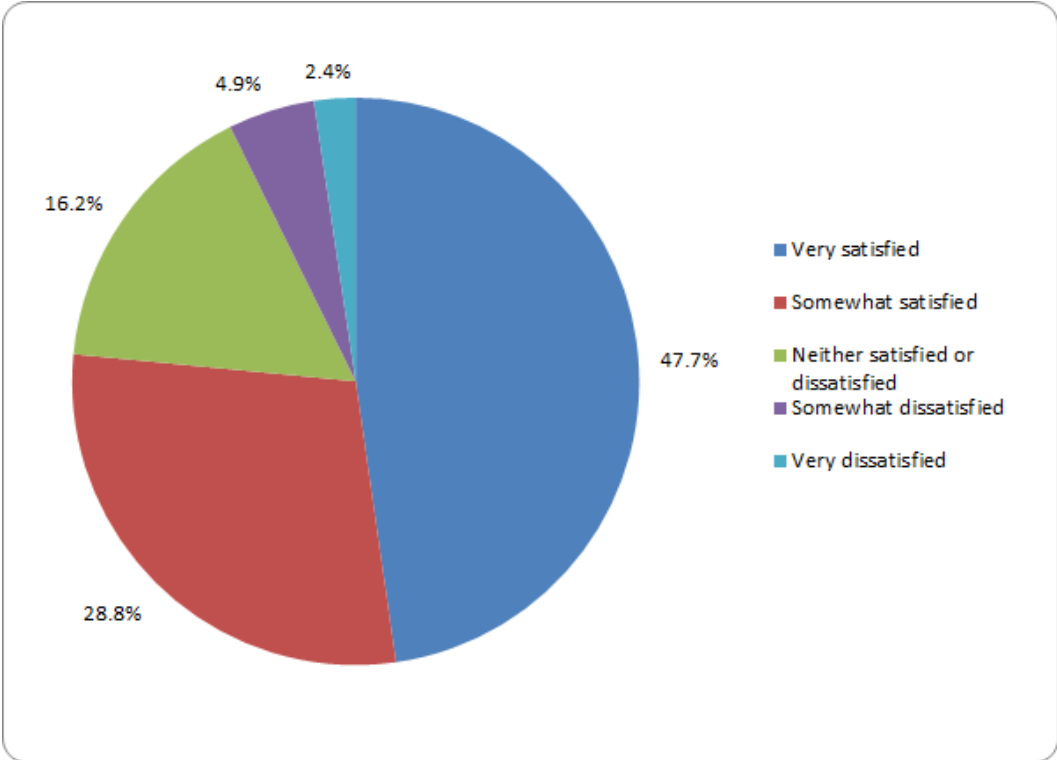
Of course not every panel member regularly answers every questionnaire that is sent to them, so we used to invite more participants every couple of years and replace panel members who no longer actively participated.

Note - Due to BCC funding restrictions this “refresh” process has been on hold for the last few years and is now very overdue. The Panel will be significantly changed in July/Aug 2017 with many new contacts adding, so all the below Demographic information will change. It will also become online contact only. This will significantly reduce both the cost and operational resource required to run a Citizen Panel survey, and we will also implement a continual online refresh process for the panel in future.

Secondary Note:

As these questions were within a larger survey the numbering of this survey commences from Question 24.

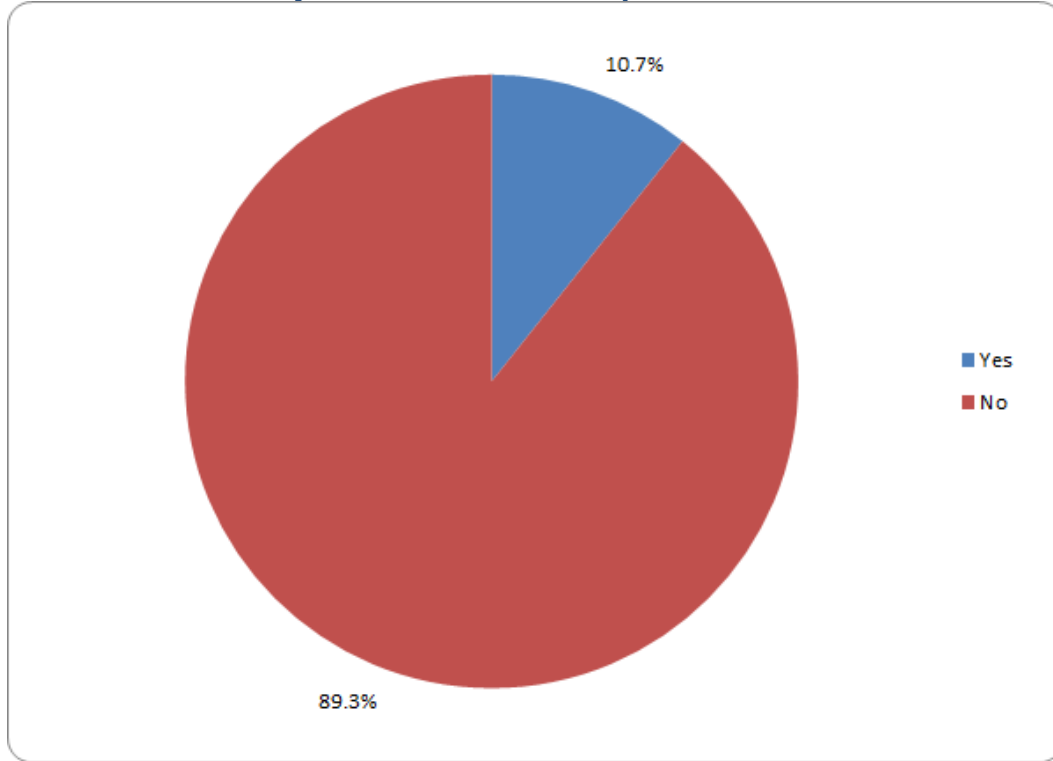
Question 24. How satisfied are you with your local community pharmacy?



Page 223

Satisfaction rating	Percent	Total
Very satisfied	47.7%	242
Somewhat satisfied	28.8%	146
Neither satisfied or dissatisfied	16.2%	82
Somewhat dissatisfied	4.9%	25
Very dissatisfied	2.4%	12

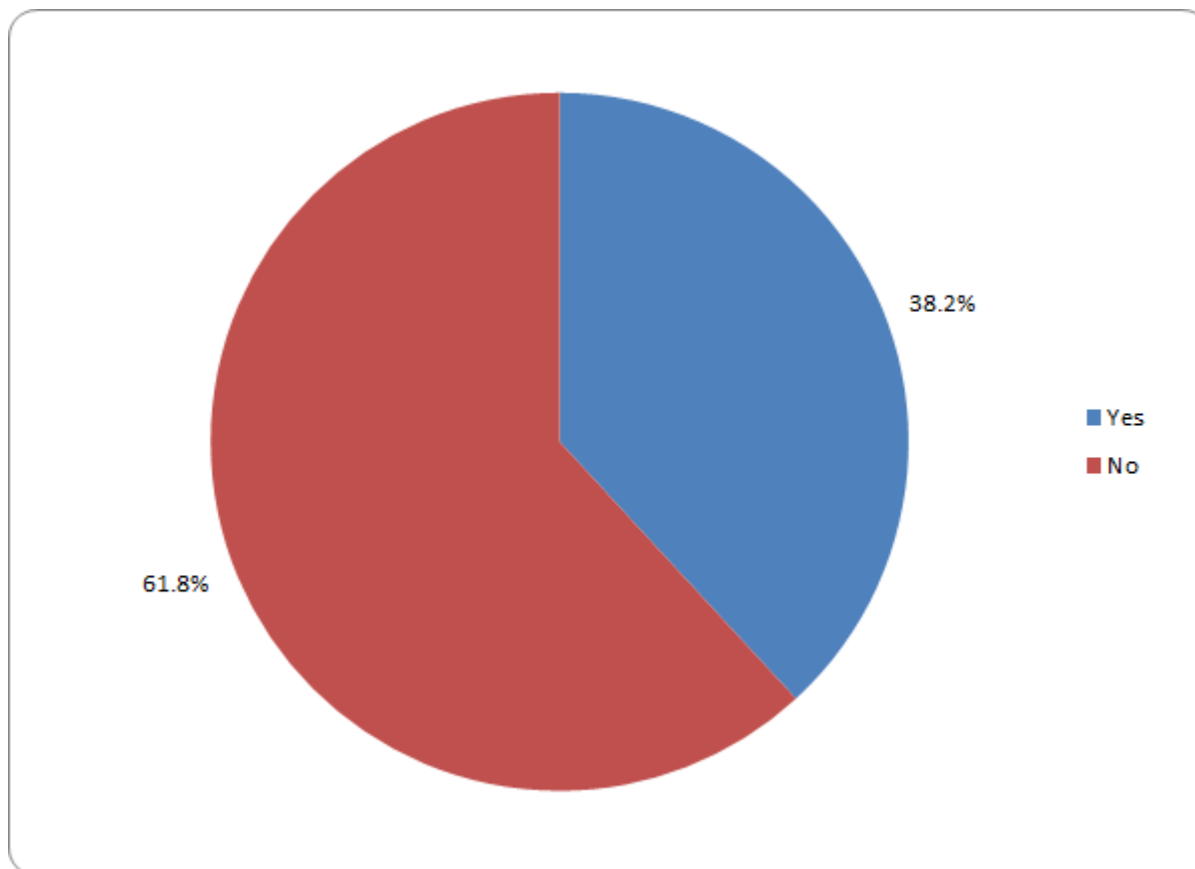
Question 25. Have you ever used online pharmacies?



Page 224

Used pharmacies?	Percent	Total
Yes	10.7%	54
No	89.3%	451

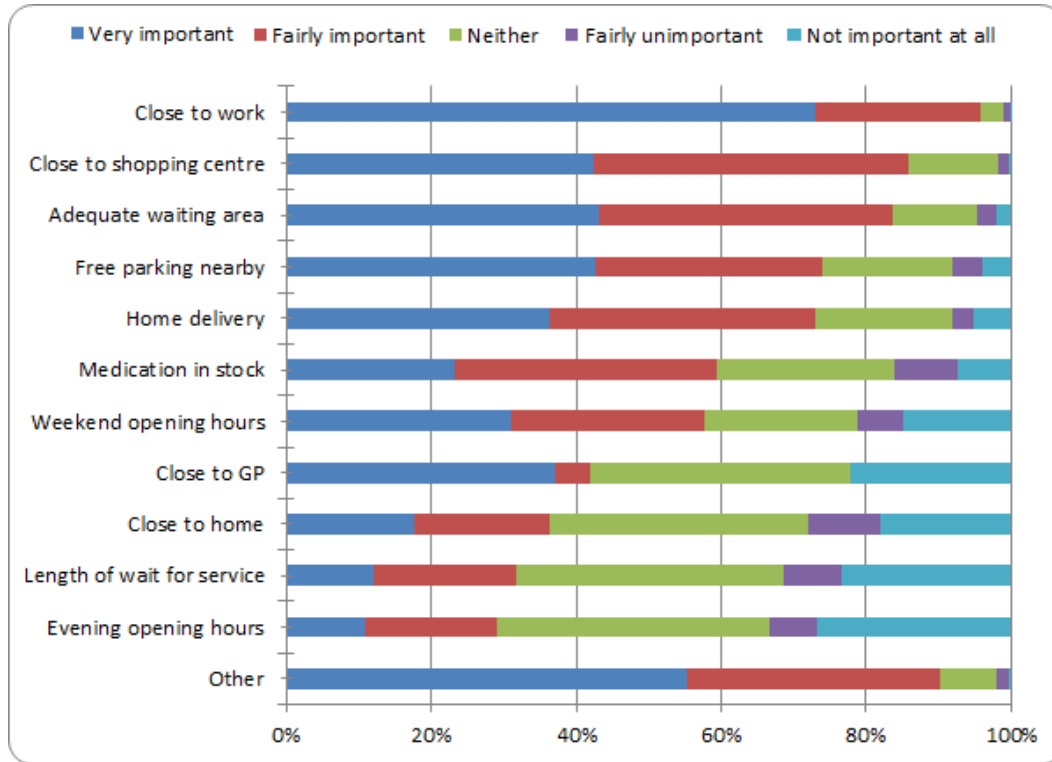
Question 26. If no, would you ever consider using an online pharmacy?



Page 225

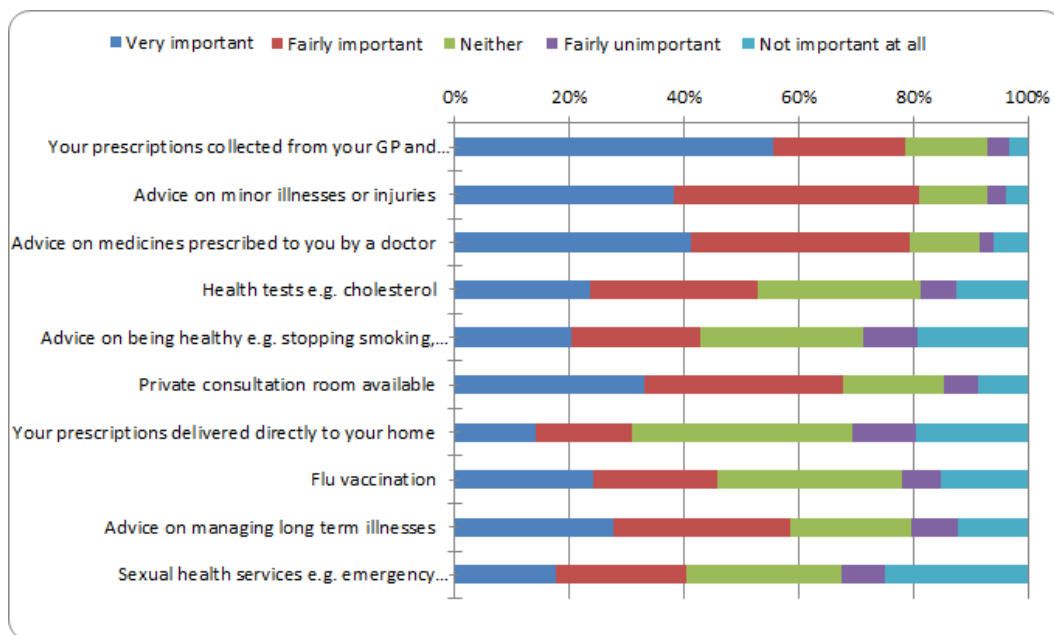
Would you consider?	Percent	Total
Yes	38.2%	174
No	61.8%	282

Question 27. How important for you are the following factors in using your local community pharmacy?



	Very important	Fairly important	Neither important or unimportant	Fairly unimportant	Not important at all	Response Total
Close to work	73.0%	22.9%	3.1%	0.8%	0.2%	446
Close to shopping centre	42.3%	43.6%	12.3%	1.5%	0.4%	457
Adequate waiting area	43.0%	40.7%	11.6%	2.8%	1.9%	462
Free parking nearby	42.6%	31.3%	17.9%	4.2%	4.0%	465
Home delivery	36.3%	36.7%	18.9%	3.0%	5.2%	466
Medication in stock	23.2%	36.1%	24.5%	8.9%	7.4%	477
Weekend opening hours	31.0%	26.7%	21.1%	6.5%	14.8%	467
Close to GP	37.0%	4.9%	35.8%	0.0%	22.2%	476
Close to home	17.6%	18.7%	35.6%	10.1%	18.0%	483
Length of wait for service	12.0%	19.7%	37.0%	7.9%	23.4%	473
Evening opening hours	10.8%	18.4%	37.4%	6.5%	26.9%	466
Other	55.3%	35.0%	7.7%	1.7%	0.4%	81

Question 28. How important for you are the following factors in using your local community pharmacy?



	Very important	Fairly important	Neither important or unimportant	Fairly unimportant	Not important at all	Response Total
Your prescriptions collected from your GP and made up ready for you to collect from the pharmacy	55.7%	22.8%	14.6%	3.7%	3.3%	460
Advice on minor illnesses or injuries	38.3%	42.7%	11.8%	3.5%	3.7%	459
Advice on medicines prescribed to you by a doctor	41.2%	38.3%	12.0%	2.4%	6.1%	459
Health tests e.g. cholesterol	23.7%	29.2%	28.5%	6.1%	12.5%	456
Advice on being healthy e.g. stopping smoking, achieving a healthy weight	20.3%	22.7%	28.4%	9.5%	19.2%	454
Private consultation room available	33.0%	34.6%	17.8%	5.7%	8.8%	454
Your prescriptions delivered directly to your home	14.1%	16.8%	38.4%	11.0%	19.6%	453
Flu vaccination	24.3%	21.6%	32.0%	6.8%	15.2%	453
Advice on managing long term illnesses	27.8%	30.7%	21.3%	8.0%	12.2%	450
Sexual health services e.g. emergency contraception, chlamydia tests	17.5%	22.8%	27.1%	7.5%	25.1%	439

Demographics - Summary

Completion

- 66.1% completed the online survey
- 33.9% filled in the paper questionnaire (including the large print version)

Breakdown by Ward

- The panel response came from all 34 wards across the city and ranged from 1.0% to 6.7% of the city totals returned.

by Age group

- 63.3% aged under 65 years
- 36.7% aged 65 or older

by Gender

- 56.4% Female
- 43.6% Male
- 0.2% said they were Transgender

by Long-term Limiting Illness (Disability)

- 17.4% said they had a long-term limiting illness

by Ethnic background

- 95.2% White groups including
 - 0.6% White Irish descent
 - 1.1% White Polish descent
 - 3.4% Other White background
- 4.8% BME groups including
 - 1.72% Black or Black British descent
 - 1.5% Asian or Asian British descent
 - 1.5% Mixed descent
 - 0.2% Other Ethnic groups

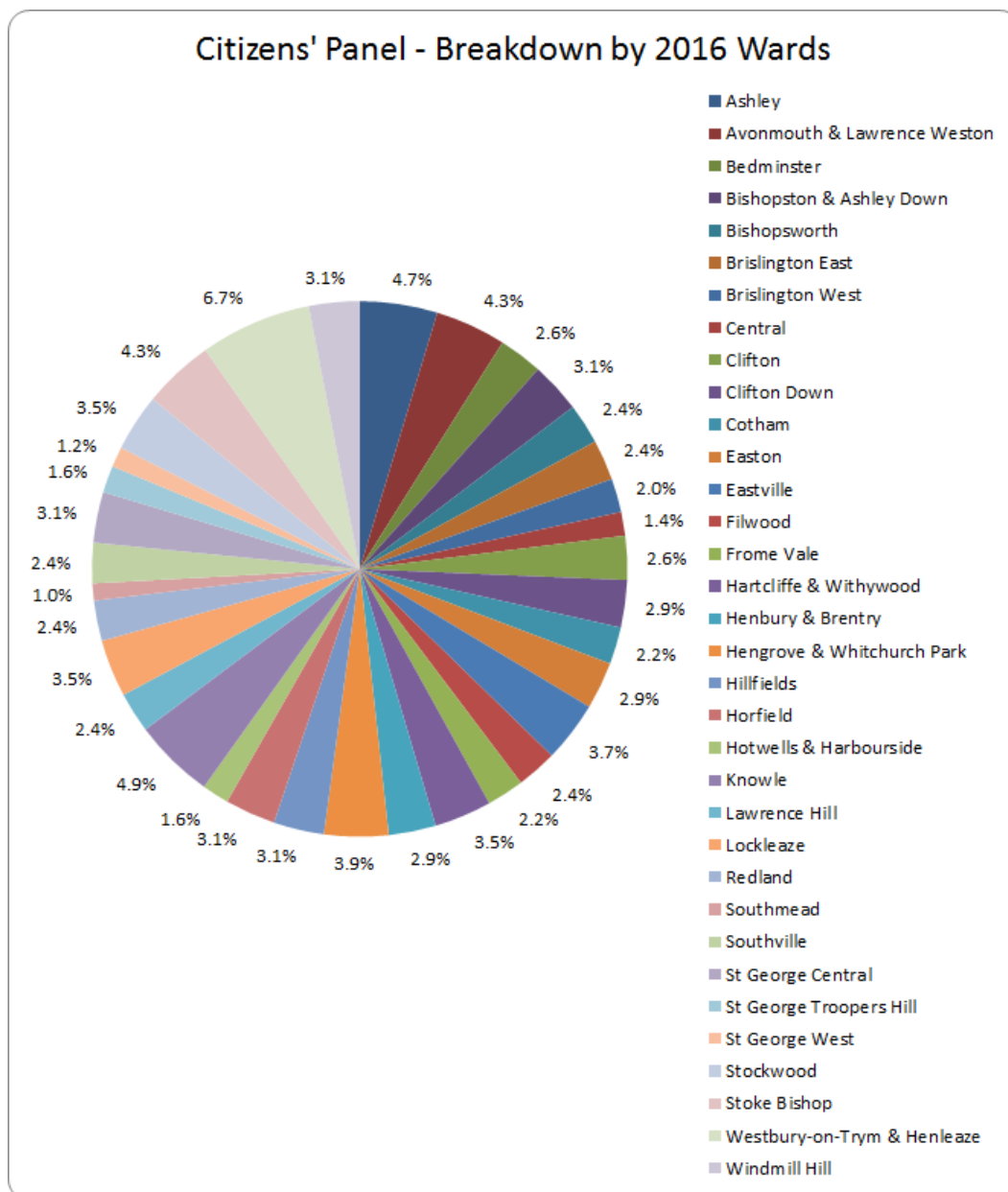
by Sexual Orientation

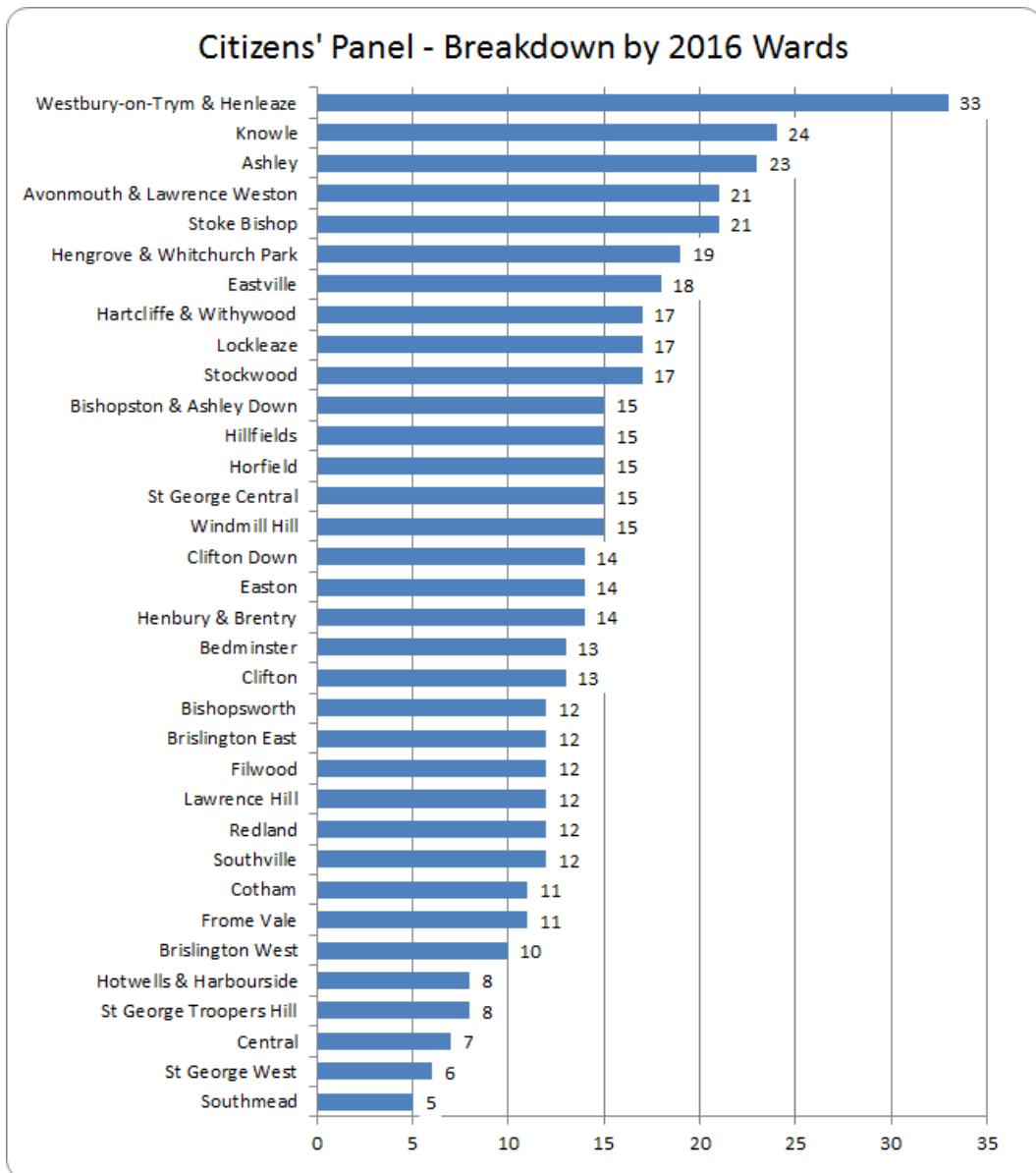
- 3.0% said they were Lesbian, Gay or Bisexual
- 91.7% said they were Heterosexual

by Religion

- 50.8% belong to a faith group
- 6.5% belong to a faith group other than Christianity
- 46% said they did not follow a religion

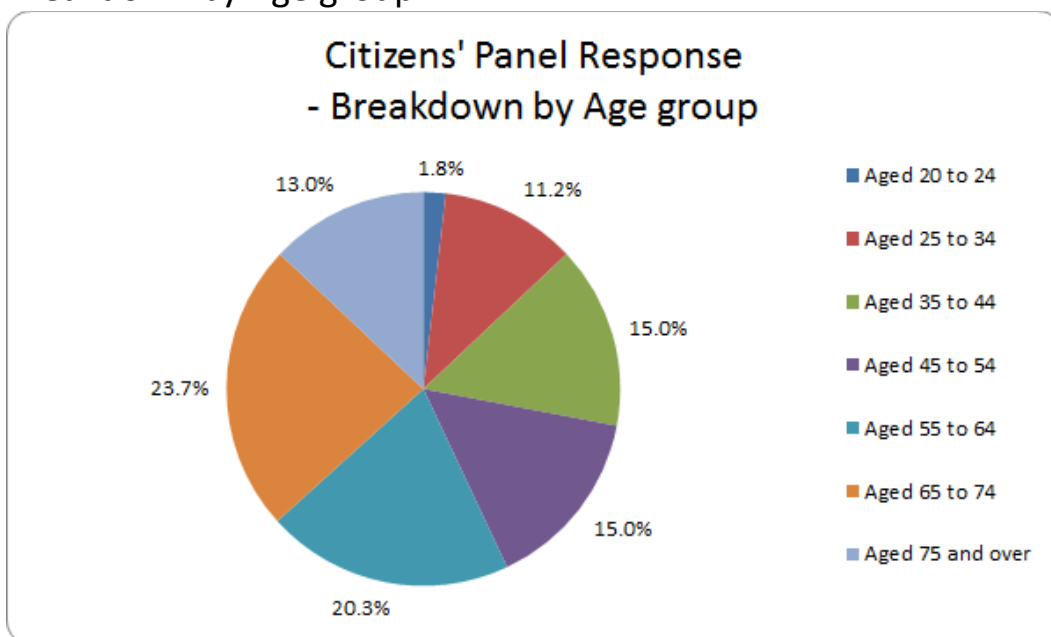
Breakdown by City Ward (i – Chart)





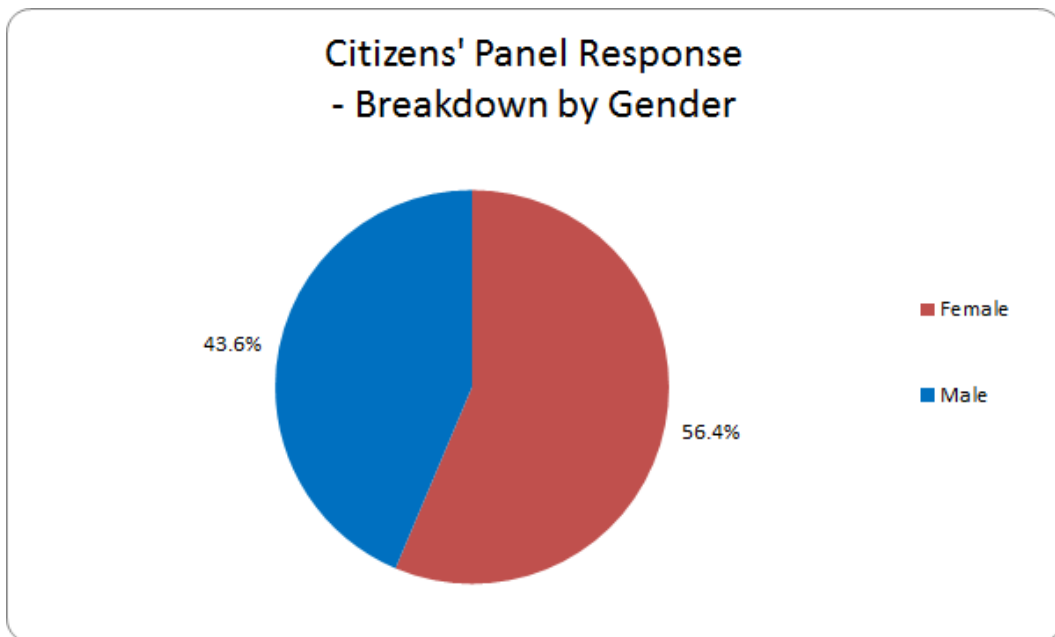
Response ranged from 6.7% (from Westbury-on-Trym & Henleaze) to 1.0% (from Southmead).

Breakdown by Age group



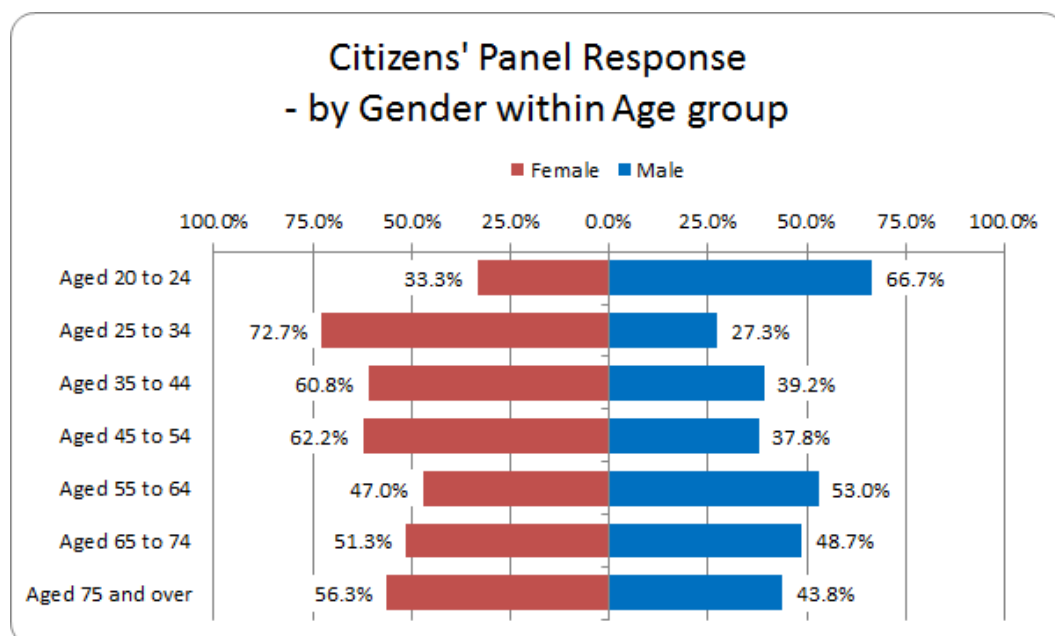
Age group	Percent	Total
Aged 20 to 24	1.8%	9
Aged 25 to 34	11.2%	55
Aged 35 to 44	15.0%	74
Aged 45 to 54	15.0%	74
Aged 55 to 64	20.3%	100
Aged 65 to 74	23.7%	117
Aged 75 and over	13.0%	64
Aged under 65	63.3%	312
Aged 65 and over	36.7%	181

Breakdown by Gender



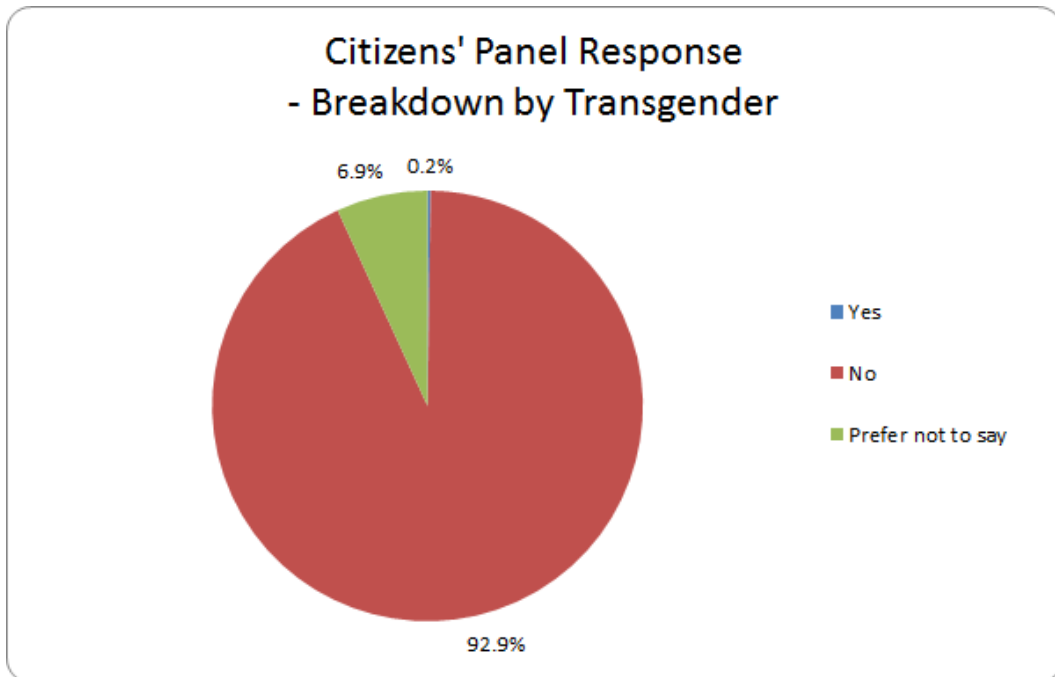
Gender	Percent	Total
Female	56.4%	279
Male	43.6%	216

Breakdown by Gender and Age group



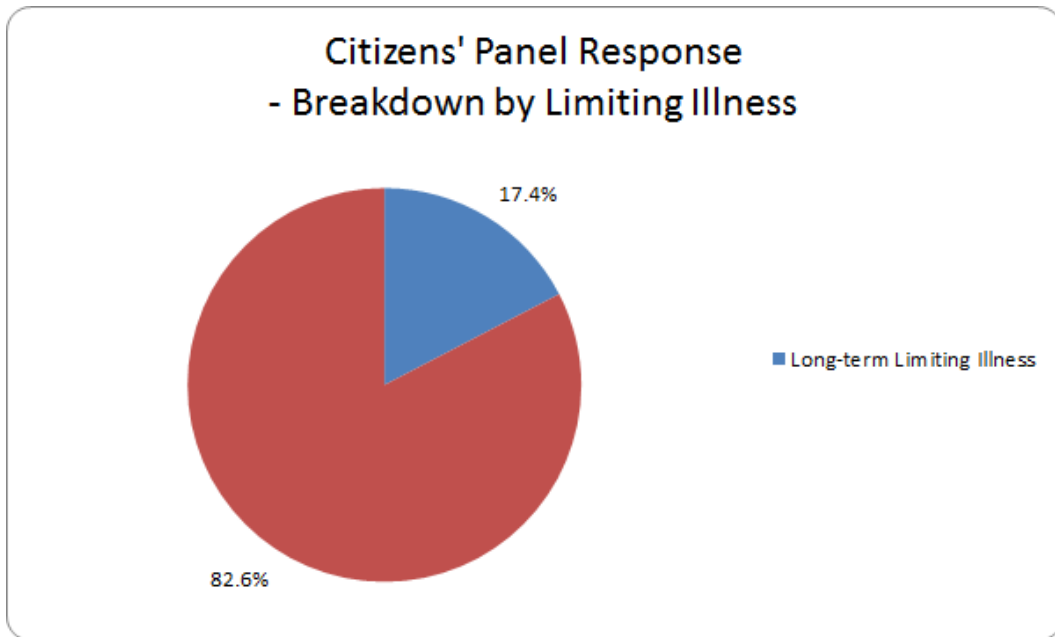
Gender	Female		Male	
Aged 20 to 24	33.3%	3	66.7%	6
Aged 25 to 34	72.7%	40	27.3%	15
Aged 35 to 44	60.8%	45	39.2%	29
Aged 45 to 54	62.2%	46	37.8%	28
Aged 55 to 64	47.0%	47	53.0%	53
Aged 65 to 74	51.3%	60	48.7%	57
Aged 75 and over	56.3%	36	43.8%	28

Breakdown by Transgender



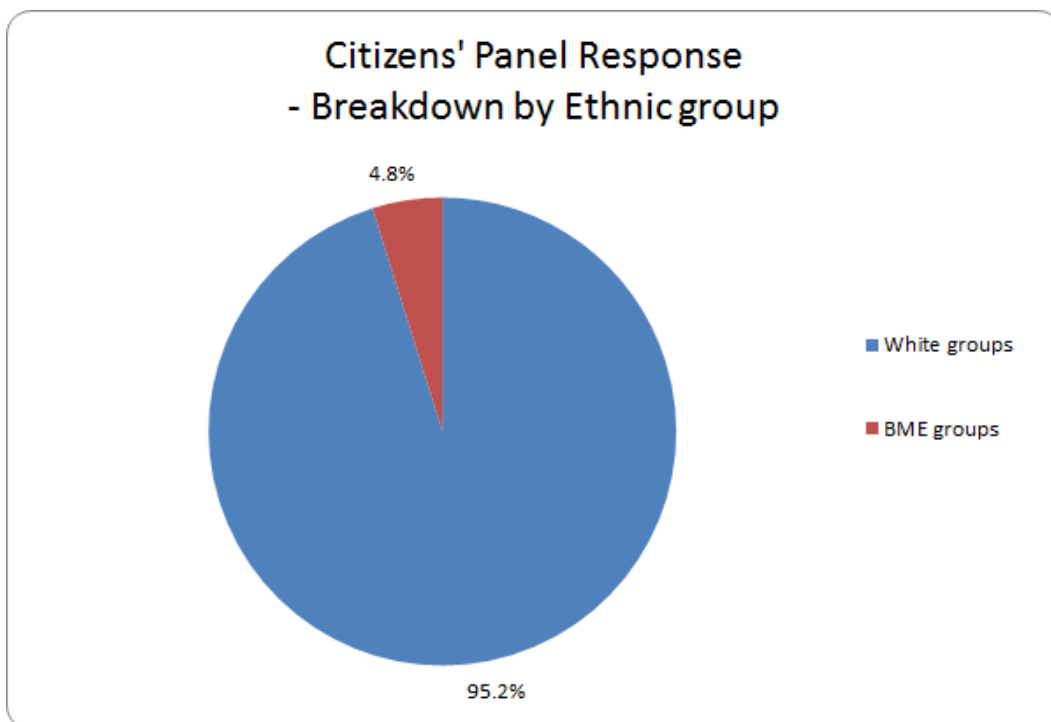
Transgender	Percent	Total
Yes	0.2%	1
No	92.9%	393
Prefer not to say	6.9%	29

Breakdown by Long-term Limiting Illness (Disability)



Transgender	Percent	Total
Long-term Limiting Illness	17.4%	86
Non Long-term Limiting Illness	82.6%	409

Breakdown by Ethnic background (sub-groups)

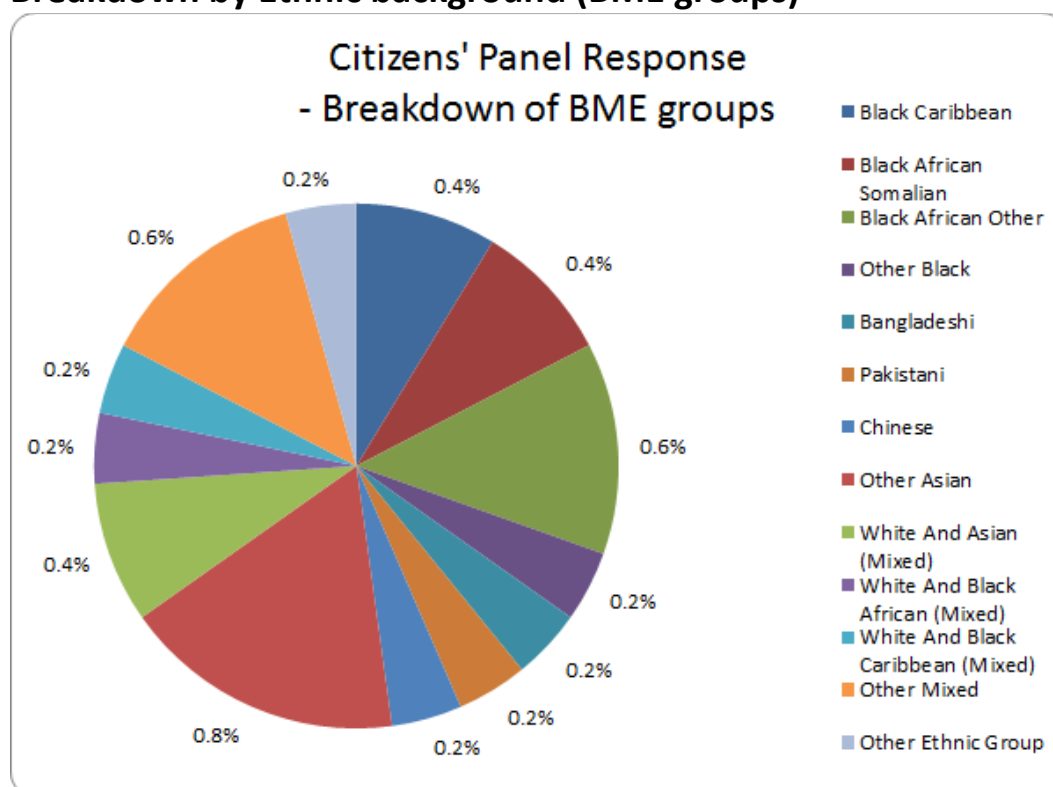


Ethnic groups	Percent	Total
White groups	95.2%	452
BME groups	4.8%	23

Ethnicity sub-groups

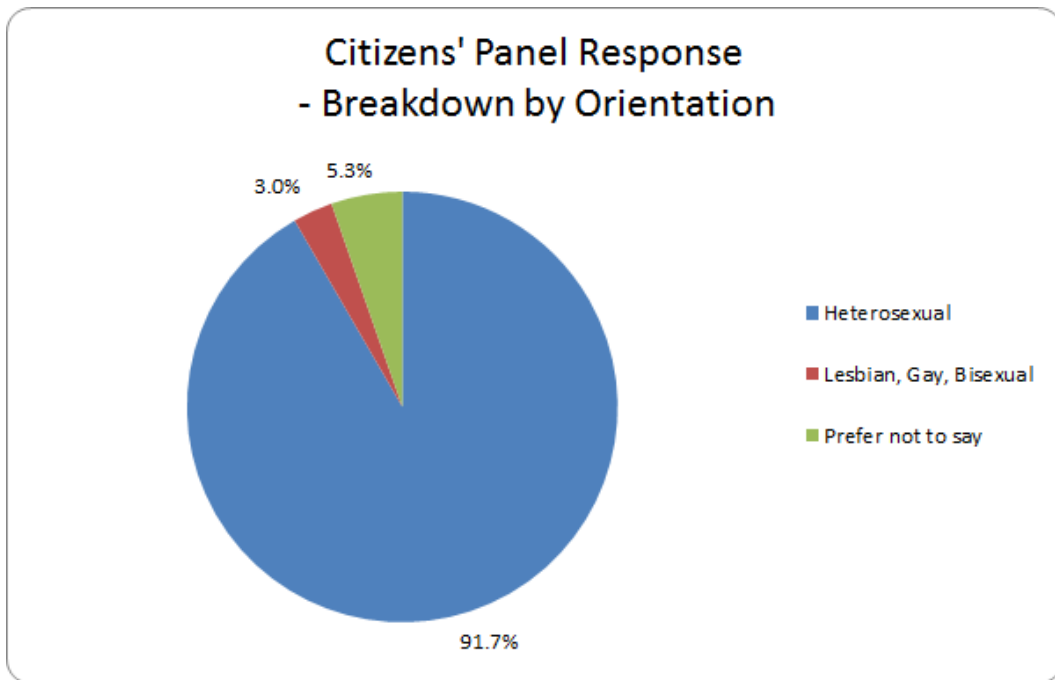
White groups	Percent	Total
White British	89.9%	427
White Irish	0.6%	3
White Polish	1.1%	5
White Gypsy/Traveller	0.2%	1
Other White	3.4%	16

Breakdown by Ethnic background (BME groups)



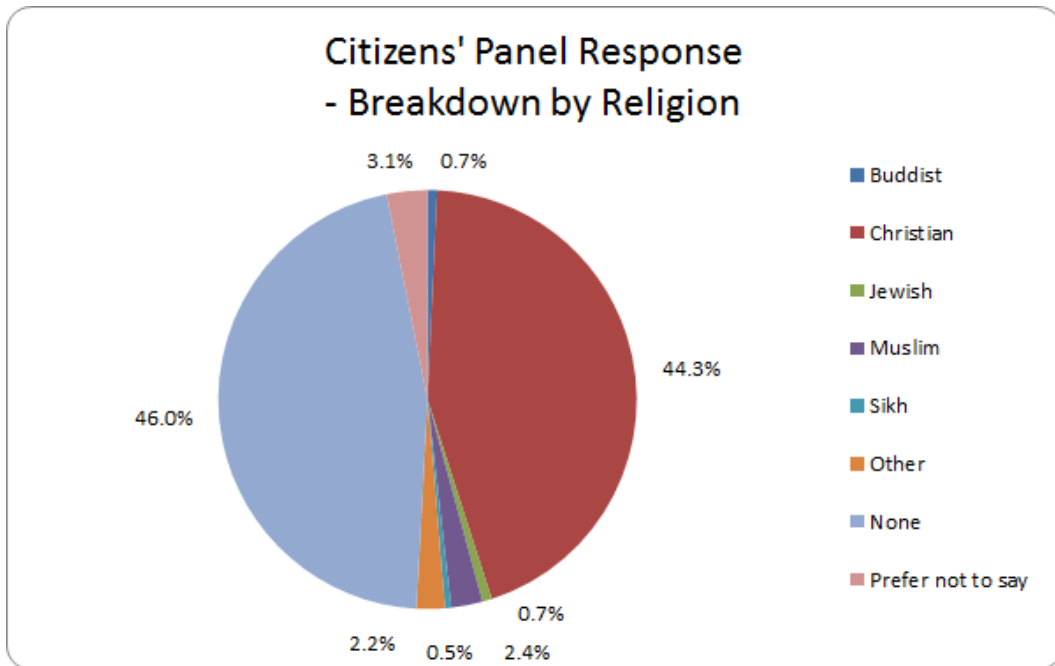
BME groups	Sub-groups	Percent	Total
Black or Black British		1.7%	8
	Black Caribbean	0.4%	2
	Black African Somalian	0.4%	2
	Black African Other	0.6%	3
	Other Black	0.2%	1
Asian or Asian British		1.5%	7
	Bangladeshi	0.2%	1
	Pakistani	0.2%	1
	Chinese	0.2%	1
	Other Asian	0.8%	4
Mixed		1.5%	7
	White And Asian (Mixed)	0.4%	2
	White And Black African (Mixed)	0.2%	1
	White And Black Caribbean (Mixed)	0.2%	1
	Other Mixed	0.6%	3
Other ethnicity		0.2%	1
	Other Ethnic Group	0.2%	1

Breakdown by Sexual Orientation



Orientation	Percent	Total
Heterosexual	9.17%	429
Lesbian, Gay, Bisexual	3.0%	14
Prefer not to say	5.3%	25

Breakdown by Religion



Religion	Percent	Total
Buddhist	0.7%	3
Christian	44.3%	183
Jewish	0.7%	3
Muslim	2.4%	10
Sikh	0.5%	2
Other	2.2%	9
None	46.0%	190
Prefer not to say	3.1%	13

Appendix H: VSO Organisations Contacted

Action for Blind People	Age UK Bristol	Alzheimer's Society
Awaz Utaoh	Babbasa Youth Empowerment Projects	Barnardo's
Bipolar Organisation	Black and Minority Ethnic Employees Group	Black South West Network
BME Voice & Influence	Boss Employment Project	Brandon Trust
Brigstowe Project	Bristol Aging Better	Bristol and Avon Chinese Women's Group
Bristol Area Stroke Association	Bristol BASE (Barnardo's Against Sexual Exploitation)	Bristol Citizens Advice Bureau
Bristol Community Transport	Bristol Dial-a-Ride	Bristol Disability Equality Forum
Bristol Mind	Bristol Older People's Forum	Bristol Pride / We are Fest CIC
Bristol Refugee Rights	Bristol Shopmobility	Bristol Somali Resource Centre
Bristol Women's Voice	Cash Pointers	CATT Bus
Centre for Deaf People	Cruse Bereavement Care - Bristol and District Area	Dance Music Arts Collective
Dance Music Arts Collective	Disabled Employees Group	Easton Community Centre
Elderly People's Club	FORWARD	Inspire
Integrate Bristol	Khaas	Lawrence Weston Community Transport
LGBT Bristol	Linkage	Malcolm X Centre
MENCAP	Misfits	Mothers for Mothers
Nilaari	Off The Record	Overseas Chinese Association
RA Cultural Consultancy	Rainbow LGBT employee Network	Refugee Action
Refugee Rights Project	Refugee Women of Bristol	Rethink
Retired Senior Volunteers Project	Riverside Youth Project	Royal Mencap society
SARI	Second Step	Single Parent Action Network (SPAN)
Sixteen Cooperative	Social Access	Somali Resource Centre
St Paul's Afrikan Caribbean Carnival	Terrence Higgins Trust	The Green House (formerly ASAC)
The Mede Sprint	University of Bristol LGBT+ Society	UWE LGBT+
Victim Support	WECIL	Wellspring Healthy Living Centre
West of England Care & Repair		

Appendix I: Locality Summaries

Bristol North and West Locality Summary

Population and Health Profile

The population of this locality is 166,123.

Bristol North and West Outer Sub Locality

Locality is made up of the wards Avonmouth & Lawrence Weston, Henbury & Brentry, Horfield, Lockleaze and Southmead.

- The age structure of this locality is similar to Bristol overall.
- Levels of deprivation are generally worse than the Bristol average.
- Life expectancy for men is significantly worse than the Bristol average.
- Life expectancy for women is significantly worse than the Bristol average.
- 6.7% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is significantly worse than the Bristol average.
- Premature mortality for strokes and heart disease is significantly worse than the Bristol average.
- Adult obesity is similar to the Bristol average.
- The number of adults who report that they smoke is higher to the Bristol average.
- Less adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is higher than the Bristol average.
- Teenage conception rates are similar to the Bristol average.
- The number of women smoking during pregnancy is higher than the Bristol average.

Bristol North and West Inner Sub Locality

Locality is made up of the wards Bishopston & Ashley Down, Clifton, Clifton Down, Cotham, Redland, Stoke Bishop and Westbury-on-Trym & Henleaze.

- The proportion of the population in the under 15 year age group is lower than the Bristol average.
- The proportion of the population in the 15 to 24 year age group is higher than the Bristol average.
- Levels of deprivation are generally better than the Bristol average.
- Life expectancy for men is significantly better than the Bristol average.
- Life expectancy for women is significantly better than the Bristol average.
- 3% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is significantly better than the Bristol average.
- Premature mortality for strokes and heart disease is significantly better than the Bristol average.
- Premature mortality for liver disease is significantly better than the Bristol average.

- Premature mortality for cancer is significantly better than the Bristol average.
- Premature mortality for respiratory disease is significantly better than the Bristol average.
- Adult obesity is lower than the Bristol average.
- The number of adults who report that they smoke is lower than the Bristol average.
- More adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is better than the Bristol average.
- Teenage conception rates are lower than the Bristol average.
- The number of women smoking during pregnancy is lower than the Bristol average.
- 903 new dwellings are planned in Bristol North and West. In South Gloucestershire, north of this locality, 5,971 new homes are planned.

Necessary Services: Current Provision

There are 31 pharmacies in this locality (34 in 2015) – a rate of 19 pharmacies per 100,000 population. This is the lowest rate of the three localities in Bristol (the average is 21).

One 100 hour pharmacy in this locality has ceased to trade since the last PNA (Lloyds Pharmacy, Carlton Court, Westbury-on-Trym). The rest of the apparent reduction in the number of pharmacies is due to changes arising from a boundary review requested by the Mayor of Bristol – 2 pharmacies have transferred to the Inner City & East locality. Respondents to the consultation raised concerns over the closure of Lloyds, Westbury-on-Trym. The Steering group did not consider this as a gap for the purposes of this PNA as adequate pharmacy provision is available in a number of pharmacies in the local area which are within 1.6 km.

The “Charlton Mead” area in the north of Southmead ward is one of two parts of Bristol more than 1 mile (1.6km) from a pharmacy - the nearest pharmacy is 2km. Approximately 400 people live in this area. The Steering group did not consider this as a gap in services).

Since the last PNA the number of other pharmacies open 7 days per week has stayed the same (3), 6 day per week opening has reduced from 11 to 8. Those open 5.5 days per week has increased from 14 to 15 and those open 5 days per week has stayed the same (4). The number open in the evenings after 18:00 has stayed the same (15).

Bristol North and West Opening Hours	Number of pharmacies	Name
100 hour pharmacy	1	Southmead Pharmacy
Open seven days per week	3	
Open 6 days per week	8	
Open 5 ½ days per week	15	
Open 5 days per week	4	
Open in the evening Mon – Fri after 18:00	15	

30 pharmacies in the locality provide MURs, and 26 provide NMS. The 100 hour pharmacy in this locality provides the Access to Specialist Medicines enhanced service.

Necessary Services: Statement of any gaps in provision

No gaps identified.

Improvements or Better Access: Statement of any gaps in provision

No gaps identified.

Bristol Inner City and East Locality

Population and Health Profile

The population of this locality is 136,883.

Bristol Inner City Sub Locality

Locality is made up of the wards Ashley, Central, Easton, Harbourside & Hotwells and Lawrence Hill.

- The proportion of the population in the 15 – 39 year age group is higher than the Bristol average.
- The proportion of the population in the over 55 year age group is lower than the Bristol average.
- Levels of deprivation are generally worse than the Bristol average.
- Life expectancy for men is significantly worse than the Bristol average.
- Life expectancy for women is similar to the Bristol average.
- 5.2% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is significantly worse than the Bristol average.
- Premature mortality for strokes and heart disease is significantly worse than the Bristol average.
- Premature mortality for liver disease is significantly worse than the Bristol average.
- Adult obesity is lower than the Bristol average.
- The number of adults who report that they smoke is similar to the Bristol average.
- More adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is similar to the Bristol average.
- Teenage conception rates are higher than the Bristol average.
- The number of women smoking during pregnancy is lower than the Bristol average.

Bristol East Sub Locality

Locality is made up of the wards Eastville, Frome Vale, Hillfields, St George Central, St George Troopers Hill, and St George West.

- The age structure of this locality is similar to Bristol overall.
- Levels of deprivation are generally worse than the Bristol average.
- Life expectancy for men is similar to the Bristol average.
- Life expectancy for women is similar to the Bristol average.
- 6% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is similar to the Bristol average.
- Adult obesity is higher than the Bristol average.
- The number of adults who report that they smoke is similar to the Bristol average.
- Less adults take regularly exercise compared to Bristol overall.

- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is less than the Bristol average.
- Teenage conception rates are similar to the Bristol average.
- The number of women smoking during pregnancy is similar to the Bristol average.

With a 4,361 estimated increase in planned new dwellings, this is the highest level in Bristol, most in the central area. 694 new dwellings are planned in Coldharbour Lane in South Gloucestershire and 796 were completed in Cheswick Village to the west of Coldharbour Lane, both to the north of this locality

Necessary Services: Current Provision

There are 31 pharmacies in this locality (29 in 2015) – a rate of 23 pharmacies per 100,000 population. This is the highest rate of the three localities in Bristol (the average is 21). A further closure (Lloyds Pharmacy, Lanaway Road, Fishponds) is planned for the end of January 2018, which reduces the number to 22 per 100,000 population. There a number of other pharmacies within a 1.6 km radius. The steering group did not therefore consider this as a gap in services.

The increase in the number of pharmacies is due to changes arising from a boundary review requested by the Mayor of Bristol – 2 pharmacies have transferred to the Inner City & East locality from the North & West locality.

Since the last PNA numbers of 100 hour pharmacies has stayed the same (2). The number of other pharmacies open 7 days per week has decreased from 5 to 4. There has been a decrease in the number open 6 days per week from 9 to 7. The numbers open 5.5 days per week has increased from 9 to 13 (12 from February 2018). Those open 5 days per week has increased from 4 to 5 and those open in the evening has increased from 19 to 20.

Inner City and East Opening Hours	Number of Pharmacies
100 hour pharmacy	2
Open seven days per week	4
Open 6 days per week	7
Open 5 ½ days per week	13
Open 5 days per week	5
Open in the evening Mon – Fri after 18:00	20

30 pharmacies in the locality provide MURs and 27 provide NMS.

Necessary Services: Statement of any gaps in provision

No gaps identified.

Improvements or Better Access: Statement of any gaps in provision

No gaps identified.

Bristol South Locality Summary

Population and Health Profile

The population of this locality is 146,322

South Locality

Locality is made up of the wards Bedminster, Bishopsworth, Brislington East, Brislington West, Filwood, Hartcliffe & Withywood, Hengrove & Whitchurch Park, Knowle, Southville, Stockwood and Windmill Hill.

- The proportion of the population in the 15 – 24 year age group is lower than the Bristol average.
- Levels of deprivation are generally worse than the Bristol average.
- Life expectancy for men is similar to the Bristol average.
- Life expectancy for women is similar to the Bristol average.
- 6.4% of people reported that their health was bad or very bad in the 2011 Census.
- Premature mortality for all causes is similar to the Bristol average.
- Adult obesity is higher than the Bristol average.
- The number of adults who report that they smoke is similar to the Bristol average.
- Less adults take regularly exercise compared to Bristol overall.
- The numbers of adults eating a minimum of five portions of fruit and vegetables per day is similar to the Bristol average.
- Teenage conception rates are higher than the Bristol average.
- The number of women smoking during pregnancy is higher than the Bristol average.
- 1,473 new dwellings are planned in the South Bristol locality, which are evenly spread across the locality.

Necessary Services: Current Provision

There are 31 pharmacies in this locality (no change since 2015) – a rate of 21 pharmacies per 100,000 population. This is the average rate across Bristol.

Since the last PNA the number of 100 hours pharmacies has stayed the same (4). The number of other pharmacies open 7 days per week has stayed the same (3). Those open 6 days per week have decreased (9 to 8), but there has been an increase in the number open 5.5 days per week (10 to 12). Those open in the evening have decreased from 17 to 16.

The “Broomhill Park” area in the east of Brislington ward is one of two parts of Bristol more than 1 mile (1.6km) from a pharmacy - the nearest pharmacy is 2.5km (Brislington). Approximately 1,500 people live in this area. The Steering Group did not consider this as a gap in services.

Bristol South Opening Hours	Number of Pharmacies
100 hour pharmacy	4
Open seven days per week	3
Open 6 days per week	8
Open 5 ½ days per week	12
Open 5 days per week	4
Open in the evening Mon – Fri after 18:00	16

33 pharmacies in the locality provide MURs and 31 NMS.

Necessary Services: Statement of any gaps in provision

No gaps identified.

Improvements or Better Access: Statement of any gaps in provision

No gaps identified.

Appendix J: Consultation Results

This report summarises the process and outcomes of the public consultation conducted between 4th September and 27th November 2017.

The Process

The Consultation was published on the Bristol City Council website and publicised through press releases and by contacting organisations and individual pharmacies directly to invite them to comment.

We completed an Equality Impact Assessment on the draft PNA to help us identify groups we particularly needed to contact to hear views on local community pharmacy services.

The draft PNA was available online with a feedback form. The form invited questions on whether the PNA provided an accurate assessment of local pharmacy services in Bristol and on whether the consultees agreed with the conclusion that there are no gaps in essential pharmaceutical services.

Outcomes

- There were 66 respondents to the consultation
- When asked if they agreed that the draft PNA provided an accurate assessment of local pharmacy services, 64 of the respondents answered this question. Of these, 53% agreed; 9% disagreed and 23% answered 'don't know'
- We asked if they agreed with the assessment of 'no gaps in essential services', 63 respondents answered: 39% agreed, 26% disagreed and 30% answered 'don't know'
- Comments praising existing local community pharmacies were received
- There were a number of ideas and requests for improvements in services.

All comments and suggestions have been analysed and the following improvements suggested by consultees:

1. Opening hours

Several consultees wanted longer opening hours, particularly out of hours and at weekends. There were particular concerns about opening hours in the north (Westbury-on-Trym) where the 100 hour pharmacy recently closed and some consultees felt the nearest available pharmacy had inadequate opening hours and was overstretched

2. Gaps in new housing areas and where walking distance is an issue

There were some concerns about the potential "gaps" in areas where there are new housing developments planned e.g. Central, Hengrove and Lockleaze, particularly where the walking distance to the nearest pharmacy is already more than 1 mile e.g. Broomhill and Charlton Mead. One consultee suggested the Co-op in Broomhill as a potential new site. One consultee suggested accessibility by bus should also be considered. The steering group did not consider this a gap in services.

3. Adjustments needed for people from groups with protective characteristics

- Greater support to meet the needs of the elderly, who may not have use of a car and are more likely to need the services of a pharmacy

- Those with long term conditions rely on having good pharmaceutical, accessible provision
- People with hearing impairments need to be able to communicate with the pharmacy staff
- One consultee mentioned the need for staff to be able to communicate in other languages in some areas of Bristol

4 Other practical suggestions for improving services

- More electronic prescribing needs to be in place and better management of dispensing arrangements (less queues)
- Consideration of the staffing levels and skills mix of teams to enable them to take on a more holistic role in supporting general practices
- Include alternative therapies e.g. homeopathy
- Include different type of provision e.g. online, international etc.

How will the PNA change as a result of this Consultation?

This Consultation will enable the final PNA to reflect the concerns and barriers that local people have identified when using local pharmacy services.

The consultation was primarily concerned with the opening hours and information on services currently located in Bristol. All comments and suggestions around changes and improvements to local community pharmaceutical services will be assessed by the Steering Group and recommendations made, taking account of the full range of information gathered during development of the PNA. The Consultation has brought forward important intelligence on how delivery services and other reasonable adjustments could be used to improve services.

Next Steps

This report on the Consultation will be taken to the Bristol PNA Steering Group in December 2017 for consideration of the issues raised and discussed to determine if there needs to be any changes made to the PNA or other actions which may fall outside the remit of the PNA.



Bristol Health & Wellbeing Board

JSNA – Equalities Data	
Author, including organisation	Mark Wakefield, Bristol City Council
Date of meeting	21 st February 2018
Report for Discussion	

1. Purpose of this Paper

To inform the HWB of the progress of the Joint Strategic Needs Assessment (JSNA) Equalities Data sub group in delivering improved availability and use of equalities data for use in the JSNA and planning and commissioning decisions.

2. Executive Summary

A data audit conducted by this working group has identified and classified data and products as follows:

- where data on personal characteristics is available and should be analysed as a matter of course in future JSNA data products
- where service breakdowns and equalities reports already exist and should be appropriately included in the JSNA
- where data is not available, either through lack of recording mechanisms in IT systems, or through missed opportunities to capture it at contact points with citizens

Whilst the first two can progress within the data community to establish standard definitions and formats, the third, focussing on fundamental data problems will need further guidance from the HWB and constituent organisations.

3. Context

At the June 2017 HWB meeting, concerns were raised on gaps in equalities data, especially around ethnicity, with an action for the JSNA Steering Group to instigate a project to investigate what opportunities there are at a local level to improve the availability and use of equalities data.

The JSNA Steering Group set up the Equalities Data sub group, who met for the first time in September 2017. It included representatives from the data and intelligence teams in the CCG, BCC and public health.

4. Work of the JSNA Equalities Data sub-group

The first phase of work was to further progress the data audit across the main data sources and organisations that provide the bulk of JSNA content. Primarily to see what data on protected characteristics was already collected, followed by establishing what datasets could be produced with equality data.

From this audit, a gap analysis was carried out to see which protected characteristics were not available, in which systems, in which organisations.

Finally we have an emerging work plan for the group and partners more generally to implement the improvement and use of appropriately analysed data into the JSNA product set.

Data Audit & Gap Analysis

Further work investigating the availability of personal characteristics in data sets can be summarised in this table:

Dataset / Characteristic	Age	Disability	Ethnicity	Gender	Belief	Sexual orientation	Marital status	Gender reassignment	Pregnancy & maternity	LSOA (10% most Deprived)
Births	No (no gestation length)	No (stillbirth only)	No (mother's country of birth)	Yes	No	No	No	No	No	Yes
Deaths (for mortality stats and life expectancy)	Yes	No (unless is cause)	No	Yes	No	No	No	No	No	Yes
Hospital inpatients	Yes	No	Yes (but only c77-84% recorded)	Yes	No	No	No	No	Yes (but in diagnosis fields)	Yes
General Practice data (EMIS)	Yes	Yes (but poorly recorded <10%)	Yes (only c70% coverage / 90% for Health Checks)	Yes	Yes (but poorly recorded <10%)	Yes (but poorly recorded <10%)	Yes (but poorly recorded <10%)	No (may appear in patient notes)	Should be recorded in patient notes	Yes
Quality Outcomes Framework (QOF)	No	No	No	No	No	No	No	No	No	No
Cancer registration (incidence, prevalence & survival)	Yes	No	No (poss national level)	Yes	No	No	No	No	No	Unknown
Mental Health Minimum Data Set (MHMDS)	Yes	No	Yes	Yes	No	No	No	No	No	Unknown
National child measurement programme	Yes	No	Yes (Only Yr 6 pupils)	Yes	No	No	No	No	No	Yes
Public Health contract - Sexual health services	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes
Public Health contract - Drug and alcohol services	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
2011 Census	Yes	No (has limiting long term illness)	Yes	Yes	Yes	No	Yes	No	No	Yes
ONS Mid-year population estimates	Yes	No	No	Yes	No	No	No	No	No	Yes
Quality of Life survey (BCC)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes (Only city-wide figure)	No	Yes
Social Care (BCC)	Yes	Yes	Yes	Yes	Yes	Yes (adults, but poorly recorded)		No	No	Yes
Education	Yes	SEND data	Yes	Yes	No	No	No	No	No	
Housing (BCC tenants)	Yes		Yes	Yes	Yes			No	No	Yes

Colour rating: Red = Data not available by this characteristic / Yellow = available to a limited extent / Green = Data is available / White - tbc

This work has focussed on local availability and measures that can be taken as they are under local control. There are major data sets supplied nationally, for example the Quality Outcomes Framework (QOF) which recognise the need to improve equalities monitoring through an NHS England programme.

Current data examples – see Appendix 1

Equalities data work plan

1/ Production of local data – where available

- a) development of a standard approach for equalities data for local data within the JSNA process (those we usually include at ward level)
- b) development of the IMD “10% most deprived *within* Bristol” category as a proxy for poverty to highlight issues of socioeconomic inequality. This headline figure is being added to all local datasets in addition to ward;

Both the above are now well underway for 2016/17, and is being rolled out to all data sets. This will be repeated for new 2017/18 data as is available.

2/ Publication of equality data

We will be uploading these additional datasets to the new Bristol Open Data Platform (<https://bristol.opendatasoft.com/>) and developing a data visualisation.

3/ Use of additional equality data in the JSNA

In addition to releasing data on the platform, analysis of the data beyond the current gendered approach is being considered in both the JSNA Data Profile 2018, and development of detailed JSNA Chapters. In delivering the JSNA, a balance is being struck between use of these publications and resources available.

4/ Outstanding issues

- Including further datasets such as Primary care (EMIS) data
- Improving the capture of data at contact points – eg GPs, A&E.
- Progress from numbers (and % of total) to age-standardised rates per equality group – if appropriate denominators are available
- Agree preferred approach to present ethnicity summary data – in line with “Diamond Cluster” advice propose 3 summary categories of White British, White Minority Ethnic and BME (and Unknown)
- Providing more granular data, and/or linked data via combined datasets

5. Key risks and Opportunities

- Improve the capture of data at contact points – ie recording in GPs, A&E etc. HWB members have an opportunity to promote this within workforces and with partners / commissioned services.
- Increasing data products in the context of budget constraints affecting consultants and data specialists in Public Health, Bristol City Council, and the CCG.
- National data gaps - most nationally produced datasets don't include equalities data – this is the largest source for JSNA data.

- Alignment of recording and analysis categories across the health community.

6. Implications (Financial and Legal if appropriate)

Bristol City Council and Bristol CCG, via the Health and Wellbeing Board, have a statutory duty to prepare and publish a JSNA. This duty is being met, but the inclusion of more detailed equalities data will provide an additional evidence base to more effectively influence commissioning and service provision.

7. Evidence informing this report.

This paper is a review of equalities data availability in order to provide better evidence to include in the JSNA Data Profile and JSNA Chapters to inform service planning, commissioning or integration of services / early intervention, including impacts linked to wider determinants of health.

8. Conclusions

There has been progress in including equalities data breakdowns as standard for the local JSNA datasets that we have direct control over. This work will continue and will include publishing on the Open Data Platform and incorporating summary points in JSNA products.

We have a clearer idea where data on equalities characteristics is not available, and whether promotional activity could improve the situation, or if more fundamental measures around collection need to be addressed.

A common approach to collection, categorisation and analysis across the HWB partners would make efforts here more efficient, as would appropriate engagement with projects such as the “Healthier Together” programme across BNSSG.

9. Recommendations

- a) HWB members & partners promote equalities data capture in appropriate IT systems at key contact points
- b) HWB members ensure IT procurement processes include equalities data capture in functional requirements
- c) HWB agree the principle of consistent recording (for example the diamond cluster CSU proposals) and encourage convergence towards these standards across HWB organisations
- d) HWB members engage and influence the BNSSG Healthier Together programme to consider equalities data, inc ethnicity, in their segmentation/population analytics capability
- e) HWB to propose priority areas for equalities analysis for further investigation

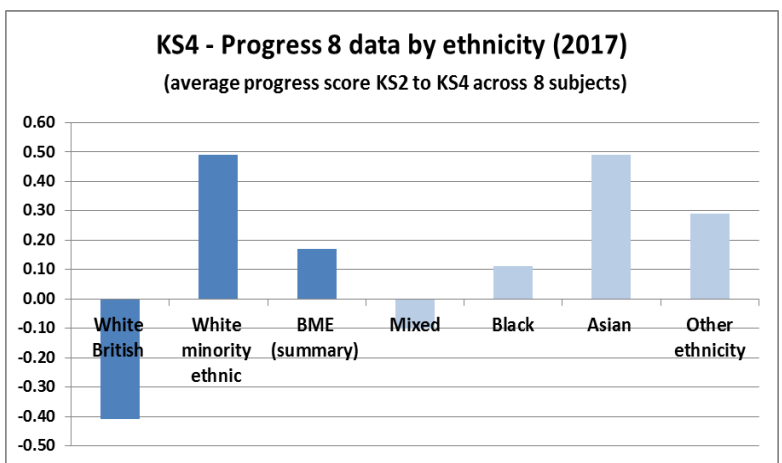
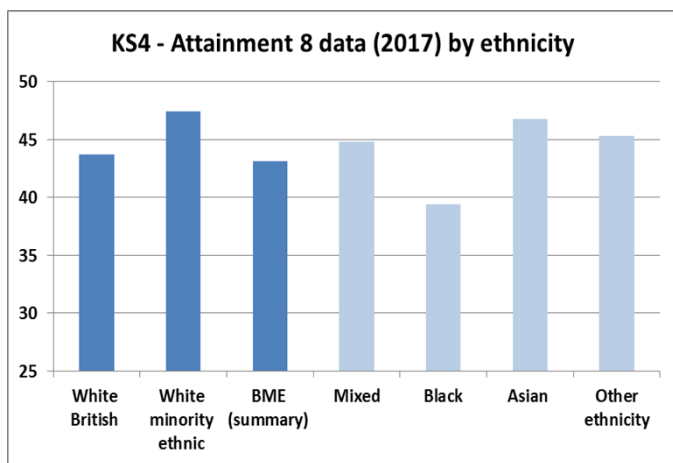
10. Appendix 1 - Current data examples

The below examples are available with data by sex and deciles of deprivation, but are shown here with a focus on ethnicity as this was highlighted as a gap.

Example 1 – Wider determinants - Educational attainment data by ethnicity

Table below is for Summary data to illustrate coverage available, with 97 - 99% of ethnicity known, followed by charts analysing Key Stage 4 (GCSE) data to illustrate additional insight.

Educational attainment (2017)	Total Pupils	Bristol average attainment	Ethnicity - summary categories								
			Ethnicity: White British	White British % of total	White British attainment	Ethnicity: White minority ethnic	White minority ethnic % of total	White minority ethnic attainment	Ethnicity: BME	BME % of total	BME attainment
% Early Years pupils (4-5 yr olds) achieving a good level of development	5580	68.0%	3459	62.0%	71.7%	474	8.5%	58.9%	1476	26.5%	62.5%
KS2 - % Key Stage 2 pupils achieving expected standard in reading, writing & maths	4337	61.0%	2745	63.3%	64%	312	7.2%	62%	1264	29.1%	55%
KS4 - % strong pass in English & Maths	3236	41.0%	2160	66.7%	40.8%	219	6.8%	45.7%	836	25.8%	38.2%
KS4 - Attainment 8	3236	44.0	2160	66.7%	43.7	219	6.8%	47.4	836	25.8%	43.1
KS4 - Progress 8 (average progress score KS2 to KS4 across 8 subjects)	3059	-0.22	2125	69.5%	-0.41	153	5.0%	0.49	763	24.9%	0.17

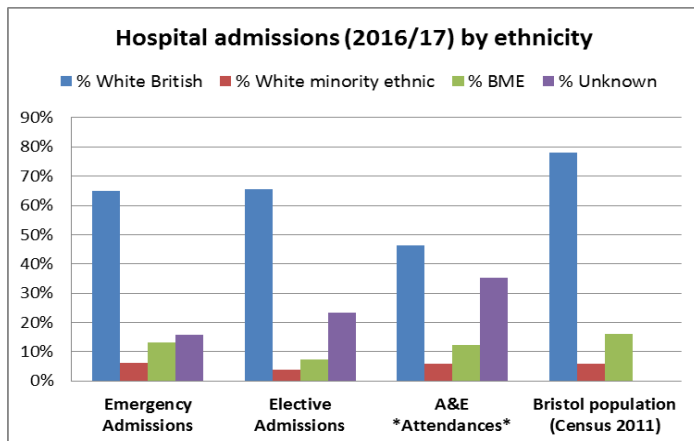


GCSE attainment by ethnic group illustrates the difference in results, and the need to differentiate within the BME summary category.

Note – Significant disparities in Key Stage 4 data is shown by other equality groups, such as Bristol girls in 2017 achieving a Progress 8 score of 0.04, but boys recording a large negative Progress 8 score of -0.47.

Example 2 – CCG Hospital admissions data by ethnicity

The below charts illustrate the coverage of hospital admissions data by ethnicity (summary groups) and by cause. 16% of emergency admissions have unknown ethnicity (and 23% of elective). Census 2011 population breakdown of Bristol residents is for comparison purposes.



The data is also provided by more detailed ethnicity categories, and by other equality groups, plus by Deprivation decile, for more detailed analysis.

Of initial note are the relatively large % BME emergency admissions for Psychoses, Asthma and Diabetes (although totals for psychoses and neuroses are too small to further split by minority ethnic group).

Note - These charts are for the crude % allocation of admissions by ethnic group within each category (eg of all emergency admissions for Asthma, 63% of admissions are white British and 21% are BME, of which 9% are Asian, etc). They do not show rates relative to the underlying population, nor allow for age differences (eg injuries due to falls are primarily older people, where there is a very different ethnic profile: 28% of <16 residents are BME, but 5% of >65)

