

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Wednesday 14 September 2022

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.15 pm** on **Thursday 22 September 2022**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Wellbeing Board members are:-

Member

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Mark Thompson

Councillor Kath Pinnock

Mel Meggs

Rachel Spencer-Henshall

Richard Parry

Carol McKenna

Karen Jackson

Stacey Appleyard

Ruth Buchan

James Creegan

Christine Fox

Dale Gardiner

Superintendent Jim Griffiths

Liz Mear

Sean Rayner

Len Richards

Catherine Riley

Dr Nick Hardiker

Cabinet Member - Health and Social Care

Cabinet Member for Learning, Aspiration and Communities

Ward Concillor - Birstall and Birkenshaw Ward

Ward Concillor - Cleckheaton Ward

Director for Children's Services

Strategic Director - Corporate Strategy, Commissioning & Public Health

Strategic Director - Adults and Health

Kirklees (ICB) Accountable Officer/Place-based Lead

Chief Executive, Locala

Kirklees Healthwatch

Community Pharmacy

Social Care providers (nominated by Kirklees Care Association)

Housing Partnership

West Yorkshire Fire & Rescue

West Yorkshire Police

Independent Chair (or Member) of the Kirklees Integrated Care Board Committee

South West Yorkshire Partnership Foundation Trust

Mid Yorkshire Hospitals Trust

Calderdale and Huddersfield NHS Foundation Trust

University of Huddersfield

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

2: Minutes of previous meeting

1 - 14

To approve the minutes of the meeting of the Board held on the 30th June 2022.

3: Interests

15 - 16

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

6: Public Question Time

The Board will hear any questions from the general public.

7: Health and Wellbeing Board Terms of Reference Update 17 - 20

To note the new terms of reference of the Health and Wellbeing Board as approved by Council on the 7th September 2022.

Contact: Phil Longworth, Senior Manager, Integrated Support

8: 2022-25 Pharmaceutical Needs Assessment update 21 - 210

To receive sign-off from the Board for the 2022-25 Pharmaceutical Needs Assessment.

Contact: Owen Richardson, Data and Insight Enablement Lead for Public Health, Kirklees Council

9: Joint Health and Wellbeing Strategy 211 - 242

The purpose of this paper is to seek the Board's approval of the refreshed Joint Health and Wellbeing Strategy (JHWS).

Contact: Emily Parry-Harries, Consultant in Public Health, Stacey Appleyard, Director - Healthwatch Kirklees and Phil Longworth, Senior Manager, Integrated Support, Tel: 01484 221000

10: West Yorkshire Integrated Care Board Strategy 243 - 260

As part of the new statutory Integrated Care System (ICS) arrangements, there is a requirement to refresh the Partnership's five-year Strategy by March 2023. This paper sets out the approach to this work.

Contact: Ian Holmes, Director of Strategy and Partnerships, West Yorkshire Integrated Care Board and Esther Ashman, Associate Director, Strategy

11: SEND Update

To provide a verbal update on the Written Statement of Improvement following the recent SEND inspection and development of the SEND Transformation Plan.

Contact: Mel Meggs, Strategic Director for Children's Services, Tel: 01484 221000

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 30th June 2022

- Present: Councillor Viv Kendrick (Chair)
Councillor Musarrat Khan
Councillor Carole Pattison
Councillor Mark Thompson
Councillor Kath Pinnock
Carol McKenna
Dr Khalid Naeem
Richard Parry
Rachel Spencer-Henshall
Beth Hewitt
Stacey Appleyard
- In attendance: Tim Breeley-Fox, Locala
Cllr Jackie Ramsay, Lead Member Health and Adults
Social Care Scrutiny Panel
JoL Hilton-Jones, Public Health Manager
Phil Longworth, Senior Manager, Integrated Support
Alex Chaplin, Strategy and Policy Officer, Integration
Sharon Hewitt, Kirklees Safeguarding Children
Partnership Manager
Diane Mckerracher, Chair of Locala
Rachel Millson, Senior Strategic Planning and
Development Manager, Kirklees Health and Care
Partnership
Mags Rogerson, Service Manager, Personalised Care
Matt England, Mid Yorkshire Hospital NHS Trust
Chani Mortimer, Service Manager, Domestic Abuse &
Safeguarding
- Apologies: Mel Meggs
Jacqui Gedman

- 1 Membership of the Board/Apologies**
Apologies were received from Mel Meggs, and Karen Jackson.

Tim Breeley-Fox attended as sub for Karen Jackson.

- 2 Minutes of previous meeting**
That the minutes of the meeting held on the 31st March 2022 be approved as a correct record.

3 Interests

No interests were declared.

4 Admission of the Public

All agenda items were considered in public session.

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No public questions were asked.

7 Joint Health and Wellbeing Strategy

Rachel Spencer-Henshall, Strategic Director for Corporate Strategy, Commissioning and Public Health was invited to introduce the Kirklees Joint Health and Wellbeing Strategy refresh. Prior to introducing the item, the Board was given a brief update on the current position regarding Covid-19 in Kirklees to highlight some of the challenges that the system is currently facing.

The Board was informed that there are a significant number of cases again in Kirklees which is not different to anywhere else in the country. It would seem that there is another wave most likely as a result of the various variance within the Omicron strain. On the positive note, the impact of the vaccination programme shows that those people needing hospitalisation is a lot fewer than it would be based on the current number of cases. It is however, impacting on staff levels, particularly in the health sector which is struggling in terms of people being off with COVID and the impact this has on the ability to deliver care.

The Board was reminded that for people who are 75 and over, and those that are clinically extremely vulnerable, there has recently been a spring booster campaign for an additional vaccination and the offer is still open. For anyone who has not yet had their vaccine and feel like now is the right time the offer is always available.

Introducing the Joint Health and Wellbeing Strategy (JHWS), Ms Spencer-Henshall reminded the Board that it had asked for the Joint Health and Wellbeing Strategy (JHWS) to be refreshed and in response, colleagues have been working on refreshing the strategy over the past year.

The final draft of the strategy is being presented with the hope that each of the organisations represented by the Health and Wellbeing Board will endorse it within their respective organisations. To date, there has been a great deal of engagement on this, and those involved should be thanked for their work.

Phil Longworth Senior Manager Integrated Support, referring to the appended report, advised the Board on issues to consider as follows:

- **Opportunities for partners to endorse the draft JHWS** - giving partners the opportunity to comment on the draft strategy, recognising that the discussion might result in changes being made. Following the discussion, the Board will be

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asked to endorse the draft strategy with the aim that the final version will be brought back to the Board in September 2022.

- **Refining/improving content** – particularly the headline actions for each priority
- **The relationship with the West Yorkshire ICS strategy and Kirklees Place-based plan for health and care** - work has started on updating the West Yorkshire ICS Strategy and consideration will need to be given to how the place-based plan at the Integrated Care Board and the Kirklees Committee will develop and how they work together
- **Embedding ways of working** - as with the previous JHWS there is a great deal about ways of working and there is a continuing challenge regarding how to embed ways of working, particularly around issues like personalisation and co-production
- **Tracking delivery and impact** – it is important to keep track on the difference that is being made and the agreed areas are being delivered on
- **Communicating the top-tier strategies** – there is a challenge that is a collective one across the top tier strategy regarding how to communicate them in a way that is engaging and dynamic

Jo Hilton-Jones Public Health Manager, informed the Board that the new version of the strategy, focuses on the people who live, work, and study in Kirklees and the aim is to make sure it is in plain language and accessible. There has been extensive engagement largely led by Healthwatch that underpins the direction that has been drawn out.

It is high-level and sets the direction and tone and the implementation is reliant on the plans and strategies that sit underneath it. There is a reliance on mutual strategies such as the Environment Strategy, Inclusive Communities Strategy, and the Inclusive Economy Strategy to be able to deliver the intent. The alignment between the strategies is a shared vision and commitment to tackling inequalities.

The vision:

“People who live, work and study in Kirklees live their best lives with good health and wellbeing, free from inequality, stigma and barriers so they can do and the enjoy things that matter to them”

Values: (Principles or standards of behaviour – what is important)

- We believe everyone has the right to good health and wellbeing
- We are committed to getting rid of health and wellbeing inequalities (avoidable unfair differences in health and wellbeing between people of different social groups)
- We value difference and promote fair access to opportunities and resources
- We are committed to addressing the wider factors that influence and impact on health and wellbeing

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- We are committed to enabling communities and individuals to adapt and thrive

The Joint Health and Wellbeing Strategy is focused on the wider factors that impact on health and wellbeing and the need to address them in order to have good health and wellbeing in Kirklees, whilst highlighting the relationship with the other strategies. It is also about working with and empowering our communities. It is being clear about the commitments, and these are being phrased as 'we' statements, it is about how to deliver the strategy and the approach to the work.

The Board was informed that the 'shaped by people' outcome is one of the shared outcomes across Kirklees and place-based working. The strategy outlines details about how the work will be shaped by the people who live, work and study in Kirklees and the basic principles of approaching that. In addition, it sets out the approach to place-based working and how that is going to be delivered.

The inclusive Communities Framework is about showing the shared commitment to working better with our local communities about inclusivity and about social justice. It highlights the pillars of inclusive working and then the five key inclusive approaches that constitute the Kirklees way of doing things.

The Board was informed that a key part of the work going forward will be about how to collaborate with the other top tier strategies and other partnerships to deliver on issues outlined. The cost-of-living crisis being the most pertinent current example, of the need to work with the economic partnership on how to respond and the Inclusive Community framework gives a set of ways of approaching it. In order to respond positively and in ways that are consistent with the JHWS values, there is a need to work with people and not do things to them.

Shaped by people will be shared across all the top tier strategies, also recognising that the other four outcomes have a significant impact on health and wellbeing and will provide an opportunity for partners involved in the Board and others to contribute to them.

- Children having the best start in life
- People in Kirklees are as well as possible for as long as possible
- People in Kirklees live independently and have control over their lives
- We make our places what they are

One of the key elements of this which has been different is the work that Healthwatch has led on regarding the widespread engagement with local people to say what is important to them.

Stacey Appleyard Director - Healthwatch Kirklees, advised the Board that Healthwatch approached local partners including mental health service and the CCG, in addition to using other data it had collected over the past two years. People were saying many different things about services and health and wellbeing, and every single comment was read and there were between 3000 and 5000 comments and then allocated to an 'I' statement.

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The Board was informed that it is evident from previous iterations that people much prefer a plan on a page where they do not have to look at a long set of slides. There has been an attempt to try to summarise the findings from the process and how the JHWS needs to focus attentions. Considering the life course and outcomes and how the work is being shaped by people who live, work or study in Kirklees three priority areas have been identified.

- Mental wellbeing
- Health places
- Connected care and support

From the issues people had raised there are six factors that will need to be considered when tackling those priorities in addition to delivering on the other plans and strategies that supports this.

The six factors:

- Inequalities and inclusion
- Shaped by people
- Poverty
- Digital
- Housing
- Climate emergency

The expectation is, if those factors feel like the right ones, conversations and the thinking can begin on how to build those into the different plans and strategies that can support the JHWS as well as delivering on those three priorities. In terms of delivering on the three priorities, the aim is to take the plan on a page approach.

The Board was informed that it is important to think about how to identify the difference that is being made, and a key part of this is check and challenge. Within the JHWS there are a set of values and ways of working and the importance of the 'I' statements are recognised. There is a plan on a page and a set of ambitions, and the things local partners can and should do. There is also a need to consider the six factors and how to connect these to the other top tier strategies and the success indicators part of the challenges for organisations and services to hold themselves to account.

In terms of the partnership arrangements, ultimately the Health and Wellbeing Board will be able to challenge the people working on those areas and against those tests to see if they are contributing to the delivery of the strategy. Across all the outcomes, it will be important to look at the system's performance measures to see how well the system is working.

In response to the information presented, the Board commented that it will be the role of the Integrated Care Board (ICB) in Kirklees to have oversight and delivery of much of the strategy, however, at the moment it is difficult to distil the information presented. As this develops over the next few months, it will be important to articulate much more clearly about what the expectation is of the Health and Care

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Partnership. This is in addition to thinking about going into the new arrangement and the new ICB and having clarity about how it fits together.

The Board asked a number of questions including the following:

- In terms of the workforce, because according to the headlines today a quarter of GP post might be unfilled at the end of this decade. Is there an issue regarding workforce matters?
- Support for the more transient communities for example a Ukrainian family just coming in might not initially fit under the vision or the value of working, living, or studying in Kirklees because they are not yet fully integrated into society. These people may have the biggest health inequalities and biggest challenges. Does there need to be support around that included in the strategy?

The Board commented that it is happy to endorse the strategy and the messages, however, would like a further conversation about how the information is presented before the final version is brought to the Board for sign off.

RESOLVED

That:

- a) Officers be thanked for presenting the draft refreshed Health and Wellbeing Strategy
- b) the Board endorses the draft refreshed Health and Wellbeing Strategy and encourages partners to endorse the strategy before the final version is presented at the September Board meeting for final approval

8 Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership

Carol McKenna, Chief officer NHS Kirklees Clinical Commissioning Group, provided an update on the transition to West Yorkshire Integrated Care Systems and Kirklees Place-based Partnership. The Board was advised that today (30.06.22), is the last day of the Clinical Commissioning Group (CCG) and tomorrow (01.07.22) is the first day of the Integrated Care Board. The change for employees feels like an evolution who from tomorrow will have a different employer, however the journey will be known, and the partnership work being undertaken for many years will continue in a similar vein albeit within a different framework.

Ms McKenna stated that it was important to place on record a note of thanks to the CCG staff, because they have lived through a period of uncertainty for some considerable time and have worked extremely hard through the process as well as responding to the impact of the pandemic. The CCGs merged 15 months ago and that was an organisational change process that generated a great deal of work from the finance, governance and contracting teams undertaking various year end processes. All the work that is not visible but is vitally important had to be done when CCGs merged into the Kirklees CCG and is now having to be done again for the new arrangement.

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The Board was advised that tomorrow will be the first meeting of the Integrated Care Board (ICB) which will be streamed if Board members want to watch the meeting. It will be a meeting in public and will be fairly procedural. It is the first meeting to enable the operation as a new organisation and there will be a number of governance matters to be signed off and approved. Thereafter, the West Yorkshire Board will meet every two months in a public setting.

In respect of the work in Kirklees, one of the benefits of the three months delay in the new arrangement coming into being, is it has focused the work in shadow form and three shadow meetings of the local ICB committee have taken place. The ICB Committee in Kirklees is the place to where the resources will be delegated, therefore it is an important place. The first formal meeting of that committee will be on the 13th July 2022.

The Kirklees Health and Care Partnership logo which was developed across the partners and will be used going forward.

The Board was shown slides which demonstrated how the various committees fit together, including the Yorkshire Integrated Care Board and the Yorkshire Integrated Care Partnership, the two bodies that make up the Integrated Care System (ICS). When referring to the ICS it is the entirety of the partnership, and it is the West Yorkshire Integrated Care Board that is the statutory body.

The West Yorkshire Board will be supported by a range of committees and there will be five place committees including Kirklees and the ICB place committee will be supported by three subcommittees. The role of the three subcommittees will be predominantly concerned with assurance and being able to give the board assurance that the work of the place-based partnership is being appropriately scrutinised and have the right oversight and level of attention on the work being undertaken.

The Kirklees ICB committee will have the delegated authority to make decisions regarding the use of NHS resources in Kirklees and it is the NHS budget that is delegated currently, however, the expectation is that increasingly conversations will be had regarding the financial health of the entirety of the place. Increasingly, there will be oversight regarding resources not just in terms of finance but on matters such as workforce across the place.

The Board was informed that establishing these new bodies does not mean removing other things that currently exists and work effectively. There are good program structures to deal with a number of priority programs such as aging well, that is an example of one programme that brings together all the partners and that work will continue.

The difference will be in the decision taking mechanisms for example, where things in the past might have gone into the CCG Governing body, they would go into the Kirklees ICB Committee and that changes the ethos from a commissioner making the decision at the end to a partnership working together to agree what is best for a population and then taking the decision together.

RESOLVED

That Carol Mckenna be thanked for providing an update on the transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership

9 Domestic Abuse strategy

Chani Mortimer, Domestic Abuse and Safeguarding Partnership and Jo Richmond, Head of Communities attended the meeting to present the Domestic Abuse Strategy. The Board was informed that the previous domestic abuse strategy ended in 2021 and the one appended to the agenda is the new one that has been coproduced with partners in the Domestic Abuse Strategic Partnership and wider. It is based on a needs assessment, and it was against the backdrop of a new duty around safe accommodation.

The needs assessment which has informed the strategy did highlight a number of areas that has been strengthened, including work with children and young people, people with complex needs and one of the biggest changes is work with perpetrators of domestic abuse.

Developing the strategy was a strong partnership approach in terms of developing the priorities that were identified. Workshops were held with operational staff, in addition to staff at a more senior strategic level who helped to shape the strategy.

The priorities identified in the strategy include:

- **Priority one:** the whole family approach to domestic abuse - this links in with the existing early support offer around supporting children and young people that are affected by domestic abuse whether that is from parental domestic abuse as victims or perpetrators in their own right
- **Priority two:** supporting perpetrators to change their behaviour – this is around holding perpetrators to account and supporting behaviour change and trying to take a more trauma informed approach
- **Priority three:** the partnerships response to supporting victims with multiple needs and/or protected characteristics
- **Priority four:** supporting victims to maintain or access safe and stable Housing because housing is a big issue around domestic abuse
- **Priority five:** multi-agency working arrangements – is the arrangements in place as a partnership to respond to domestic abuse incidents that are reported by police and other agencies

The Board was informed that a great deal of intelligence has gone into the development of this strategy and work is being carried out to strengthen the intelligence across the district in terms of understanding the local picture. Other strategic aims relate to supporting the workforce and supporting specialist services.

Kirklees is fortunate in that there are well established specialist domestic abuse support agencies, and it is supporting them to continue to be sustainable to develop a strong focus on working with local communities. It is also ensuring that there are robust arrangements in place to enable communities to feedback on how domestic abuse is affecting them as a community. The commitment of the partnership is not just what is being done collectively together but what each individual partner organisation is doing to respond to domestic abuse.

Cllr Musarrat Khan, Board member and Portfolio holder for Health and Social Care welcomed the strategy and the update given by officers and asked Board members to bear in mind that the strategy is a working document and is subject to annual review. Cllr Khan advised that while there are measurable outcomes it is important to increase the focus on prevention and tackling the perpetrators to try to help them with their behaviour change which may prevent further incidents.

RESOLVED

That

- a) Chani Mortimer and Jo Richmond be thanked for presenting the draft Domestic Abuse Strategy to the Board
- b) The Board notes the information presented and asks partners to consider the implications of the strategy for their organisations and the work of the Health and Wellbeing Board

- 10 Kirklees Safeguarding Children Partnership Annual Report 2020/2021**
Sharon Hewitt, Kirklees Safeguarding Children Partnership Manager, presented the Kirklees Safeguarding Children Partnership Annual Report 2020/21 to the Board.

In summary, the Board was informed that the report is for the years of 2020 and 2021 and just to remind the Board that there is a requirement for the partnership to produce the annual report around the safeguarding activity that takes place. The report was signed off with the Partnership Executive via the three statutory partners from the local authority, the Clinical Commissioning Group (CCG) and the Police in June and is now on the Kirklees Safeguarding Children website.

The report starts with an introduction from those three partners and then leads into the focus areas for the time covered by the report. At that time, the focus was around early support, prebirth and non-mobile babies, domestic abuse, the impact on children at risk relating to child exploitation and for their safe transition into adult services. These areas of focus have continued into the 21/22 year and the report for that year will be available early autumn.

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The report gives a breakdown around population factors and the safeguarding activity and there was one serious incident notification that came through to the partnership in that time period. It did lead to a local Serious Case Review, but it did not meet the criteria for a notification to the National panel. The case specifically related to the hospital trust restraint policy around restrictive interventions that involve children and there has been some work that has taken place with both hospital trusts around that physical intervention policy.

The incident for the local SCR and was linked to the national themes that come from the National panel and those include

- the voice of the child
- disguise compliance
- professional curiosity
- effective assessment planning
- information sharing
- supervision.

In respect of the national themes, the Policies and Procedures group have been working on or have completed policies and procedures in relation to all the six national themes.

The report outlines the business priorities at that time and what had been achieved. One of the core activities at that time was the response to Covid-19 and developing a system wide collaborative response to the pandemic to protect vulnerable children and families across Kirklees. Part of the response was creating a COVID-19 web page to communicate key information to professionals, practitioners, and members of the community.

The Board was informed that the report outlines the approach to independent scrutiny approach and plan which was endorsed through the Executive Group as follows:

- Endorsed an approach and scrutiny plan
- Formally signed up as a partnership to the Multi-agency Safeguarding Arrangements (MASA)
- Committed to supporting a multi-agency response to look at system wide issues within the safeguarding system
- Supported a widening of scrutiny activity beyond a single individual, and agreed the named scrutineer 'holds the ring' in pulling scrutiny activity together in a meaningful way to support the Partnership Executive Group

The Board was informed that the Section 11 self-assessment which is part of the Children's Act 2004, places a duty on a range of organisations to ensure there have the right services and functions in place to safeguard and promote the welfare of children. The section 11 has taken place and most agencies assess themselves as being compliant against the 11 assessment areas and 66 questions relating to safeguarding. Those agencies who provided answers that were not compliant, it was agreed that Kirklees Safeguarding Children Partnership would undertake a focused challenge and assurance panel event to address the areas of noncompliance and feed that back to the partnership.

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The Exploitation Strategic and Operational Subgroup have undertaken a new way of working alongside the University of Bedfordshire in relation to contextual safeguarding for adolescents. This includes:

- Diversion and prevention to support children away from prosecution
- Local reflection based on a ministerial letter relating to injuries with knife or sharp object
- Work undertaken to review and respond to the Covid pandemic that considered protecting children from a distance

In addition, work has been undertaken to update the Child Exploitation policy, procedures, and guidance around children from abroad, including victims of modern slavery, trafficking, and exploitation.

The Board was informed of a listening and responding exercise being developed to inform change, which allows children and young people, families, and communities to have direct dialogue with the KSCP around any areas of concern, and then this will be expanded to involve practitioners.

RESOLVED

That

- a) Sharon Hewitt be thanked for presenting the Kirklees Safeguarding Children Partnership Annual Report 2020/21 the Board notes
- b) The Board notes the Annual Report and the joint agency priorities

11 Proposed revisions to the terms of reference for the Kirklees Health & Wellbeing Board

Cllr Viv Kendrick, Chair of the Health, and Wellbeing Board, informed the Board that with the imminent change of membership as a result to the new arrangements which will be in place from the 1st July, two members of the current Board will no longer be members of the Board, Beth Hewitt, Independent Board member and Dr Khalid Naeem, Deputy Chair. Cllr Kendrick on behalf of the Board thanked them for their attendance and valuable contribution they have made to the Health and Wellbeing Board.

Phil Longworth, Senior Manager, Integrated Support advised the Board that the report is formatted for going forward from the Health and Wellbeing Board to the Council's Corporate Governance and Audit Committee and then on to Full Council. The Health and Wellbeing Board is a committee of the council and therefore it is council that has the authority to change the terms of reference, however, can only do this, after the Health and Wellbeing Board has been consulted.

The Terms of Reference (TOR) is being revised to reflect that after today, the CCG will no longer be in existence and the Integrated Care Board (ICB) will begin from the 1st July 2022. The revisions are also aimed to reflect the wider policy direction

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that indicates a much broader set of partnership-based approach, which is a shift from a strict commissioner/provider frame of reference. This is what the original formation and membership of Health and Wellbeing Board was based on, and it is moving to something that is much more about recognising that all the key providers of health and care and related services have a significant impact on the health and wellbeing of local people.

The Board was informed that as part of the process of revising the TOR was looking at other Health and Wellbeing Boards and one of the things that stood out was that across West Yorkshire and more widely, is the difference Kirklees has between voting and non-voting members which is very much an anomaly. Therefore, the revisions will remove that distinction meaning that members of the board and all members can vote.

To make the Board more representative and include a wider range of partners who impact on health and wellbeing the membership has increased, however, it is worth noting that, the size of the board is not out of step with other authorities. There has also been an attempt to draw out the distinct roles because it is important to be clear about the role of the Health and Wellbeing Board and the role of the Integrated Care Board Committee.

There has never been the formal role of the vice chair and while in the past this role has been held by the clinical lead from the CCG's, the formal role of deputy chair has now been written into the terms of reference. The expectation is that will continue to be one of the other partners.

Written into the TOR is the role of the Board's chair, or someone designated from the Board to make the connections formally with the other partnership groups such as the Integrated Care Board, Safeguarding Partnerships. In addition, one of the issues that has been brought up by legal is that there are issues within the Health and Care Act which relates to a duty on the Integrated Care Board to make sure that they have reflected the Joint Health and Wellbeing Strategy in their plans. There also needs to be scope for the Health and Wellbeing Board to provide comments to the Integrated Care Board on their plans.

In terms of next steps, once the Board has agreed the revised TOR the report will progress to Corporate Governance and Audit Committee in July 2022 and Full Council in September 2022. One of the practical steps that will need to be taken will be identifying the membership, for example a member from General Practice, NHS England, Fire and Rescue service, the third sector, community pharmacy and social care. The proposal for social care is through the Kirklees Care Association.

RESOLVED

That the revised Terms of Reference of the Health and Wellbeing Board be approved

12 Arrangements for future Health and Wellbeing Board Meetings

Phil Longworth advised the Board that during the pandemic, there was a dispensation given that Council meetings that were taking decisions could meet virtually. That dispensation has now ended, therefore any decision taken by the Board will have to be taken at an in-person meeting.

The formal decision taking by the board is limited to approval of the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, and the Pharmaceutical Needs Assessment.

The suggestion before the Board is:

- 22nd Sept 2022 an in-person meeting to formally approve the Joint Health Wellbeing Strategy and the Pharmaceutical needs assessment
- 24th Nov 2022 Virtual meeting
- 19th Jan 2023 Virtual meeting
- 30th March 2023 In person

RESOLVED

That future meetings of the Health and Wellbeing Board will comprise of physical and virtual meetings

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KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
HEALTH AND WELL BEING BOARD			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Kirklees Health and Wellbeing Board Membership and Terms of Reference 2022/23

1. Membership

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children Services (including as representative of the Children & Young Peoples Partnership)
- Director for Public Health
- Director of Adult Social Care
- One representative of local Kirklees Healthwatch
- Independent Chair (or Member) of the Kirklees Integrated Care Board Committee
- Kirklees (ICB) Accountable Officer/Place-based Lead
- Chief Executive Kirklees Council
- Representative of NHS England

Nominated representative of significant partners:

- General Practice
- Community Pharmacy
- Social Care providers (nominated by Kirklees Care Association)
- Mid Yorkshire Hospitals Trust
- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- Locala
- West Yorkshire Police
- West Yorkshire Fire & Rescue
- Third Sector (nominated by Third Sector Leaders)
- Schools
- University of Huddersfield
- Housing providers

Invited observers:

- Representative of Kirklees Council Overview and Scrutiny

The Council will appoint a Chair at the start of each Municipal Year.

The Board can appoint a Deputy Chair from its members at the first meeting of the Board in each municipal year. The Deputy Chair will normally be from a partner organisation other than the Council.

2. Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council.

The Board is a critical part of the governance structures for health and wellbeing across Kirklees and West Yorkshire.

It is the main strategic partnership for Kirklees that brings together the NHS, the Council and partners to

- set the strategic direction for improving the health and wellbeing of the people who live, work and study in Kirklees
- reduce health inequalities, and
- promote co-operation and integration of services.

The Board will achieve this through¹:

Understanding Needs and Assets

- a) Developing, publishing and owning the **Joint Strategic Needs Assessment** for Kirklees (JSNA) (which is known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, commissioning and delivery of services.
- b) Publishing and maintaining a statement of needs for pharmaceutical services (**the Pharmaceutical Needs Assessment**) across the Kirklees area.

Setting out a Health and Wellbeing Strategy

- c) Developing, publishing and owning the **Joint Health and Wellbeing Strategy** for Kirklees, based on the KJSA and other local intelligence, to provide the overarching framework for planning, commissioning and delivery of services.

Promoting co-operation and integration

- d) **Promoting co-operation and integration and** across the Council, NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing.
- e) Establishing and maintaining links and active co-operation with the West Yorkshire Integrated Care Partnership, the West Yorkshire Integrated Care Board (ICB) and the Kirklees Place-based subcommittee of the ICB, and other regional working structures.

Overseeing delivery of the Health and Wellbeing Strategy

- f) Assuring plans and delivery of key partnerships (eg Kirklees Health and Care Partnership) and programmes (eg the Kirklees Children and Young Peoples Plan), including that they have taken sufficient account of the Kirklees Joint Strategic Assessment, the Kirklees Health and Wellbeing Strategy, and the commitment to co-operation and integration.
- g) Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub-committee, the Kirklees Health Protection Board.
- h) Exercise any other functions of the Council delegated to the Board by the Council excluding health scrutiny functions.

¹ The Boards statutory functions are shown in **bold**

To facilitate co-ordination and integration the Chair, or their nominee, will:

- represent the Kirklees Health and Wellbeing Board at the West Yorkshire Integrated Care Partnership
- attend the formal meetings of the Kirklees Integrated Care Board Committee
- participate in the formal Kirklees health and care system assurance process
- liaise with the Chairs of the Children's Safeguarding Partnership, Adult Safeguarding Board and other formal partnership bodies in Kirklees as required.

3. Voting Rights

All members of the Board are entitled to vote.
Decisions will be taken by majority vote.
The Chair has the casting vote.

In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.

4. Substitute Members

Board Members can send a substitute to represent them should they be unable to attend and if appropriate cast their vote.

5. Quorum

The quorum for the board will be attendance by one third of the membership.

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	22/09/22
TITLE OF PAPER: 2022-25 Pharmaceutical Needs Assessment update	
1. Purpose of paper	To receive sign-off from the Board for the 2022-25 Pharmaceutical Needs Assessment.
2. Background	<p>The NHS Act 2006 (the “2006 Act”), amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update Pharmaceutical Needs Assessments (PNAs). The deadline for publication of the 2022-25 PNA is 1 October 2022. In December 2021 and March 2022, the Board was informed of progress towards completion of the Kirklees PNA. Following these updates, a draft PNA went out for public consultation between 13 June and 12 August 2022.</p> <p>Three responses were received during the 60-day consultation period. No fundamental concerns were raised, but some small changes have been made to the report in response to this feedback. In addition, the report has been updated to reflect changes to pharmacy opening times and service provision occurring since the draft report was written. Taking these amendments into consideration, an assessment was made as to whether the overall conclusions of the draft report were still valid.</p> <p>In summary, although a small number of pharmacies are either no longer offering extended opening on weekends or have made reductions to their opening hours, consideration of these changes, along with consultation feedback, do not alter the conclusions of the original assessment. The PNA has not identified any gaps in the provision of pharmaceutical services or any needs for future provision that could not be met by existing providers.</p> <p>A copy of the final PNA has been circulated to the Board with papers for the September 2022 meeting. Consultation responses are summarised in Appendix A17 and changes to pharmacy provision can be found in Appendix A18.</p>
3. Proposal	<p>It is proposed the Board signs off the 2022 Kirklees PNA. Following sign-off, the 2022-25 PNA will be published on Kirklees Council’s website (to replace the PNA for 2018-21 here: https://www.kirklees.gov.uk/beta/delivering-services/pharmaceutical-needs-assessment.aspx).</p>
4. Financial Implications	None
5. Sign off	Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health
6. Next Steps	The signed-off 2022-25 PNA will be published on Kirklees Council’s website and will supersede the 2018-21 version.

7. Recommendations

To sign off the final version of the 2022-25 PNA.

8. Contact Officer

Owen Richardson, Data and Insight Enablement Lead for Public Health, Kirklees Council

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Pharmaceutical Needs Assessment 2022-2025



Kirklees Pharmaceutical Needs Assessment, 2022-25

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Executive Summary

Since 1st April 2013, every Health and Wellbeing Board (HWBB) in England has had a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Broadly, the PNA should describe the current range of pharmaceutical services, the need for such services and potential future need. It should identify any service gaps and highlight any new services that may be required.

The PNA is used by NHS England (NHSE) to assess applications for new pharmacies, to determine if the proposed pharmacy meets an identified need. PNAs are also used by NHSE and local commissioning bodies to make decisions about which other NHS and local authority funded services need to be provided by local community pharmacies.

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

A joint steering group was established by the five West Yorkshire HWBBs (Bradford, Calderdale, Kirklees, Wakefield, and Leeds) in November 2021, consisting of representatives from each Local Authority's Public Health Intelligence team, each Clinical Commissioning Group (CCG) Medicines Optimisations Team, the West Yorkshire Area Team of NHSE, Community Pharmacy West Yorkshire, and the Local Medical Committee.

Local information was gathered relating to population counts and projections, health conditions, mortality, levels of deprivation and income, planned housing developments, car availability and travel times. This was combined with insight from local surveys and the Kirklees Joint Strategic Needs Assessment (KJSA) and utilised alongside details of pharmacy location, service provision and dispensing activity, to assess level of need and provision in Kirklees.

A systematic approach was taken to identify whether any of the following gaps in pharmaceutical service provision existed:

- Geographical gaps in location of premises
- Geographical gaps in provision of services
- Gaps in the times at which, or days on which, services are provided.

In total, there are 101 pharmacies in Kirklees, with a good geographical spread across the district. All residents live within a 20-minute drive of at least one pharmacy (including pharmacies outside the Kirklees border), and surveys suggest most residents find it easy to access a pharmacy when needed. Eighty pharmacies offer evening opening hours, 59 are open on a Saturday, and 11 offer 100-hour opening. The majority of residents live within a 20-minute drive of at least one 100-hour pharmacy; only the sparsely populated very rural areas of South Kirklees have a longer travel time to a 100-hour pharmacy.

The number of pharmacies providing necessary services (as defined by the Kirklees HWBB), in addition to those essential services provided at all 101 premises, include 96 providing a New Medicine Service, 94 providing a Community Pharmacist Consultation Service, and 76 providing a flu vaccination service. Not all pharmacies are required to offer these necessary services; nearby pharmacies offering these services are regarded as providing adequate local coverage.

Projections suggest the population of Kirklees will increase by 1.34% (+5,899 people) between 2020 and 2025. Over the three-year period 2022/23 – 2024/25, there are 7,167 new housing developments allocated or planned (sites of 25 or more dwellings). It is not envisaged that the increase in population or new housing will place an excessive additional burden on existing pharmaceutical services or needs for future provision.

In conclusion this PNA has not identified any gaps in the provision of pharmaceutical services or any needs for future provision that could not be met by existing providers.

1. Introduction

1.1 Legislation and purpose

Since 1 April 2013, every Health and Wellbeing Board (HWBB) in England has had a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Broadly, the PNA should describe the current range of pharmaceutical services, the need for such services and potential future need (for example, to support an ageing population or new housing development). It should identify any service gaps and highlight any new services that may be required.

The PNA is used by NHS England (NHSE) to assess applications for new pharmacies, to determine if the proposed pharmacy meets an identified need. Market entry is the term used to describe this process, by which applications for new premises are made, processed, and determined.

PNAs are also used by NHSE and local commissioning bodies to make decisions about which other NHS and local authority funded local services need to be provided by local community pharmacies.

PNAs need to be able to withstand potential legal challenges from potential market entrants. The NHS Resolution Primary Care Appeals service will refer to the PNA when hearing appeals on NHSE decisions.

This PNA draws on work undertaken in producing the Kirklees Joint Strategic Needs Assessment (KJSA) and the Health and Wellbeing Strategy (H&WBS). The PNA will not duplicate the details of the KJSA or H&WBS but will refer readers to those documents where they should be read in conjunction with this PNA.

1.2 Pharmaceutical services provided by pharmacy contractors

1.2.1 Community Pharmacy Contractual Framework

The [Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan](#) was published in July 2019 and sets out the agreement between the Government, NHS and Pharmaceutical Services Negotiating Committee (PSNC) on how community pharmacy will support the delivery of the NHS Long Term Plan.

Community pharmacies provide three types of pharmaceutical services which fall under the contractual framework:

- Essential Services – services all pharmacies are required to provide (see Appendix A1)
- Advanced Services – services to support patients with safe use of medicines (see Appendix A2)

- Enhanced Services – services that can be commissioned by NHSE (see Appendix A3)

1.2.2 Local pharmaceutical services

These are provided outside of the contractual framework, with a contract between NHSE and pharmacies. This allows more flexibility in commissioning than is available under the national pharmacy arrangements set out in the 2013 regulations and allows NHSE to commission services tailored to meet local requirements. There are, however, no Local Pharmaceutical Services contracts within the Health and Wellbeing Board's area and NHSE does not have plans to commission such contracts within the lifetime of this Pharmaceutical Needs Assessment.

1.2.3 Locally commissioned services

Kirklees Council and the West Yorkshire Integrated Care Board, and its Kirklees Place Committee (previously NHS Kirklees Clinical Commissioning Group, see Section 1.7), may also commission services from pharmacies and dispensing appliance contractors, but these services fall outside the definition of pharmaceutical services. For the PNA, they are referred to as locally commissioned services and include the following services commissioned by Kirklees Council:

- Needle and syringe exchange service
- Stop smoking service
- Supervised administration service
- Chlamydia screening
- Emergency hormone contraception
- Nicotine replacement therapy

1.2.4 Other NHS services

These are other services which are commissioned or provided by the Integrated Care Board, Kirklees Council, Calderdale and Huddersfield NHS Foundation Trust, and Mid Yorkshire Hospitals NHS Trust. Examples include the hospital pharmacies.

1.3 Opening hours

Pharmacies have two different types of opening hours: core and supplementary. Core hours are usually 40 or 100 and can only be changed by applying to NHSE, which may either grant or reject the application. Supplementary hours are those over and above the core hours and can be changed by giving NHSE three months' notice.

1.4 Distance selling pharmacies

These are a type of community pharmacy, but a distance selling pharmacy must not provide essential face-to-face services. However, they may provide advanced and enhanced services on the premises. Patients have the right to access pharmaceutical services from any community pharmacy including distance selling pharmacies of their choice and therefore can access any of the many internet pharmacies available nationwide.

1.5 Pharmaceutical service providers

The majority of pharmaceutical services are provided through a community pharmacy (also known as a chemist). However pharmaceutical services can also be provided by:

1.5.1 Dispensing GP practices

These are for patients living in a 'controlled locality'. A controlled locality is one where NHSE have agreed the area is rural in character. In order for a patient to have their prescription dispensed by a GP practice they must live more than 1.6km (measured in a straight line) from a pharmacy. Kirklees has one dispensing GP practice: Oaklands Health Centre, Holmfirth.

1.5.2 Dispensing Appliance Contractor (DAC)

Contracted to the NHS, these businesses dispense appliances listed in the Drug Tariff against prescriptions issued by GPs and specialist nurse prescribers.

1.5.3 Scope of PNA

All pharmaceutical providers except the hospital pharmacies, which do not provide NHS pharmaceutical services to the general public, will be considered as part of the Pharmaceutical Needs Assessment.

1.6 The NHS Long Term Plan

In January 2019, NHS England published the [NHS Long Term Plan](#), setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be used. For [community pharmacy](#), the plan states:

- NHS England will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients.
- NHS England and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements.
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; and
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management.

1.7 Integrated Care Systems

Integrated Care Systems (ICS) are a partnership of health and care organisations working together to plan and deliver joined up services and to improve population health. They comprise an Integrated Care Partnership (ICP), which is the broad alliance of organisations concerned with improving health and wellbeing, and an Integrated Care Board (ICB), which brings together the local NHS organisations.

The ICBs replaced Clinical Commissioning Groups (CCGs) on 1 July 2022 and by April 2023 are expected to take on delegated responsibility for pharmaceutical services. This will mean that some services previously commissioned by CCGs (and are other NHS services) will be commissioned by the ICS and fall under the definition of enhanced services.

NHSE has funded a community pharmacy clinical lead post (via the Pharmacy Integration Fund) for each ICS from April 2022 for a period of two years.

West Yorkshire ICS brings together organisations in Bradford and Craven, Calderdale, Kirklees, Leeds, and Wakefield.

2. Process

2.1 Regulations

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

2.2 Steering group

Each Health and Wellbeing Board is responsible for publishing a PNA, however it was agreed there would be benefits to undertaking some aspects of the work jointly across West Yorkshire, with each Health and Wellbeing Board retaining overall responsibility for its own area. Therefore, a joint steering group was established by the five West Yorkshire Health and Wellbeing Boards (Bradford, Calderdale, Kirklees, Wakefield, and Leeds) in November 2021. The steering group consists of representatives from each Local Authority's Public Health Intelligence team, each Clinical Commissioning Group (CCG) Medicines Optimisation Team, the West Yorkshire Area Team of NHS England (NHSE), Community Pharmacy West Yorkshire (CPWY, The Local Pharmaceutical Committee) and the Local Medical Committee (LMC) (a full list of members is provided in Appendix A14).

The steering group has been responsible for overseeing the development of each area's PNA and ensuring that the PNAs meet statutory requirements before submission to its respective Health and Wellbeing Board for final approval. This steering group approved the timetable, outline of the PNA, and the draft for consultation.

2.3 Localities

The Kirklees Local Authority District is largely a combination of urban and rural areas, covering a geographical area of 407,237 square kilometres. Kirklees is one of 14 Local Authorities in Yorkshire and the Humber; the Kirklees HWBB area has direct borders with Bradford, Leeds, Wakefield, Calderdale, Barnsley, High Peak and Oldham HWBB areas.

NHS Kirklees CCG has direct borders with the following CCGs: Calderdale; Bradford District and Craven; Leeds; Wakefield; Barnsley; Tameside and Glossop, and Oldham. The boundary for NHS Kirklees CCG is coterminous with that of the Local Authority.

Kirklees HWBB assessed the differing needs of 23 Electoral Wards, based on the geographic, demographic and social characteristics of the district (see Figure 4). Wards are a useful size to allow for reliable comparisons to identify any variation in factors such as deprivation, age, mortality rates, and admission ratios.

The 23 Electoral Wards are conventionally grouped into four community hub areas (two in North Kirklees and two in South Kirklees):

- Batley and Spenningsdale has six Wards: Batley East, Batley West, Birstall and Birkenhead, Cleckheaton, Heckmondwike, and Liversedge and Gomersal.

- Dewsbury and Mirfield has four Wards: Dewsbury East, Dewsbury South, Dewsbury West, and Mirfield.
- Huddersfield has seven Wards: Almondbury, Ashbrow, Crosland Moor and Netherton, Dalton, Greenhead, Lindley, and Newsome.
- Kirklees Rural has six Wards: Colne Valley, Denby Dale, Golcar, Holme Valley North, Holme Valley South, and Kirkburton.

The average population per Ward is 19,186, with a range of 16,407 (Kirkburton) to 24,262 (Newsome). See Section 6 for further population breakdowns and Appendix A8 for population projections.

2.4 Data collection and limitations

Data from the 2011 Census, ONS population estimates (2020) and planning information on known housing developments within the lifetime of the PNA, were collated to help identify current and likely future population size and characteristics (e.g., age, ethnicity).

The Kirklees Joint Strategic Needs Assessment (KJSA) and Office for Health Improvement and Disparities (OHID) [Fingertips Health profiles](#) and [National General Practice Profiles](#) were used to identify health needs of the population.

Information regarding current service provision, was obtained from NHSE and NHS Business Services Authority (NHSBSA). In addition to this, data on locally commissioned services was provided by the commissioners at Kirklees Council. This was then uploaded to the Strategic Health, Planning and Evaluation (SHAPE) tool from OHID and maps of pharmacies were created, to enable assessment for any gaps in the provision of services by location and opening times.

To identify provision of pharmaceutical services by contractors both within and outside of the Health and Wellbeing Board's area, data on the number and location of prescriptions dispensed was obtained from the NHS Business Services Authority. This data was collated on 8 February 2022 and therefore provides a snapshot in time only.

For some services, provision of the service (between April 2019 and November 2021) has been used as a proxy for a pharmacy being accredited for a service. This may not give an entirely accurate picture of service availability. For example, a pharmacy that has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service. Another example would be that the COVID-19 pandemic has meant that some pharmacy services were paused so activity has not been recorded, although the pharmacy is still accredited to provide the service.

Locally commissioned and enhanced pharmacy services may not be openly commissioned, meaning that the commissioner may limit the number of pharmacies providing the service.

The pharmacy survey (see Section 2.5) was not completed by all contractors, so responses may not be entirely representative. The survey was carried out when many contractors

were still busy supporting the response to the COVID-19 pandemic, which may have impacted on survey response rates.

2.5 Public and pharmacy surveys

In addition to the population health information and relevant demographic data used to support this PNA process, a survey to members of the public was carried out. The survey, which asked about pharmacy use, was developed by the steering group then made available online for members of the public to complete between 14 January and 20 February 2022. The survey was promoted by each area's communications departments to ensure a good response. Kirklees received a total of 185 responses to the survey, predominantly female (77%, vs 22% male), White British ethnicity (87%) and age 45-74 (77%).

At the same time, a survey was emailed directly to pharmacies, asking about the services they provide. A total of 41 pharmacies responded to this survey.

In addition, the Current Living in Kirklees (CLiK) survey took place in November and December 2021, involving around 6,200 Kirklees residents. It was an extensive survey into the health, wellbeing and lifestyle of people aged 16 years and over in Kirklees. The CLiK survey gathered and updated information about quality of life, health, behaviours, and perceptions of the local area. It was the sixth CLiK survey to be conducted, and follows on from those undertaken in 2001, 2005, 2008, 2012 and 2016. One purpose of the survey was to inform Council and Clinical Commissioning Group strategic plans for the commissioning of services to improve health and wellbeing. The CLiK 2021 survey was conducted using a combined postal, self-completion approach (for a random selection of households) and an online open link (for any Kirklees resident aged 16+). Response data was weighted to be demographically representative of the population. Questions about the use of medications and ease/difficulty in accessing a community pharmacy were included in the 2021 questionnaire – see Appendix A7. Results of these questions are reported in Section 5.4 and in the community hub summaries in Section 6.

2.6 Consultation

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to publication of the final Assessment. A list of key stakeholders consulted during this period can be found in Appendix A15. A short consultation survey was developed to capture views and comments.

The draft report was publicised through the following channels:

- Kirklees Council's web site and social media account
- Healthwatch contacts
- Local media channels via a press release
- Voluntary sector contacts and electronic bulletins.

Consultation on this draft PNA commenced on 13 June 2022 and remained open until 12 August 2022. Following the consultation period, the PNA was revised accordingly and

submitted to the Health and Wellbeing Board for final approval. The published PNA will be valid for three years from 1 October 2022 to 30 September 2025, when an updated PNA will be produced.

However, during this period the PNA will be reviewed periodically, and if there are any major initiatives, health requirements or population changes which could have a significant impact on the Assessment, the steering group will make a decision as to whether a revised Assessment is required.

A Supplementary Statement explaining changes to the availability of pharmaceutical services since the publication of this PNA will be issued whenever:

a. There has been a change to the availability of pharmaceutical services and this change is relevant to the granting of applications to open a new pharmacy, to relocate or to provide additional services; and

b. the HWBB is satisfied that the publication of a revised PNA would be a disproportionate response or is already in the process of producing an updated PNA but is satisfied that there is a need for a Supplementary Statement order to prevent significant detriment to the provision of pharmaceutical services.

Supplementary Statements will be a statement of fact and will not make any assessment of the impact of the change on the need for pharmaceutical services within an area.

3. Overview of Kirklees

3.1 Geography

Kirklees is the third largest Metropolitan District in area, covering 40,860 hectares. The district incorporates urban areas around the larger towns of Huddersfield, Dewsbury, and Batley, along with large rural areas including 4,569 hectares within the Peak District National Park (see Figure 1).

Figure 1: Kirklees urban areas, greenbelt and National Park



3.2 Population

Kirklees has a resident population of around 441,290 based on 2020 ONS mid-year population estimates. By population, Kirklees is one of the larger Local Authority Districts in England and Wales, ranking 12th out of 331 Unitary Authorities/Boroughs/Districts. Kirklees has a larger proportion of younger people compared with England, and a smaller proportion of older people.

According to ONS population projections (based on a 2018 base), the population of Kirklees will increase by 1.34% between 2020 and 2025 (+5,899 people). This is lower than the population increase expected for England overall (2.44%). The proportion of people aged over 65 is expected to increase at the same rate as national and regional averages.

Further details and examples of projected figures are included in Appendix A8. The projected increase in the number of patients residing in a care home environment in the

next 16 years is also highlighted in Appendix A8. The specific pharmaceutical needs of this population have been considered in this document.

3.3 Universities and colleges

Huddersfield is a university town, which creates an influx (both on a daily and term-time basis) of (mainly young) people. Students from Greenhead, New and Kirklees Colleges also impact on town centre footfall. The pharmaceutical needs of this population cohort are met by adequate pharmaceutical provision in Huddersfield.

3.4 Increased prevalence of long-term conditions

As the population lives longer, the number of people at risk of developing a chronic illness is likely to grow and the prevalence of chronic long-term conditions is set to increase. The Kirklees Joint Strategic Needs Assessment (KJSA) identified long term conditions as part of a wide range of health and wellbeing issues affecting people across Kirklees. This will have important implications for the commissioning and delivery of pharmaceutical services.

3.5 Ethnicity

According to the 2011 Census, the non-White British population in Kirklees was 23.3% of the Kirklees population. Data from the 2021 Census was not available the time of writing the 2022 PNA.

Gypsies, Travellers, Roma, Showmen, and Bargees (collectively referred to as Gypsies and Travellers) are some of the most vulnerable and marginalised ethnic minority groups in Britain. They present a wide variety of complex and unique issues, and their culture and needs are fundamentally different from many aspects of mainstream society. Gypsies and Travellers are most likely to suffer ill health and they can experience limited access to primary health care, including immunisation programmes for children, either because they don't have a postal address or leave sites at short notice. A [Gypsy and Traveller Accommodation Needs Assessment](#) was published in August 2015. At the time of writing the PNA, Kirklees Council is working with Leeds Gypsy & Traveller Exchange (Leeds GATE) to develop a better understanding of the health needs of these communities.

3.6 Areas of deprivation

Kirklees is the 61st most deprived Upper Tier Local Authority in England (out of 151) based on the Index of Multiple Deprivation 2019 (IMD, using the rank of average rank method). This is highlighted where appropriate in Section 6 of this document and details are included in Appendix A9. IMD quintile is used as the background at Lower Super Output Area (LSOA) for Figure 16a-b in Appendix A9.

3.7 Future housing plans: The Kirklees Local Plan

The [Kirklees Local Plan](#) (adopted February 2019) provides the framework for managing development and addressing key planning issues in Kirklees up to 2031.

Overall, the Local Plan makes provision for a minimum of 31,140 dwellings in Kirklees from 2013 to 2031, along with a wide range of other land uses including additional employment land, retail/town centre uses, sport/leisure uses and urban green spaces.

The importance of new infrastructure and facilities being provided, or existing infrastructure and facilities being enhanced, to support the planned growth, is emphasised in the Local Plan. It is recognised that ensuring good access to a range of infrastructure, services and facilities is an important factor in tackling deprivation and creating sustainable communities. The Plan has an important role in this, as it enables the Council, and other providers of services and facilities, to plan efficiently and focus future provision in areas where there is likely to be a need and sufficient households (and demand) capable of supporting a particular service.

A summary of potential significant housing developments (more than 25 dwellings) by community hub area and Ward for the next three years (2022/23 – 2024/25) is shown in Table 1. This is based on sites allocated in the adopted Local Plan and planning permissions. More detailed information can be found in the individual community hub area overview profiles and the Ward Profiles (Section 6).

Table 1: Potential housing developments

Hub area	Wards	Number of dwellings (on sites larger than 25 dwellings)
Batley and Spen	Batley East and West, Birstall and Birkenshaw, Cleckheaton, Heckmondwike, Liversedge and Gomersal	1,820
Dewsbury and Mirfield	Dewsbury East, South and West, Mirfield	949
Huddersfield	Almondbury, Ashbrow, Crosland Moor and Netherton, Dalton, Greenhead, Lindley, Newsome	2,408
Kirklees Rural	Colne Valley, Denby Dale, Golcar, Holme Valley North and South, Kirkburton	1,990
TOTAL		7,167

4. Identified patient groups with particular health issues

Demographic, cultural and wider societal factors impact on an individual's health needs and outcomes. The [Kirklees Joint Strategic Needs Assessment](#) (KJSA) reflects these needs and supports commissioning decisions in the district. Potential health issues experienced by particular groups of people are summarised in this section, drawing on information from the KJSA, a recent resident survey (Current Living in Kirklees, CLiK 2021), and other sources. Some of these issues are also covered elsewhere in this report.

Consideration is given to the following groups:

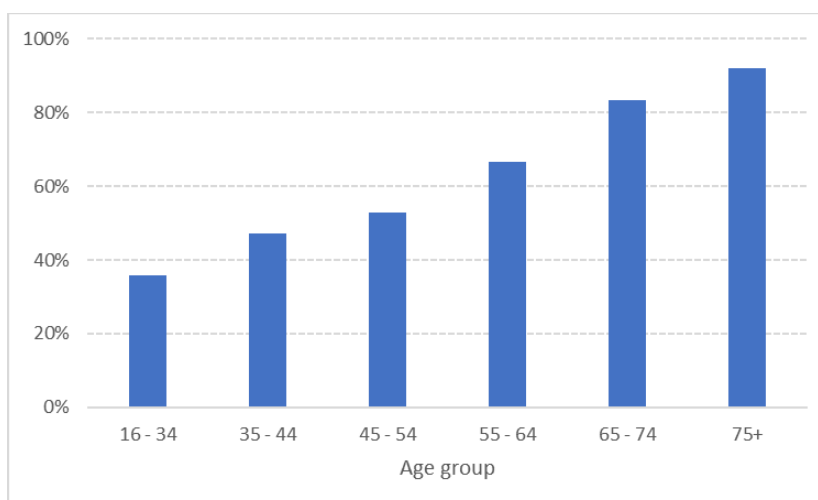
- Those sharing one or more of the protected characteristics defined in the [Equality Act 2010](#):
 - Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
- University students
- People living in more deprived areas
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Military veterans
- Visitors to the area for business or recreation

4.1 Age

The [Director of Public Health \(DPH\) Annual Report 2020/21](#) provides a summary of health and health-related inequalities across the life course in Kirklees, from birth through to old age and end of life.

Local data from the 2021 CLiK survey clearly shows an increased likelihood of living with one or more long-term health conditions as people get older. The prevalence of conditions including cardiovascular disease, respiratory illness, diabetes, and cancer all correlate with age. However, issues relating to poor mental health are more prevalent in young people.

The 2021 CLiK survey shows the likelihood of having regular prescription medicines increases with age (Figure 2). For those who have regular prescriptions, younger adults are more likely to have one or two medicines on prescription whereas older adults are more likely to have four or more medicines. Ease of access to a pharmacy when needed is similar across all age groups (7% found it difficult in the 16-34 age group, compared with 8% for people aged 75+).

Figure 2: Percentage of people with regular prescription medicines, by age

Further information on the health needs of older people in Kirklees can be found in the [2017/18 DPH Annual Report](#) (entitled 'Ageing well in Kirklees'). Additional details on the health-related needs of children can be found in the KJSA sections on [vulnerable children](#) and [children with special educational needs or disabilities](#) (SEND).

4.2 Disability

The Equality Act 2010 defines a person with a disability as having a physical or mental impairment, and the impairment having a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

People with a disability will often experience multiple health problems and may have difficulties communicating. In addition, people with disabilities can have poorer access to healthcare services and are less likely to take part in health screening programmes, leading to undiagnosed or untreated health problems and unmet healthcare needs. There is evidence that obesity is more prevalent in the disabled population when compared to the general population.

People with learning disabilities die, on average, 15-20 years sooner than people in the general population. People with learning disabilities do not tend to fully engage in health education/information and health promotion programmes, such as those for health screening, healthy eating, weight reduction and physical activity. Communication is a significant barrier when people with learning disabilities access healthcare, which affects their ability to share information regarding their health concerns and needs. Additionally, health professionals can lack confidence and experience in communicating with and identifying the needs of people with learning disabilities in healthcare settings, and may require further education, training, and support.

The KJSA contains detailed local information about people with a disability, including [disabled adults](#) and [children with a disability](#).

The 2021 CLiK survey shows the likelihood of having regular prescription medicines is significantly higher for adults with a disability (84%) compared to people without a disability (43%). For those who have regular prescriptions, adults without a disability are more likely to have one or two medicines on prescription whereas adults with a disability are more likely to have four or more medicines. Adults with a disability are significantly more likely to say they find it difficult to access a pharmacy when needed (11% find it difficult, compared with 3% of people without a disability). However, the majority of respondents with a disability (89%) did not have difficulty accessing a pharmacy when needed.

In total, 37% of the respondents to the public pharmacy survey (69 people) reported having a disability. The proportion of disabled people (83%) who felt able to visit their pharmacy of choice when needed was similar to the sample overall (84%). Two people cited disability or being housebound as the reason they were unable to visit their chosen pharmacy.

4.3 Gender reassignment

[Trans Health Factsheets](#), produced by the Gender Identity Research and Education Society, encourage establishing a good relationship with a local pharmacist, particularly for circumstances such as obtaining medication for post-operative complications. The factsheets highlight the following additional health-related risks for trans people:

Hormone therapy

The most serious risks when taking oestrogens are:

- thrombosis: deep vein thrombosis (DVT), stroke, pulmonary embolism (block in a blood vessel in the lungs)
- altered liver function

The most serious risk when taking testosterone is:

- polycythaemia (over-production of red blood cells)

Physical activity

Many trans people struggle with body image and as a result can be reluctant to engage in physical activity. Many trans people feel intimidated and anxious if they try to use gender specific changing rooms. As trans people can find it difficult to secure employment, many lack financial resources to pay gym or sports fees.

Drugs and alcohol

Drugs and alcohol are processed by the liver, like cross sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage. Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.

Smoking

Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication

Mental health

Trans people are likely to suffer from poor mental health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society.

4.4 Marriage and civil partnership

There are no specific health-related risks or pharmacy needs for this protected characteristic group.

4.5 Pregnancy and maternity

The [pregnancy section](#) of the KJSA contains detailed local information on pregnancy and maternity issues. In addition, the 2021/22 Kirklees Director of Public Health Annual focused on the first 1000 days of a child's life, from conception to their second birthday, giving child, parent, and professional perspectives across five developmental stages.

Preconceptual health is important for both parents, to improve fertility and reduce the risk of future chronic disease in children. Managing pre-existing health conditions, taking folic acid, stopping smoking, reducing alcohol consumption, healthy diet and regular exercise, all contribute to improved maternal and neonatal outcomes.

4.6 Race

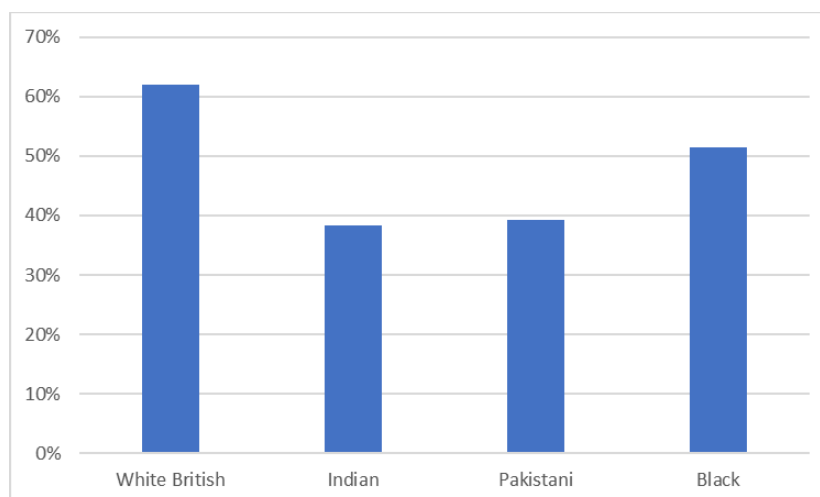
Definitions of race may incorporate skin colour, nationality and/or ethnic or national origins; ethnicity is the most commonly recorded of these characteristics in survey and health-related data.

Evidence shows there are disparities in health outcomes for people of differing ethnicities, with multiple and varied factors contributing to these differences. As an example of these disparities, a 2020 report by Public Health England ([‘Disparities in the risk and outcomes of COVID-19’](#)) suggested that COVID-19 may have had a disproportionate impact on people from Black, Asian and minority ethnic groups, with higher infection rates and increased risk of poorer health outcomes once the infection was acquired.

Local data from the 2021 CLiK survey shows higher self-reported prevalence of cardiovascular disease, diabetes, and pain for people of Black ethnicity, compared to other ethnic groups, although due to the sample size these differences are not statistically significant. Diabetes rates are also higher for people of Pakistani ethnicity. A lower proportion of people of Pakistani ethnicity report having any long-term health condition, and lower rates of respiratory disease are seen in people of Black ethnicity.

The 2021 CLiK survey shows the likelihood of having regular prescription medicines is significantly higher for adults of White British or Black ethnicity compared to people of Pakistani or Indian ethnicity (Figure 3). Adults of Indian ethnicity are less likely to say they find it difficult to access a pharmacy when needed compared with other ethnicities, but this difference is not statistically significant.

Figure 3: Percentage of people with regular prescription medicines, by ethnicity



4.7 Religion or belief

Results from the Office for National Statistics [UK Household Longitudinal Study 2020](#) showed that after adjustment for a range of factors:

- Those who identified as Christian, Hindu and Jewish were significantly more likely to be satisfied with their health.
- The prevalence of long-standing impairment, illness or disability was significantly lower among those identifying as Sikh compared with those who identified as Christian, Muslim, or as having no religion.
- Smoking prevalence was significantly higher among those who identify as having no religion than that among most other religious groups.
- Those identifying as Muslim had a significantly lower mean perceived physical health score.
- Those identifying as Sikh, Hindu or Christian had a significantly greater mean perceived mental health score than those identifying with no religion.

Due to the sample size, analysis of data from the 2021 CLiK survey relating to religion is limited to Christian, Muslim, and no religion, and should be treated with caution. Although it appears a larger proportion of Christians are likely to have regular prescription medicines (68%, compared with 41% of Muslims), this may be a factor of the differing age profiles of these survey samples rather than the influence of religion (Christians in the sample tend to be older and Muslims in the sample tend to be younger). The proportion of people of no religion receiving regular prescription medicines falls between the figures for the two named religions (52%).

4.8 Sex

Males in Kirklees have a lower life expectancy at birth than females (78.4 years for males versus 82.2 years for females, 2018-20: OHID Public Health Profiles). However, the healthy life expectancy at birth figure is higher for Kirklees males than females (61.9 years for males versus 61.2 years for females, 2017-19: OHID Public Health Profiles). In combination, this

suggests that females live longer than males, but spend more years in poor health (16.5 years in poor health for males versus 21.0 years for females).

Local data from the 2021 CLiK survey shows the proportion of females with any long-term health condition is significantly higher than the proportion of males. Females are significantly more likely to have a self-reported mental health condition or respiratory disease; males are significantly more likely to have cardiovascular disease, diabetes, or cancer. Males are also significantly more likely to be overweight.

The 2021 CLiK survey shows a similar proportion of people of male, female and non-binary gender have regular prescription medicines, and there are no significant differences in perceived difficulties accessing a pharmacy when needed. Of those taking regular prescription medicines, males are more likely to be taking a higher number of different medicines, but this may be related to age rather than gender (the male sample profile is older than female and non-binary genders).

4.9 Sexual orientation

A Stonewall report published in 2018 ([‘LGBT in Britain – Health’](#)) found that half of lesbian, gay, bi and trans (LGBT) people in Britain experienced depression in the last year, with one in eight LGBT people aged 18-24 saying they have attempted to take their own life in the last year. LGBT people are more likely to engage in dangerous or unhealthy behaviour, including self-harm, excessive alcohol consumption and taking drugs. One in seven LGBT people have avoided seeking healthcare for fear of discrimination from staff, with almost one in four having witnessed discriminatory or negative remarks against LGBT people by healthcare staff.

The 2021 CLiK survey shows there are no significant differences between people of Heterosexual orientation and people of Lesbian, Gay or Bisexual orientation, in terms of the likelihood of having regular prescription medicines and levels of difficulty accessing a pharmacy when needed.

4.10 University students

The University of Huddersfield has around 20,000 students. The main campus is close to the town centre of Huddersfield and a large proportion of students reside in Newsome Ward (which incorporates the town centre). The population pyramid in Section 6 reflects the high proportion of young adults in this Ward. The University has its own GP practice, and students on campus have easy access to pharmacies in and around the town centre.

4.11 People living in more deprived areas

Reports such as the 2010 Marmot Review [‘Fair Society, Healthy Lives’](#) and its 2020 follow-up report [‘Marmot Review 10 Years On’](#) very clearly illustrate the impact of the wider social determinants of health, in particular deprivation and its association with lower life expectancy.

In Kirklees (2018-20):

- Males living in the most deprived decile have a life expectancy at birth 8.6 years shorter than males living in the least deprived decile (74.0 years versus 82.6 years, respectively).
- Females living in the most deprived decile have a life expectancy at birth 9.6 years shorter than females living in the least deprived decile (77.9 years versus 87.5 years, respectively).

Local data from the 2021 CLiK survey shows that people living in the most deprived areas (most deprived quintile, Index of Multiple Deprivation 2019) are significantly more likely to have a self-reported mental health condition or diabetes, and are significantly more likely to be obese, compared with people living in the least deprived areas (least deprived quintile).

The 2021 CLiK survey shows the likelihood of having regular prescription medicines is significantly higher for adults living in the least deprived areas of Kirklees compared with adults in more deprived areas. However, this may just reflect the effect of age, as a higher proportion of older people live in the least deprived areas. When directly comparing age groups, adults aged 45-64 living in the most deprived quintile are actually more likely to have prescription medicines than those in the least deprived quintile, although this difference is not statistically significant.

The more deprived areas of Kirklees tend to be urban, highly populated and have a higher density of pharmacies, compared with the least deprived areas, which are rural and sparsely populated. These differences might be expected to lead to a reduced level of difficulty in accessing a pharmacy when needed in the most deprived areas. However, the opposite is shown in the data, with a significantly higher proportion of people in the most deprived quintile having difficulty with pharmacy access (8.3%, compared with 3.8% in the least deprived quintile). This may be due to the fact that households in the most deprived areas are less likely to have access to a vehicle than those in the least deprived areas.

4.12 Offenders

The [Offenders section](#) of the KJSA contains detailed local information on health issues relating to offenders and people released from prison. Offenders in Kirklees often have complex needs, including alcohol and drug misuse, employment and accommodation difficulties, and relationship issues. They are far more likely than the general population to have poor mental health, have a learning disability, and low levels of educational achievement. Smoking rates are significantly higher amongst the prison population, compared with the general population.

4.13 Homeless and rough sleepers

The [Kirklees Preventing Homelessness Strategy 2018-23](#) describes the work being carried out in the district to prevent homelessness and to support rough sleepers. The report shows there were 1,730 homelessness preventions in Kirklees in 2017/18. [Data](#) compiled by the Department for Levelling Up, Housing and Communities for Autumn 2021 showed five rough

sleepers in Kirklees, down from 16 in 2019. These figures are a snapshot on a single date in each year.

The links between housing and health are well documented. Good housing can enable people to manage their own health and care needs and live independently, delaying and reducing the need for primary and social care, preventing hospital admissions, and enabling timely discharge from hospital. In addition, good housing enables people to access and sustain education, training, and employment.

Poor physical and mental health can be both a cause and consequence of homelessness. The reasons why people become homeless are complex. They include individual issues, such as mental health conditions, drug and alcohol dependency, domestic abuse and leaving long term institutional living.

Those vulnerable to homelessness or rough sleeping include people with disabilities, people who have mental health issues or learning disabilities, young people, older people, people whose relationships have broken down and where violence is a factor. People who find it difficult to live independently and need support are also vulnerable to homelessness, for example refugees to this country who may be transitioning to a new and different way of living.

4.14 Traveller and gypsy communities

Gypsies, Travellers, Roma, Showmen, and Bargees (collectively referred to as Gypsies and Travellers) are some of the most vulnerable and marginalised ethnic minority groups in Britain. They present a wide variety of complex and unique issues, and their culture and needs are fundamentally different from many aspects of mainstream society. Gypsies and Travellers are most likely to suffer ill health and they can experience limited access to primary health care, including immunisation programmes for children, either because they don't have a postal address or leave sites at short notice. A [Kirklees Gypsy and Traveller Accommodation Needs Assessment](#) was published in August 2015.

These groups face some of the poorest health outcomes, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance misuse, and diabetes. Contributing issues include poor education, lack of integration with mainstream support services, and a lack of trust in such institutions.

At the time of writing this PNA, Kirklees Council is working with [Leeds Gypsy and Traveller Exchange](#) (Leeds GATE) to develop a better understanding of the health needs of these communities.

4.15 Refugees and asylum seekers

A 2020 Migration Observatory briefing ([‘The health of migrants in the UK’](#)) notes that studies on the health of migrant and non-migrant populations typically show that the foreign born are, on average, healthier than non-migrants, as those who decide to migrate tend to be younger and healthier than those who stay behind.

Although migrants are a diverse set of people with differing health needs, refugees and people seeking asylum are known to be amongst the most vulnerable groups in society. They are usually fleeing persecution, war or torture and seeking protection. However, they will each have individual experiences and have a wide range of physical and psychological health needs.

'Refugee' refers to people who have been given leave to remain and 'asylum seekers' are in the process of applying for this. It is important to distinguish between those who are considered 'asylum seekers' and those who have been granted 'refugee' status as this will have a clear effect on their health needs and ability to access to health care.

The 2013 [Home Office Research Report 72](#) on Social and Public Service Impacts of International Migration at the Local Level identified Kirklees as being one of 28 Local Authorities in a high migration 'asylum dispersal area' cluster. Key findings included:

- General agreement that there were higher rates of ill health for asylum seekers and refugees, as indicated in the literature. For example, studies have shown higher rates of depression and anxiety amongst asylum seekers and refugees (both families and those without children), compared with the national population and other migrant groups. There is also higher self-reported ill-health amongst refugees, compared with the national population.
- There was agreement across all groups involved in the research with the statement that "cultural perceptions of healthcare and cultural perceptions of illness can impede effective engagement with the health system and with health professionals". Research has shown that a lack of understanding of UK systems or other barriers make it particularly challenging for health services to provide effective services to this client group.

In addition to mental health issues, migrants often come from communities affected by war, conflict or economic crisis and undertake long, exhausting journeys that increase their risks for diseases that include communicable diseases, and food- and water-borne diseases.

Access to services is a key barrier to identifying and meeting the health and wider needs of migrants, and in particular refugees and asylum seekers. They tend to be unfamiliar with the UK health services and unless directly signposted and supported may not register with a GP unless they become unwell. They may also be seen to misuse services such as hospital Accident and Emergency (A&E) departments due to their understanding of services that exist in their country of origin. As early intervention is essential, providing lower-level support to help improve the mental health and wellbeing of refugees and asylum seekers is important.

Similar issues were also identified in [local qualitative research](#) carried out by Healthwatch Kirklees in 2017, which highlighted the following key points:

- Mental health was the most prevalent issue raised
- People struggle to understand how systems work in the UK
- Women and children can be the most vulnerable and voiceless migrants
- There are gaps in the way demographic information is collected

- Additional challenges are faced by those who lack or possess limited English literacy skills
- Lack of cultural awareness may lead to a mistrust of advice or services
- Migrants may be accustomed to a comparatively more medicalised healthcare system
- Cultural beliefs contribute to feelings of mistrust, stigma, taboos, and myths.

The [Kirklees Local Migration Profile 2020](#) from Migration Yorkshire shows that between 2,300-3,500 new long-term immigrants arrived in Kirklees in 2019, with an additional 1,700 short-term migrants (90% of which were short-term students). 729 people were being supported in Kirklees while awaiting a decision on their asylum-seeking claim. Those granted protection by the Home Office may then stay in the area as refugees. Five refugees were directly resettled in Kirklees during the previous year through government schemes such as the Vulnerable Persons Resettlement Scheme and the Vulnerable Children's Resettlement Scheme.

4.16 Military veterans

Local Authorities have a responsibility under the [Armed Forces Covenant](#) to ensure those who have served in the armed forces, and their families, are treated fairly.

According to a 2009 report (['Health and Social Outcomes and Health Service Experiences of UK Military Veterans'](#)) there is increasing recognition of the health and social needs of ex-Service personnel, in particular mental health problems, such as post-traumatic stress disorder (PTSD), and social exclusion. Although the prevalence of mental health disorders was found to be similar to the general population, the rate of reported alcohol misuse amongst veterans was twice the rate of the general population.

Using local data, the KJSA section on [former members of armed forces](#) shows that those who have served in the armed forces were less likely to rate their health as 'good' and were more likely to have a long-term health condition that limits their daily activities, compared with those who have never served.

4.17 Visitors to the area for business or recreation

Visitor numbers are not available at Kirklees level from the Visit Britain web site, however the district will receive visitors from out of the area to businesses and the University, as well as holidaymakers and those travelling to leisure, sports, and arts venues.

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Kirklees. As visitors are only in the district for a short while their health needs are likely to be:

- treatment of an acute condition which requires the dispensing of a prescription
- the need for repeat medication
- support for self-care, or
- signposting to other health services such as a GP or dentist.

5. Provision of pharmaceutical services

A full list of suppliers of pharmaceutical services in Kirklees can be found in the report appendices, including opening times (Appendix A11) and services provided (Appendix A12). The following maps are also included:

- Pharmacy locations (Appendix A19, Figure 23a-c)
- Travel times to pharmacies (Appendix A13) by car (Figures 19-20), public transport (Figure 21) and walking (Figure 22)
- Pharmacies providing 100-hour opening (Appendix A11, Figure 17a-b)
- Pharmacies providing extended evening or weekend opening (Appendix A11, Figure 18a-b)
- Pharmacies providing advanced services (Appendix A2, Figures 5-8)
- Pharmacies providing enhanced services (Appendix A3, Figure 9)
- Pharmacies providing locally commissioned services (Appendix A4, Figures 10-11)

5.1 Necessary services

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area.

For this PNA, the Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists, and
- The advanced services of New Medicine Service, Community Pharmacist Consultation Service, and flu vaccination.

It should be noted that not all pharmacies are required to offer these necessary services if nearby pharmacies can provide adequate local coverage.

5.2 Dispensing activity

For the period April 2019 to November 2021:

- 85.3% of Kirklees prescription items were dispensed at community pharmacies located within Kirklees
- 9.6% of items were dispensed from distance selling pharmacies
- Most of these distance selling pharmacies were based in Kirklees, although distance selling pharmacies are required to provide services across England
- 0.3% of items were dispensed by dispensing GPs
- Of the remaining items dispensed by community pharmacies, Bradford and Leeds had the largest proportions (0.8% each), with Calderdale and Wakefield having the next largest proportions (0.4% each).

Table 2 shows dispensing activity in Kirklees between April 2019 and November 2021. At the time of data extraction there were 102 pharmacies in Kirklees, but one pharmacy has subsequently closed. The closed pharmacy was near to Huddersfield town centre, where several other pharmacies are located; in total, there are seven pharmacies within a mile of the closed pharmacy location, so the closure of this pharmacy does not create a gap in provision.

Figures are shown separately for financial years 2019/20, 2020/21 and 2021/22 (incomplete year) to identify any impact of the COVID-19 pandemic. An average per month is also shown to enable comparison between the latest incomplete financial year and the previous years.

Table 2: Dispensing activity in Kirklees (Apr 2019 – Nov 2021)

	Items	New Medicine Service (NMS) interventions declared	Appliance Use Reviews (AURs) in home + at premises	Stoma Customisation Fees	Community Pharmacy Hepatitis C Antibody Testing Service Fees	Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service
Apr19-Mar20	8357447	9368	0	241	0	0
<i>Avg per month</i>	<i>696454</i>	<i>781</i>	<i>0.0</i>	<i>20</i>	<i>0.0</i>	<i>0</i>
Apr20-Mar21	8219027	9334	8	152	7	0
<i>Avg per month</i>	<i>684919</i>	<i>778</i>	<i>0.7</i>	<i>13</i>	<i>0.6</i>	<i>0</i>
Apr21-Nov21	5728304	11401	2	107	0	123527
<i>Avg per month</i>	<i>716038</i>	<i>1425</i>	<i>0.3</i>	<i>13</i>	<i>0.0</i>	<i>15441</i>
Apr19-Nov21	22304778	30103	10	500	7	123527
<i>Avg per month</i>	<i>697024</i>	<i>941</i>	<i>0.3</i>	<i>16</i>	<i>0.2</i>	<i>3860</i>

Source: NHS Business Services Authority web site

5.3 Pharmaceutical service provision

Table 3 summarises the provision of pharmaceutical services in Kirklees in April 2022.

Table 3: Kirklees pharmacy summary

Total pharmacies	101	100-hour pharmacies	11
Evening opening	80		
Saturday opening	59	Sunday opening	13
Advanced services:			
New Medicine Service (NMS) accreditation	96	Appliance Use Review Service (AUR)	3
Stoma Customisation Service	20	Community Pharmacist Consultation Service (CPCS)	94
Hepatitis C Testing Service	5	Flu Vaccination Service	76
Hypertension Case Finding Service	67	Smoking Cessation Service ¹	13
Locally commissioned services:			
Chlamydia screening	27	Emergency Hormonal Contraception (EHC)	27
Needle exchange	69	Nicotine Replacement Therapy (NRT)	57
Smoking cessation	57	Supervised consumption	69
Enhanced services:			
Palliative care drugs	8	Minor ailments scheme	9
Head lice	19		
Pharmacy Access Scheme	2		
Other medical premises:			
General Practices	72	Dispensing GP practices	1
Health centre/polyclinic + GP	18	Emergency departments	2
Health centre/clinic	5	Walk-in centres	1

5.3.1 Stoma appliance customisation

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

¹ Commissioned as an advanced service from 10/03/22 – see Section 5.3.8 and Appendix A18 details

5.3.2 Appliance Use Review

An Appliance Use Review helps patients to use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment. The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

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

5.3.3 Dispensing Appliance Contractors

Although there are no Dispensing Appliance Contractors in Kirklees, residents can access provision from Dispensing Appliance Contractors in neighbouring Local Authorities and beyond. Between April 2019 and November 2021, 151,578 items were prescribed in Kirklees and dispensed by Dispensing Appliance Contractors in Bradford, Wakefield, and other Local Authorities.

5.3.4 Dispensing GP practice

Kirklees has one dispensing GP practice at Oaklands Health Centre, Holmfirth. This is for patients living in a 'controlled locality' (where NHSE have agreed the area is rural in character).

5.3.5 Hospitals and Walk-in Centre

The Emergency Departments at Dewsbury and District Hospital and Huddersfield Royal Infirmary have on-site hospital pharmacies. Hospital pharmacies are not in scope for the PNA but reduce the demand on community pharmacies as prescriptions written in hospital are dispensed by the hospital pharmacy service.

Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy.

5.3.6 Flu vaccination

Flu vaccination numbers provided by pharmacies between September 2019 and November 2021 are shown in Table 4. Figures are provided for the full Flu season (Sep – Mar) for 2019/20 and 2020/21, and the first three months of the Flu season (Sep – Nov) to enable comparison with 2021/22.

Table 4: Flu vaccinations (Sep 2019 – Nov 2021)

	Sep - Mar	Sep - Nov
Season 2019/20	11,381	10,587
Season 2020/21	20,762	16,964
Season 2021/22 (incomplete)		34,795

5.3.7 COVID-19 vaccination

Throughout the COVID-19 vaccination programme there have been 21 Local Vaccination Sites (community pharmacy led), supporting a further nine Primary Care Network sites, one Hospital Hub site and one Community Vaccination Centre. The pharmacy sites have administered over 305,000 COVID-19 vaccinations, accounting for around a third of all vaccines administered in Kirklees.

The support from community pharmacies has extended beyond their established sites. The Kirklees in-school vaccination programme was sub-contracted to a pharmacy provider, which enabled Kirklees to exceed the national ambitions on mobilisation timeframes. Community pharmacy have played an essential role in the Kirklees roving and temporary clinic workstreams, mobilising clinics in various community and religious settings, through establishing strong relationships with community leaders, facilitated by Kirklees Council. This work has ensured that the COVID-19 vaccine is accessible in all communities, minimising historical health inequalities.

It should be noted that the COVID-19 vaccination programme in Kirklees was led by the Clinical Commissioning Group, and not all community pharmacies had the opportunity to participate.

5.3.8 Smoking Cessation Service (SCS)

The aim of the SCS is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking with the objective of the service being to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the Ottawa Model for Smoking Cessation (OMSC).

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. This service commenced on 10 March 2022.

5.4 Survey findings

5.4.1 Public pharmacy survey

The public pharmacy survey identified Local Authority of residence, but data cannot be broken down by Ward. There were 185 responses for Kirklees and 1,222 in total across West Yorkshire, with a full breakdown of findings provided in Appendix A6. Headline findings for Kirklees (with notable differences to West Yorkshire figures highlighted) include:

- 91% of respondents visit a pharmacy to get a prescription, with 61% visiting to buy medicines and 41% to get advice.
- 70% of respondents use a pharmacy about once a month, with 21% using pharmacies more frequently.

- 52% prefer to visit weekdays between 9am-6pm; 31% prefer Saturdays; 29% have no preference.
- 87% tend to use the same pharmacy.
- Being close to home (78%) was the most important factor in terms of location, followed by being close to GP practice (49%).
- 84% feel able to visit their pharmacy of choice when needed; although this is significantly lower than the West Yorkshire overall figure of 92%, it still represents a high proportion of respondents in a relatively small sample.
- The most important factors influencing choice of pharmacy are: the pharmacy having the things needed (79% said this was very important), knowledgeable staff (71%) and location (66%).
- The least important listed factor was early opening times (before 9am).
- Most people travel by car (61%) or walk (30%) to the pharmacy and the journey for most people is up to 15 minutes (89%). The equivalent figures for West Yorkshire overall were 50% travelling by car, 40% walking.
- 24% of people have a closer pharmacy that they don't use; the main reason for this is difficulty parking. For West Yorkshire overall, 'bad past experience' was the most common of listed reasons, followed by difficulty parking and taking too long to get what was needed.
- 75% would search the internet to find out information about a pharmacy (higher than the overall West Yorkshire figure of 69%).
- 14% of people don't feel able to talk to a pharmacist about something private or sensitive (higher than the overall West Yorkshire figure of 11%).
- If services were available, 43% of people would use pharmacies for health checks, 31% for vaccinations, and 18% for support to lose weight.

Detailed individual comments from the survey are not included in the PNA, but have been taken into account during assessment of existing pharmacy provision by area.

5.4.2 Current Living in Kirklees (CLiK) 2021 survey

Findings from the 2021 CLiK survey are provided at Ward level in Section 6. Pharmacy-related questions in the CLiK survey can be found in Appendix A7. Headlines at Kirklees level are as follows:

- 82% find it easy to access a community pharmacy or local chemist when they need one (6% find it difficult).
- 89% have used a pharmacy in the last 12 months.
- Picking up a prescription (85%) and buying over the counter medicines/products (47%) were the most common reasons for using a pharmacy.
- 69% of people have regular prescription medicines
 - Of these, 21% have one prescription, 18% have two, 14% have three, 13% have four and 34% have five or more prescription medicines.

5.4.3 Pharmacy survey

A breakdown of findings from the Kirklees pharmacy survey can be found in Appendix A5. In summary, of the 41 pharmacies responding to the survey:

- 90% of pharmacies dispense appliances.
- 24% currently undertake hypertension case finding, but an additional 63% are intending to begin within the next 12 months.
- 17% currently provide a stop smoking service, but an additional 54% are intending to begin within the next 12 months.
- 88% have a pharmacy entrance that is accessible to wheelchair users.
- 73% offer large print labels or leaflets.
- 20% identified a particular need for a locally commissioned service
 - This included emergency hormone contraception, needle exchange, COPD/Asthma reviews, obesity checks, diabetes screening, minor ailments service.
 - Respondents to the survey also identified a need for a walk-in Community Pharmacist Consultation Service that does not require a referral from another provider.
- Pharmacists felt that supporting communities and reducing inequalities could be achieved through a fee-free delivery service, better support for mental health, weight management and smoking cessation, and European language translation.

6. Pharmaceutical service provision by community hub and Ward

6.1 Outline of analysis by community hub and Ward

The information set out in the following section is a summary only of the relevant findings of the Kirklees Health and Wellbeing Board having conducted its Pharmaceutical Needs Assessment. More detailed information is included in the appendices as indicated where appropriate.

At community hub level, the report includes:

- Hub map
- Proportion of population by IMD quintile
- Population by age and gender
- Insights from CLiK survey
- Future planned developments

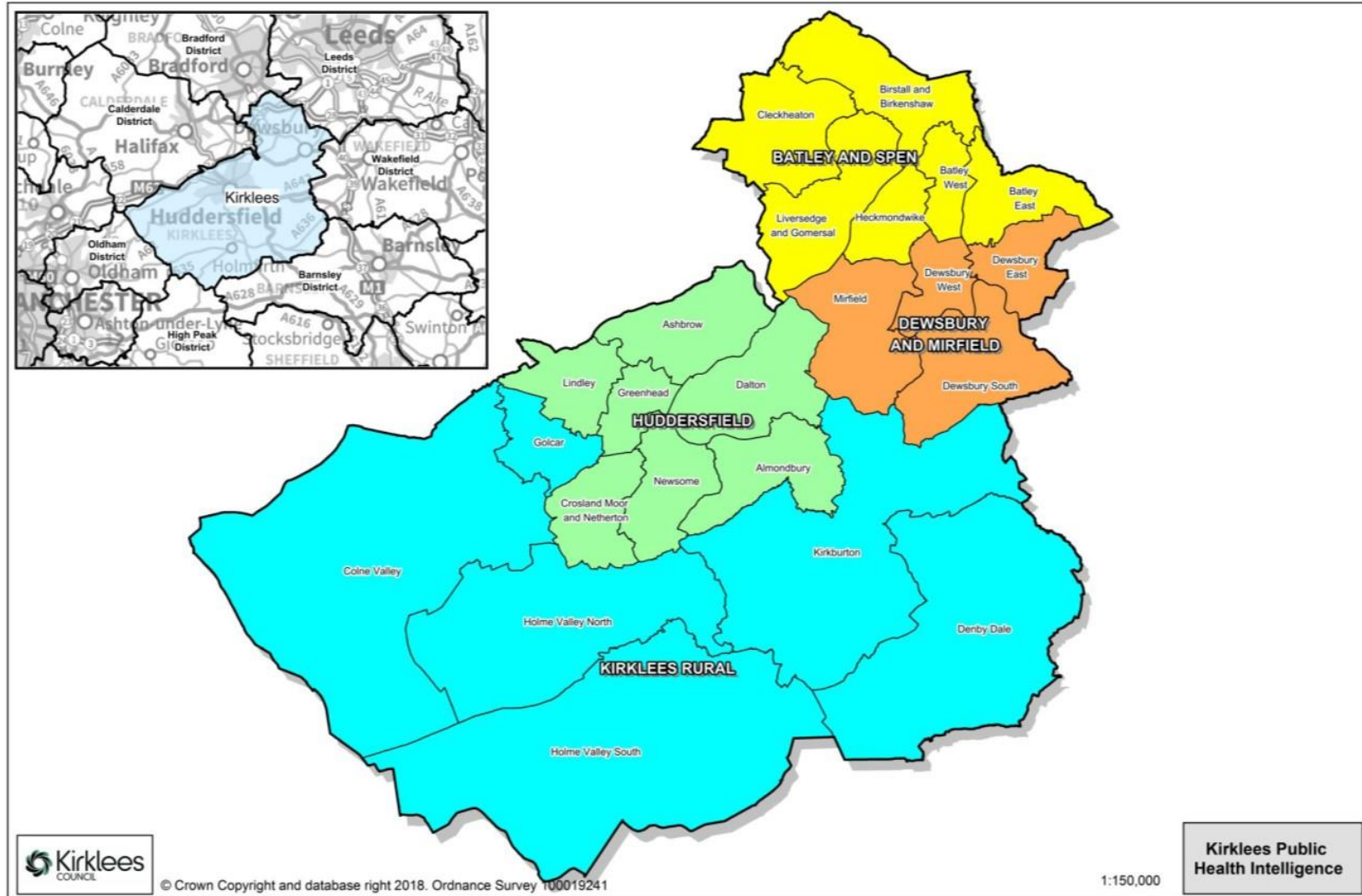
At Ward level, the report includes:

- Population
- Deprivation, income, and access to a car/van
- Health burden
- Planned developments
- Pharmaceutical service provision
 - Advanced services
 - Enhanced services
 - Locally commissioned services
 - Other medical premises
- Necessary services: gaps in provision

6.1.1 Notes on pharmaceutical provision in Ward tables (§)

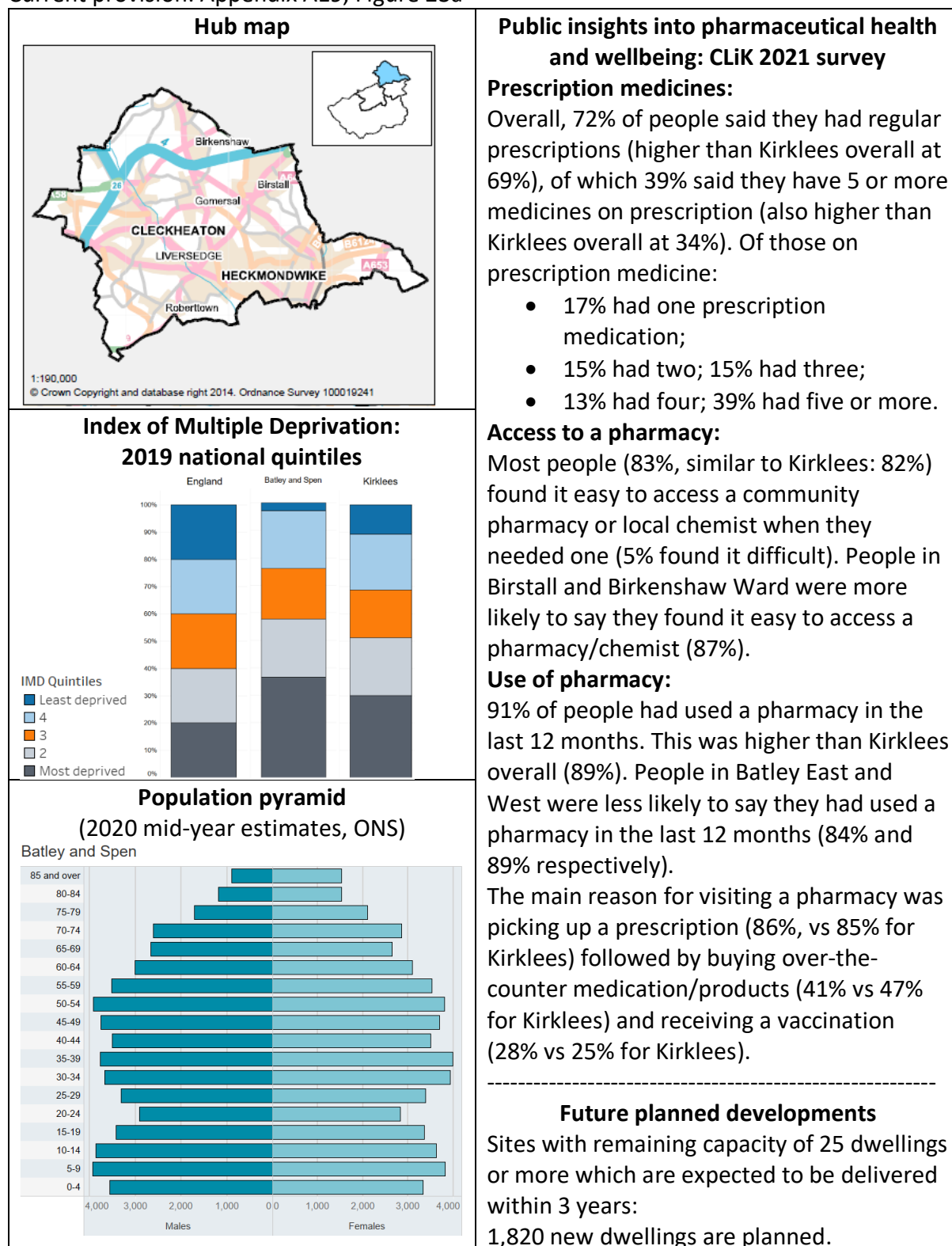
- Evening opening: Pharmacy open until 6pm any day of the week
- Saturday opening: Pharmacy open any time on Saturday
- Sunday opening: Pharmacy open any time on Sunday
- New Medicine Service accreditation: Pharmacy has declared at least 1 NMS between Apr 2019 and Nov 2021 and checks by Community Pharmacy West Yorkshire show service provided
- Stoma Customisation Service: Pharmacy has declared at least 1 stoma customisation fee between Apr 2019 and Nov 2021
- Flu Vaccination Service: Pharmacy has delivered at least 1 flu jab between Apr 2019 and Jan 2022 and uses 'PharmOutcomes'
- Walk-in centres: Kirklees has one NHS walk-in centre at Dewsbury & District Hospital, Halifax Road, Dewsbury WF13 4HS (Batley West Ward); 09:00-20:00 Mon-Fri, 10:00-18:00 Sat-Sun

Figure 4: Community hubs and Wards in Kirklees



6.2 Batley and Spen community hub

Current provision: Appendix A19, Figure 23a



Batley and Spen community hub: Batley East Ward

Population	<p>The population of Batley East Ward based on 2020 ONS mid-year estimates was 19351. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 58.8% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 24.5 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 5th highest proportion of people younger than 20 years old (28.5%). Women have the lowest life expectancy (79 years) and men have the 3rd lowest (76.4 years).</p>
Deprivation and income	<p>Batley East is the 11th most deprived ward in Kirklees (out of 23). 5.7% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 44.3% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 69.2% of households in Batley East have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), stroke, and alcohol-related health problems.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), deaths from all cancers, circulatory disease, CHD, stroke, and respiratory disease. Deaths from all causes (all ages and under 75s), circulatory disease, and stroke are also significantly higher than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) than England and the Kirklees average. Emergency admissions are significantly higher than England and Kirklees for CHD and stroke, and significantly higher than England for all-cause emergency admissions.</p> <p>All Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 104.9 - 129.6</p> <p>Findings for Batley East from the 2021 CLiK survey:</p> <ul style="list-style-type: none"> • 91% are confident managing their own health (similar to the Kirklees average, 90.8%) • 9.7% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 5.8% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 75.5% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 34.3% are overweight (excluding obese) (similar to Kirklees average: 34.0%) • 22.7% are obese (below Kirklees average: 25.1%)

Planned development	Of the 1820 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Batley and Spen area over a three-year period, 477 potential new dwellings are planned or allocated in Batley East Ward.
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Pharmaceutical service provision: Batley East Ward

Total pharmacies	10	100-hour pharmacies	2
Evening opening [§]	8		
Saturday opening [§]	5	Sunday opening [§]	2
Advanced services:			
New Medicine Service (NMS) accreditation [§]	8	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	8
Hepatitis C Testing Service	1	Flu Vaccination Service [§]	7
Hypertension Case Finding Service *	8	Smoking Cessation Service *	2
Locally commissioned services:			
Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	3	Nicotine Replacement Therapy (NRT)	7
Smoking cessation	7	Supervised consumption	3
Enhanced services:			
Palliative care drugs	1	Minor ailments scheme	0
Head lice	3		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	4	Dispensing GP practices	0
Health centre/polyclinic + GP	2	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Batley East has ten pharmacies, including two with 100-hour opening and five open at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy.

In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Batley and Spenningsdale community hub: Batley West Ward

Population	<p>The population of Batley West Ward based on 2020 ONS mid-year estimates was 20735. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 37% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 47.7 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 2nd highest proportion of people younger than 20 years old (29.3%). Women have the 9th lowest life expectancy (81.7 years) and men have the 10th highest (79.2 years).</p>
Deprivation and income	<p>Batley West is the 2nd most deprived ward in Kirklees (out of 23). In this Ward, 5.6% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 47.5% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 72.2% of households in Batley West have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), cancer (particularly lung cancer), and alcohol-related health problems.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (age under 75), deaths from all cancers, circulatory disease, and CHD. Deaths from all causes (age under 75) are also significantly higher than the Kirklees average. Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions than England and Kirklees for COPD and all-cause emergency admissions. Emergency admissions are also significantly higher than England for CHD. Incidence of lung cancer diagnoses is significantly higher than England and Kirklees.</p> <p>All Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 103.6 - 125.9</p> <p>Findings for Batley West from the 2021 CLiK adult population survey:</p>

	<ul style="list-style-type: none"> • 89.1% are confident managing their own health (below Kirklees average: 90.8%) • 16.5% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 11.7% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 78.3% have a self-reported long-term health condition (similar to Kirklees average: 78.5%) • 34% are overweight (excluding obese) (similar to Kirklees average: 34.0%) • 28.7% are obese (above Kirklees average: 25.1%)
Planned development	Of the 1820 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Batley and Spen area over a three-year period, 66 potential new dwellings are planned or allocated in Batley West Ward.

Pharmaceutical service provision: Batley West Ward

Total pharmacies	1	100-hour pharmacies	1
Evening opening [§]	1		
Saturday opening [§]	1	Sunday opening [§]	1
Advanced services:			
New Medicine Service (NMS) accreditation [§]	1	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	1
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	1
Hypertension Case Finding Service	1	Smoking Cessation Service [*]	1
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	1	Nicotine Replacement Therapy (NRT)	1
Smoking cessation	1	Supervised consumption	1
Enhanced services:			
Palliative care drugs	1	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	1	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	1
Health centre/clinic	0	Walk-in centres [§]	1

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Batley West has one pharmacy, with 100-hour opening (including evenings and weekends). The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Batley and Spennings community hub: Birstall and Birkenshaw Ward

Population	<p>The population of Birstall and Birkenshaw Ward based on 2020 ONS mid-year estimates was 16906. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 5.3% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 13.7 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 11th highest proportion of people younger than 20 years old (24.3%). Women have the 11th lowest life expectancy (82.1 years) and men have the 9th lowest (76.8 years).</p>
Deprivation and income	<p>Birstall and Birkenshaw is the 14th most deprived ward in Kirklees (out of 23). In this Ward, 3.6% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 25.6% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 77.6% of households in Birstall and Birkenshaw have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with cancer and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages), deaths from all cancers, and respiratory disease. Deaths from respiratory disease are also significantly higher than the Kirklees average.</p>

	<p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for COPD than England. Emergency admissions are significantly lower than Kirklees for coronary heart disease (CHD) and all-cause emergency admissions.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 91.9 - 126.2</p> <p>Findings for Birstall and Birkenshaw from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 88.6% are confident managing their own health (below Kirklees average: 90.8%) • 11.6% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 8.9% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 76.9% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 38% are overweight (excluding obese) (above Kirklees average: 34.0%) • 26% are obese (above Kirklees average: 25.1%)
Planned development	Of the 1820 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Batley and Spenneth area over a three-year period, 325 potential new dwellings are planned or allocated in Birstall and Birkenshaw Ward.

Pharmaceutical service provision: Birstall and Birkenshaw Ward

Total pharmacies	5	100-hour pharmacies	0
Evening opening [§]	5		
Saturday opening [§]	4	Sunday opening ^{§*}	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	5	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	5
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	5
Hypertension Case Finding Service *	4	Smoking Cessation Service *	1
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	3	Nicotine Replacement Therapy (NRT)	4
Smoking cessation	4	Supervised consumption	3
Enhanced services:			
Palliative care drugs	2	Minor ailments scheme	0
Head lice	1		

Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	3	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Birstall and Birkenshaw has five pharmacies, all open on an evening and four open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Batley and Spennings community hub: Cleckheaton Ward

Population	The population of Cleckheaton Ward based on 2020 ONS mid-year estimates was 17371. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 6.2% (Kirklees average 20.2%). Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 14.2 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 3rd lowest proportion of people younger than 20 years old (21.6%). Women have the 11th highest life expectancy (82.7 years) and men have the median (78.2 years).
Deprivation and income	Cleckheaton is the 15th most deprived ward in Kirklees (out of 23). In this Ward, 4.7% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 30.7% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 76.9% of households in Cleckheaton have access to at least one car or van (Kirklees average: 73.6%).

Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD). Rates of obesity are above the Kirklees average, and a higher proportion of people in this Ward rate their mental health as bad/very bad.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have similar mortality rates to England and Kirklees for deaths from all causes, deaths from all cancers, circulatory disease, coronary heart disease (CHD), stroke, and respiratory disease.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for CHD and all-cause emergency admissions than England. Emergency admissions are not significantly different to Kirklees.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 82.6 - 112.4</p> <p>Findings for Cleckheaton from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 88.3% are confident managing their own health (below Kirklees average: 90.8%) • 12.4% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 21.8% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 80.4% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 32.3% are overweight (excluding obese) (below Kirklees average: 34.0%) • 32% are obese (above Kirklees average: 25.1%)
Planned development	Of the 1820 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Batley and Spennings Dale area over a three-year period, 559 potential new dwellings are planned or allocated in Cleckheaton Ward.

Pharmaceutical service provision: Cleckheaton Ward

Total pharmacies	4	100-hour pharmacies	1
Evening opening [§]	3		
Saturday opening [§]	2	Sunday opening [§]	1
Advanced services:			
New Medicine Service (NMS) accreditation [§]	4	Appliance Use Review Service (AUR)	1
Stoma Customisation Service [§]	2	Community Pharmacist Consultation Service (CPCS)	4
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	4
Hypertension Case Finding Service [*]	2	Smoking Cessation Service [*]	1
Locally commissioned services:			

Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	3	Nicotine Replacement Therapy (NRT)	3
Smoking cessation	3	Supervised consumption	3
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	1		
Other medical premises:			
General Practices	3	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	1	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Cleckheaton has four pharmacies, including one with 100-hour opening, three open in the evenings, and two open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Batley and Spennings community hub: Heckmondwike Ward

Population	<p>The population of Heckmondwike Ward based on 2020 ONS mid-year estimates was 17363. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 25.7% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 32.2 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 8th highest</p>
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	proportion of people younger than 20 years old (25.9%). Women have the 7th lowest life expectancy (81.3 years) and men have the lowest (75.5 years).
Deprivation and income	Heckmondwike is the 10th most deprived ward in Kirklees (out of 23). In this Ward, 5.7% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 44.8% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 76% of households in Heckmondwike have access to at least one car or van (Kirklees average: 73.6%).
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with Chronic Obstructive Pulmonary Disease (COPD), lung cancer, and coronary heart disease (CHD). Rates of obesity are above the Kirklees average.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly a higher mortality rate than England for deaths from all causes (all ages). Mortality rates are not significantly different to the Kirklees average. Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), and all-cause emergency admissions than England and the Kirklees average. Incidence of lung cancer diagnosis and emergency admissions for coronary heart disease (CHD) are significantly higher than the England average. Emergency admission rates for stroke are significantly lower than England and Kirklees.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 85.4 - 118.8</p> <p>Findings for Heckmondwike from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 92.7% are confident managing their own health (above Kirklees average: 90.8%) • 9.2% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 15.7% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 76.4% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 29.4% are overweight (excluding obese) (below Kirklees average: 34.0%) • 31.3% are obese (above Kirklees average: 25.1%)
Planned development	Of the 1820 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Batley and Spennings Dale area over a three-year period, 30 potential new dwellings are planned or allocated in Heckmondwike Ward.

Pharmaceutical service provision: Heckmondwike Ward

Total pharmacies	4	100-hour pharmacies	0
Evening opening [§]	4		
Saturday opening [§]	2	Sunday opening [§]	0

Advanced services:			
New Medicine Service (NMS) accreditation [§]	4	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	4
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	3
Hypertension Case Finding Service *	4	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	4	Nicotine Replacement Therapy (NRT)	3
Smoking cessation	3	Supervised consumption	4
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	3	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Heckmondwike has four pharmacies, all open in the evening and two open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Batley and Spen community hub: Liversedge and Gomersal Ward

Population	<p>The population of Liversedge and Gomersal Ward based on 2020 ONS mid-year estimates was 20079. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 5.9% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 15.4 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 10th highest proportion of people younger than 20 years old (24.4%). Women have the 9th highest life expectancy (83.2 years) and men have the 11th highest (78.8 years).</p>
Deprivation and income	<p>Liversedge and Gomersal is the 12th most deprived ward in Kirklees (out of 23). In this Ward, 4.7% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 27.5% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 76.6% of households in Liversedge and Gomersal have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with Chronic Obstructive Pulmonary Disease (COPD) and cancer (particularly lung cancer).</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages), and deaths from all cancers. Mortality rates are similar to the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) and all-cause emergency admissions than England and the Kirklees average. Incidence of lung cancer diagnosis is also significantly higher than the England average. Emergency admissions are significantly lower than Kirklees for coronary heart disease (CHD).</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 93.3 - 121.4</p> <p>Findings for Liversedge and Gomersal from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 94.7% are confident managing their own health (above Kirklees average: 90.8%) • 13.3% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 13.4% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 82.4% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 35.1% are overweight (excluding obese) (above Kirklees average: 34.0%)

	<ul style="list-style-type: none"> • 18.5% are obese (below Kirklees average: 25.1%)
Planned development	Of the 1820 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Batley and Spens area over a three-year period, 363 potential new dwellings are planned or allocated in Liversedge and Gomersal Ward.

Pharmaceutical service provision: Liversedge and Gomersal Ward

Total pharmacies	2	100-hour pharmacies	0
Evening opening [§]	2		
Saturday opening [§]	0	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	2	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	2	Community Pharmacist Consultation Service (CPCS)	2
Hepatitis C Testing Service *	1	Flu Vaccination Service [§]	2
Hypertension Case Finding Service	2	Smoking Cessation Service *	1
Locally commissioned services:			
Chlamydia screening	0	Emergency Hormonal Contraception (EHC)	0
Needle exchange	2	Nicotine Replacement Therapy (NRT)	1
Smoking cessation	1	Supervised consumption	2
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	2	Dispensing GP practices	0
Health centre/polyclinic + GP	2	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

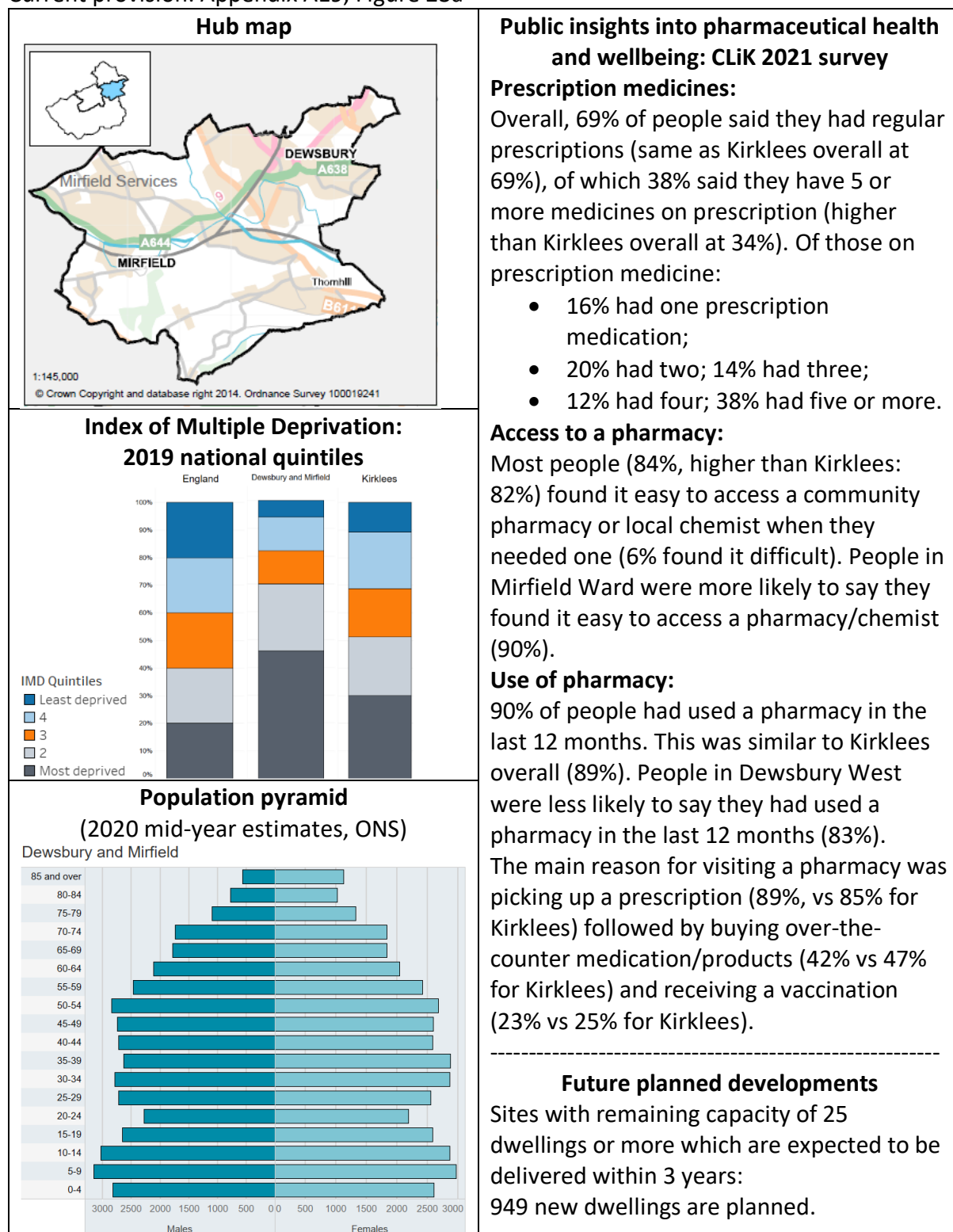
Liversedge and Gomersal has two pharmacies, both open in the evening. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling

pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

6.3 Dewsbury and Mirfield community hub

Current provision: Appendix A19, Figure 23a



Dewsbury and Mirfield community hub: Dewsbury East Ward

Population	<p>The population of Dewsbury East Ward based on 2020 ONS mid-year estimates was 20130. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 18% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 31.2 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 9th highest proportion of people younger than 20 years old (25%). Women have the 5th lowest life expectancy (80.8 years) and men have the 7th lowest (76.7 years).</p>
Deprivation and income	<p>Dewsbury East is the 5th most deprived ward in Kirklees (out of 23). In this Ward, 5.7% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 38.6% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 69.5% of households in Dewsbury East have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), cancer (particularly lung cancer), circulatory disease, and respiratory disease. Rates of obesity are above the Kirklees average.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), deaths from all cancers, circulatory disease, coronary heart disease (CHD), and respiratory disease. Deaths from all causes (all ages and under 75s), and respiratory disease are also significantly higher than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), all-cause emergency admissions, and incidence of lung cancer diagnosis than England and the Kirklees average. Emergency admissions are significantly higher than England for CHD.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 98.3 - 128.9</p> <p>Findings for Dewsbury East from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 89.3% are confident managing their own health (below Kirklees average: 90.8%) • 14.1% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 13.8% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 80.6% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 28.3% are overweight (excluding obese) (below Kirklees average: 34.0%)

	• 34.3% are obese (above Kirklees average: 25.1%)
Planned development	Of the 949 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Dewsbury and Mirfield area over a three-year period, 269 potential new dwellings are planned or allocated in Dewsbury East Ward.

Pharmaceutical service provision: Dewsbury East Ward

Total pharmacies	6	100-hour pharmacies	0
Evening opening [§]	3		
Saturday opening [§]	3	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	6	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	6
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	4
Hypertension Case Finding Service [*]	3	Smoking Cessation Service [*]	0
Locally commissioned services:			
Chlamydia screening	0	Emergency Hormonal Contraception (EHC)	0
Needle exchange	4	Nicotine Replacement Therapy (NRT)	4
Smoking cessation	4	Supervised consumption	4
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	6	Dispensing GP practices	0
Health centre/polyclinic + GP	2	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

^{*} See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Dewsbury East has six pharmacies, including three open in the evening and three open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to

travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Dewsbury and Mirfield community hub: Dewsbury South Ward

Population	<p>The population of Dewsbury South Ward based on 2020 ONS mid-year estimates was 19259. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 48% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 13.7 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 3rd highest proportion of people younger than 20 years old (29%). Women have the 6th lowest life expectancy (81.1 years) and men have the 2nd lowest (75.6 years).</p>
Deprivation and income	<p>Dewsbury South is the 9th most deprived ward in Kirklees (out of 23). In this Ward, 5.5% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 56.6% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 71.7% of households in Dewsbury South have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), stroke, and alcohol-related health problems.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), deaths from circulatory disease, CHD, and respiratory disease. Deaths from all causes (under 75s) are also significantly higher than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for coronary heart disease (CHD) and all-cause emergency admissions than England and the Kirklees average. Emergency admissions are significantly higher than England for Chronic Obstructive Pulmonary Disease (COPD) and stroke.</p> <p>All Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 107 - 112.5</p> <p>Findings for Dewsbury South from the 2021 CLiK adult population survey:</p>

	<ul style="list-style-type: none"> • 93.4% are confident managing their own health (above Kirklees average: 90.8%) • 11.8% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 12.2% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 69.1% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 43.4% are overweight (excluding obese) (above Kirklees average: 34.0%) • 20.4% are obese (below Kirklees average: 25.1%)
Planned development	Of the 949 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Dewsbury and Mirfield area over a three-year period, 244 potential new dwellings are planned or allocated in Dewsbury South Ward.

Pharmaceutical service provision: Dewsbury South Ward

Total pharmacies	6	100-hour pharmacies	2
Evening opening [§]	5		
Saturday opening [§]	3	Sunday opening [§]	2
Advanced services:			
New Medicine Service (NMS) accreditation [§]	6	Appliance Use Review Service (AUR)	1
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	6
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	2
Hypertension Case Finding Service	1	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	3	Nicotine Replacement Therapy (NRT)	1
Smoking cessation	1	Supervised consumption	3
Enhanced services:			
Palliative care drugs	1	Minor ailments scheme	0
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	6	Dispensing GP practices	0
Health centre/polyclinic + GP	1	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Dewsbury South has six pharmacies, including two 100-hour pharmacies and three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Dewsbury and Mirfield community hub: Dewsbury West Ward

Population	<p>The population of Dewsbury West Ward based on 2020 ONS mid-year estimates was 22505. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 54.8% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 42.6 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the highest proportion of people younger than 20 years old (34.4%). Women have the 4th highest life expectancy (83.7 years) and men have the 10th lowest (77.2 years).</p>
Deprivation and income	<p>Dewsbury West is the 1st most deprived ward in Kirklees (out of 23). In this Ward, 7.9% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 58.7% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 63.4% of households in Dewsbury West have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), lung cancer, and stroke. Rates of overweight/obesity are above the Kirklees average.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), deaths from circulatory disease, CHD, and respiratory disease. Deaths from all causes (all ages and under 75s), and respiratory disease are also significantly higher than the Kirklees average.</p>

	<p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), coronary heart disease (CHD), stroke, all-cause emergency admissions, and incidence of lung cancer diagnosis than England and the Kirklees average.</p> <p>All Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 126.3 - 138.4</p> <p>Findings for Dewsbury West from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 89.3% are confident managing their own health (below Kirklees average: 90.8%) • 14.7% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 10.5% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 72.8% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 42.1% are overweight (excluding obese) (above Kirklees average: 34.0%) • 32.2% are obese (above Kirklees average: 25.1%)
Planned development	Of the 949 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Dewsbury and Mirfield area over a three-year period, 129 potential new dwellings are planned or allocated in Dewsbury West Ward.

Pharmaceutical service provision: Dewsbury West Ward

Total pharmacies	4	100-hour pharmacies	1
Evening opening [§]	4		
Saturday opening [§]	2	Sunday opening [§]	1
Advanced services:			
New Medicine Service (NMS) accreditation [§]	4	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	2	Community Pharmacist Consultation Service (CPCS)	4
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	4
Hypertension Case Finding Service *	4	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	4	Nicotine Replacement Therapy (NRT)	2
Smoking cessation	2	Supervised consumption	4
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	2		

Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	2	Dispensing GP practices	0
Health centre/polyclinic + GP	1	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Dewsbury West has four pharmacies, including one 100-hour pharmacy and two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Dewsbury and Mirfield community hub: Mirfield Ward

Population	The population of Mirfield Ward based on 2020 ONS mid-year estimates was 20043. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 5% (Kirklees average 20.2%). Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 14.8 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 2nd lowest proportion of people younger than 20 years old (21.5%). Women have the 10th highest life expectancy (82.8 years) and men have the 2nd highest (81.2 years).
Deprivation and income	Mirfield is the 18th most deprived ward in Kirklees (out of 23). In this Ward, 2.6% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 24.2% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 80.1% of households in Mirfield have access to at least one car or van (Kirklees average: 73.6%).
Health burden	The data below suggest that there are no significant health burdens in this Ward.

	<p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly lower mortality rate than England and Kirklees for deaths from circulatory disease. Deaths from all causes (all ages) are also significantly lower than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), coronary heart disease (CHD) and all-cause emergency admissions than England and the Kirklees average.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 85.4 - 107.3</p> <p>Findings for Mirfield from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 93.2% are confident managing their own health (above Kirklees average: 90.8%) • 9.6% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 9.5% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 81.1% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 36.9% are overweight (excluding obese) (above Kirklees average: 34.0%) • 27.3% are obese (above Kirklees average: 25.1%)
Planned development	Of the 949 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Dewsbury and Mirfield area over a three-year period, 307 potential new dwellings are planned or allocated in Mirfield Ward.

Pharmaceutical service provision: Mirfield Ward

Total pharmacies	4	100-hour pharmacies	1
Evening opening [§]	3		
Saturday opening [§]	3	Sunday opening [§]	1
Advanced services:			
New Medicine Service (NMS) accreditation [§]	4	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	4
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	4
Hypertension Case Finding Service *	2	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	3	Nicotine Replacement Therapy (NRT)	1
Smoking cessation	1	Supervised consumption	3

Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	1	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

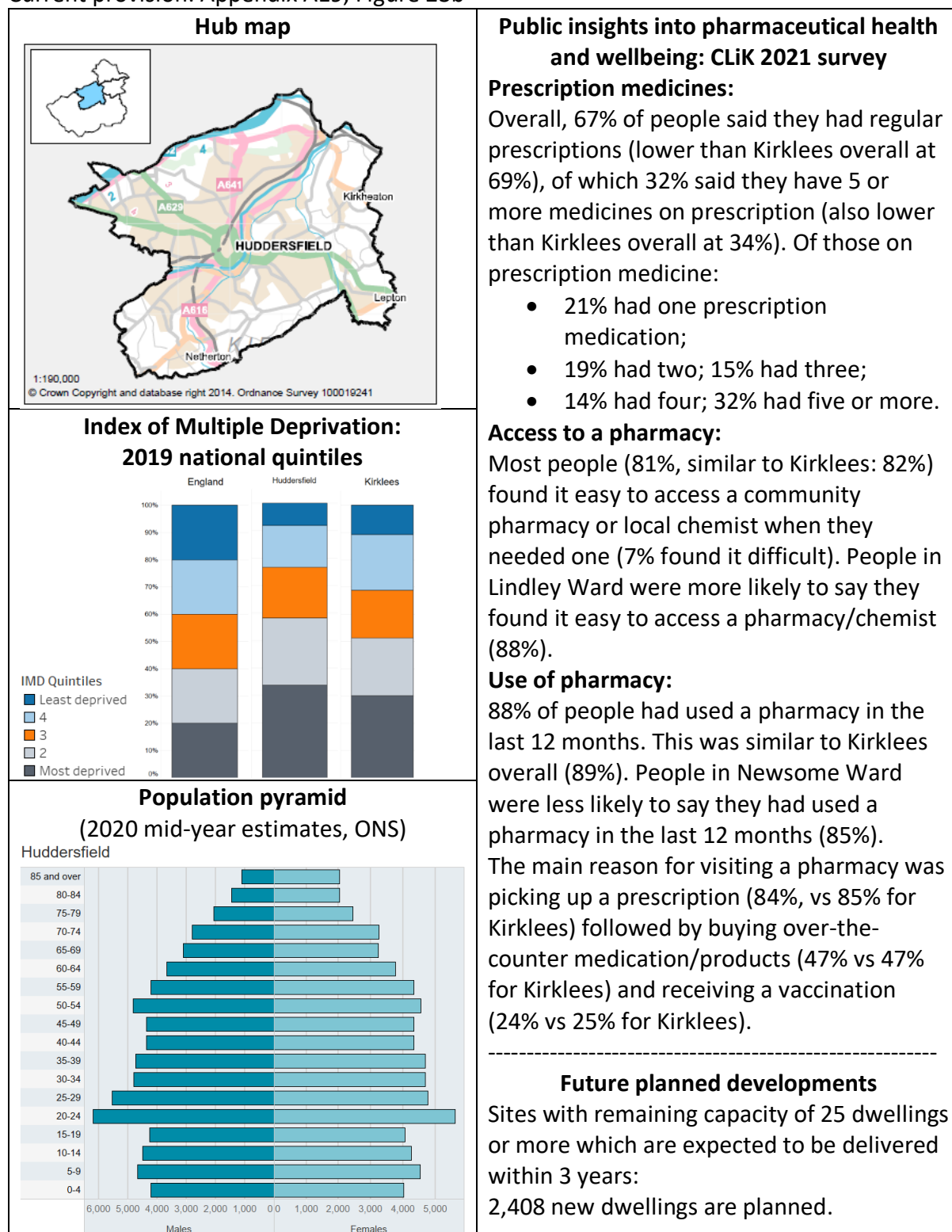
Necessary services: gaps in provision

Mirfield has four pharmacies, including one 100-hour pharmacy and three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

6.4 Huddersfield community hub

Current provision: Appendix A19, Figure 23b



Huddersfield community hub: Almondbury Ward

Population	<p>The population of Almondbury Ward based on 2020 ONS mid-year estimates was 18075. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 13.3% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 17.9 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 4th lowest proportion of people younger than 20 years old (21.6%). Women have the 10th lowest life expectancy (81.9 years) and men have the 6th highest (79.9 years).</p>
Deprivation and income	<p>Almondbury is the 16th most deprived ward in Kirklees (out of 23). In this Ward, 3.9% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 26.7% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 74% of households in Almondbury have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is no significant health burden in this Ward.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages). Mortality rates are similar to the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of all-cause emergency admissions than England and the Kirklees average. Emergency admissions are significantly lower than England for stroke.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 95.4 - 109.1</p> <p>Findings for Almondbury from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 89.7% are confident managing their own health (below Kirklees average: 90.8%) • 10.9% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 11.6% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 83.4% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 29.6% are overweight (excluding obese) (below Kirklees average: 34.0%) • 28.3% are obese (above Kirklees average: 25.1%)
Planned development	<p>Of the 2408 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Huddersfield area over a three-year period, 425 potential new dwellings are planned or allocated in Almondbury Ward.</p>

Pharmaceutical service provision: Almondbury Ward

Total pharmacies	2	100-hour pharmacies	0
Evening opening [§]	0		
Saturday opening [§]	2	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	2	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	2	Community Pharmacist Consultation Service (CPCS)	2
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	2
Hypertension Case Finding Service	0	Smoking Cessation Service *	1
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	2	Nicotine Replacement Therapy (NRT)	2
Smoking cessation	2	Supervised consumption	2
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	4	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Almondbury has two pharmacies, both open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is similar to the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap

or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Huddersfield community hub: Ashbrow Ward

<p>Population</p>	<p>The population of Ashbrow Ward based on 2020 ONS mid-year estimates was 20572. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 41.4% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 18.1 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 6th highest proportion of people younger than 20 years old (27.6%). Women have the 8th lowest life expectancy (81.3 years) and men have the 11th lowest (77.6 years).</p>
<p>Deprivation and income</p>	<p>Ashbrow is the 4th most deprived ward in Kirklees (out of 23). In this Ward, 6.4% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 38.2% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 64.3% of households in Ashbrow have access to at least one car or van (Kirklees average: 73.6%).</p>
<p>Health burden</p>	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), circulatory disease, Chronic Obstructive Pulmonary Disease (COPD), and lung cancer.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages), deaths from circulatory disease, CHD, stroke, and respiratory disease. Mortality rates are similar to the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), CHD, and all-cause emergency admissions than England and the Kirklees average. Incidence of lung cancer diagnosis is significantly higher than the England average.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 76.8 - 124.1</p> <p>Findings for Ashbrow from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 90.1% are confident managing their own health (similar to Kirklees average: 90.8%) • 12.2% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 9.6% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 75% have a self-reported long-term health condition (below Kirklees average: 78.5%)

	<ul style="list-style-type: none"> • 34.7% are overweight (excluding obese) (above Kirklees average: 34.0%) • 24.6% are obese (below Kirklees average: 25.1%)
Planned development	Of the 2408 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Huddersfield area over a three-year period, 670 potential new dwellings are planned or allocated in Ashbrow Ward.

Pharmaceutical service provision: Ashbrow Ward

Total pharmacies	5	100-hour pharmacies	0
Evening opening [§]	5		
Saturday opening [§]	3	Sunday opening [§]	1
Advanced services:			
New Medicine Service (NMS) accreditation [§]	5	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	5
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	4
Hypertension Case Finding Service *	4	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	4	Nicotine Replacement Therapy (NRT)	2
Smoking cessation	2	Supervised consumption	4
Enhanced services:			
Palliative care drugs	1	Minor ailments scheme	1
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	4	Dispensing GP practices	0
Health centre/polyclinic + GP	2	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Ashbrow has five pharmacies, including three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and

District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Huddersfield community hub: Crosland Moor and Netherton Ward

Population	<p>The population of Crosland Moor and Netherton Ward based on 2020 ONS mid-year estimates was 19503. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 44.6% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 25 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 4th highest proportion of people younger than 20 years old (28.8%). Women have the 3rd lowest life expectancy (80.4 years) and men have the 5th lowest (76.4 years).</p>
Deprivation and income	<p>Crosland Moor and Netherton is the 3rd most deprived ward in Kirklees (out of 23). In this Ward, 7.1% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 43% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 65.3% of households in Crosland Moor and Netherton have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), stroke, and alcohol-related health problems.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), deaths from circulatory disease, CHD, and stroke. Deaths from all causes (age under 75), circulatory disease, and stroke are also significantly higher than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), CHD, stroke, and all-cause emergency admissions than England and the Kirklees average.</p> <p>All Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 104.1 - 119.2</p>

	<p>Findings for Crosland Moor and Netherton from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 86.6% are confident managing their own health (below Kirklees average: 90.8%) • 14.5% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 14.8% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 81.4% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 31.5% are overweight (excluding obese) (below Kirklees average: 34.0%) • 22.7% are obese (below Kirklees average: 25.1%)
Planned development	Of the 2408 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Huddersfield area over a three-year period, 454 potential new dwellings are planned or allocated in Crosland Moor and Netherton Ward.

Pharmaceutical service provision: Crosland Moor and Netherton Ward

Total pharmacies	5	100-hour pharmacies	1
Evening opening [§]	5		
Saturday opening [§]	2	Sunday opening [§]	1
Advanced services:			
New Medicine Service (NMS) accreditation [§]	5	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	5
Hepatitis C Testing Service	1	Flu Vaccination Service [§]	4
Hypertension Case Finding Service *	3	Smoking Cessation Service *	1
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	4	Nicotine Replacement Therapy (NRT)	2
Smoking cessation	2	Supervised consumption	4
Enhanced services:			
Palliative care drugs	1	Minor ailments scheme	2
Head lice	2		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	5	Dispensing GP practices	0
Health centre/polyclinic + GP	1	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Crosland Moor and Netherton has five pharmacies, including one 100-hour pharmacy and two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Huddersfield community hub: Dalton Ward

Population	<p>The population of Dalton Ward based on 2020 ONS mid-year estimates was 17309. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 21.4% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 13.4 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 10th lowest proportion of people younger than 20 years old (23.7%). Women have the 5th highest life expectancy (83.7 years) and men have the 8th lowest (76.7 years).</p>
Deprivation and income	<p>Dalton is the 6th most deprived ward in Kirklees (out of 23). In this Ward, 5.9% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 44.6% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 65.7% of households in Dalton have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with cancer. Rates of obesity are above the Kirklees average.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), and deaths from all cancers. Mortality rates are not significantly different to the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive</p>

	<p>Pulmonary Disease (COPD) than the Kirklees average. All-cause emergency admissions are significantly higher than England.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 79.4 - 126.6</p> <p>Findings for Dalton from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 92.2% are confident managing their own health (above Kirklees average: 90.8%) • 11.9% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 15.5% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 80.2% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 32.3% are overweight (excluding obese) (below Kirklees average: 34.0%) • 32% are obese (above Kirklees average: 25.1%)
Planned development	Of the 2408 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Huddersfield area over a three-year period, 408 potential new dwellings are planned or allocated in Dalton Ward.

Pharmaceutical service provision: Dalton Ward

Total pharmacies	4	100-hour pharmacies	1
Evening opening [§]	2		
Saturday opening [§]	3	Sunday opening [§]	1
Advanced services:			
New Medicine Service (NMS) accreditation [§]	4	Appliance Use Review Service (AUR)	1
Stoma Customisation Service [§]	2	Community Pharmacist Consultation Service (CPCS)	4
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	4
Hypertension Case Finding Service *	2	Smoking Cessation Service *	2
Locally commissioned services:			
Chlamydia screening	1	Emergency Hormonal Contraception (EHC)	1
Needle exchange	3	Nicotine Replacement Therapy (NRT)	3
Smoking cessation	3	Supervised consumption	3
Enhanced services:			
Palliative care drugs	1	Minor ailments scheme	0
Head lice	1		
Pharmacy Access Scheme	0		

Other medical premises:			
General Practices	2	Dispensing GP practices	0
Health centre/polyclinic + GP	1	Emergency departments	0
Health centre/clinic	1	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Dalton has four pharmacies, including one 100-hour pharmacy and three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Huddersfield community hub: Greenhead Ward

Population	The population of Greenhead Ward based on 2020 ONS mid-year estimates was 21230. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 50.4% (Kirklees average 20.2%). Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 48 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 7th highest proportion of people younger than 20 years old (26.5%). Women have the 4th lowest life expectancy (80.3 years) and men have the 4th lowest (76.2 years).
Deprivation and income	Greenhead is the 7th most deprived ward in Kirklees (out of 23). In this Ward, 7.1% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 49.4% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 62.9% of households in Greenhead have access to at least one car or van (Kirklees average: 73.6%).
Health burden	The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), circulatory disease, and alcohol-related health problems.

	<p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), deaths from circulatory disease, and stroke. Deaths from all causes (age under 75) are also significantly higher than the Kirklees average. Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for coronary heart disease (CHD) and all-cause emergency admissions than England and the Kirklees average.</p> <p>All Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 109.5 - 129</p> <p>Findings for Greenhead from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 85.1% are confident managing their own health (below Kirklees average: 90.8%) • 11% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 9.6% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 74.9% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 31.8% are overweight (excluding obese) (below Kirklees average: 34.0%) • 27.3% are obese (above Kirklees average: 25.1%)
Planned development	Of the 2408 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Huddersfield area over a three-year period, 26 potential new dwellings are planned or allocated in Greenhead Ward.

Pharmaceutical service provision: Greenhead Ward

Total pharmacies	7	100-hour pharmacies	0
Evening opening [§]	7		
Saturday opening [§]	5	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	7	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	5
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	3
Hypertension Case Finding Service *	4	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	5	Nicotine Replacement Therapy (NRT)	4
Smoking cessation	4	Supervised consumption	5
Enhanced services:			

Palliative care drugs	0	Minor ailments scheme	4
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	6	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Greenhead has seven pharmacies, including five pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Huddersfield community hub: Lindley Ward

Population	The population of Lindley Ward based on 2020 ONS mid-year estimates was 20822. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 17.9% (Kirklees average 20.2%). Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 29.3 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 9th lowest proportion of people younger than 20 years old (23.1%). Women have the 8th highest life expectancy (83.3 years) and men have the 8th highest (79.8 years).
Deprivation and income	Lindley is the 19th most deprived ward in Kirklees (out of 23). In this Ward, 3% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 22.7% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 77.1% of households in Lindley have access to at least one car or van (Kirklees average: 73.6%).

Health burden	<p>The data below suggest that there is no significant health burden in this Ward.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have similar mortality rates to the England average. Deaths from circulatory disease are significantly lower than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) and coronary heart disease (CHD) than England and the Kirklees average. All-cause emergency admissions are significantly lower than the Kirklees average.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 94 - 104.3</p> <p>Findings for Lindley from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 91.8% are confident managing their own health (above Kirklees average: 90.8%) • 9.1% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 10.1% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 79.1% have a self-reported long-term health condition (similar to Kirklees average: 78.5%) • 38.2% are overweight (excluding obese) (above Kirklees average: 34.0%) • 16.8% are obese (below Kirklees average: 25.1%)
Planned development	Of the 2408 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Huddersfield area over a three-year period, 91 potential new dwellings are planned or allocated in Lindley Ward.

Pharmaceutical service provision: Lindley Ward

Total pharmacies	6	100-hour pharmacies	0
Evening opening [§]	3		
Saturday opening [§]	2	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	5	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	5
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	3
Hypertension Case Finding Service [*]	3	Smoking Cessation Service [*]	0
Locally commissioned services:			
Chlamydia screening	0	Emergency Hormonal Contraception (EHC)	0
Needle exchange	2	Nicotine Replacement Therapy (NRT)	2

Smoking cessation	2	Supervised consumption	2
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	3	Dispensing GP practices	0
Health centre/polyclinic + GP	1	Emergency departments	1
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Lindley has six pharmacies, including two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Huddersfield community hub: Newsome Ward

Population	<p>The population of Newsome Ward based on 2020 ONS mid-year estimates was 24262. Based on the 2011 census, the proportion of residents who are non-White British is higher than the Kirklees average at 33.8% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 28.9 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the lowest proportion of people younger than 20 years old (19.2%). Women have the 2nd lowest life expectancy (80.1 years) and men have the 6th lowest (76.7 years).</p>
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Deprivation and income	Newsome is the 8th most deprived ward in Kirklees (out of 23). In this Ward, 5.4% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 53.9% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 56.2% of households in Newsome have access to at least one car or van (Kirklees average: 73.6%).
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD), cancer (particularly lung cancer), circulatory disease, respiratory disease, and alcohol-related health problems. A higher proportion of people in this Ward rate their mental health as bad/very bad.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages and under 75s), deaths from all cancers (age under 75), circulatory disease, CHD, stroke, and respiratory disease. Deaths from all causes (all ages and under 75s), and circulatory disease are also significantly higher than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of emergency admissions for coronary heart disease (CHD) than England and the Kirklees average. Incidence of lung cancer diagnosis is significantly higher than England. All-cause emergency admissions are significantly lower than the Kirklees average.</p> <p>All Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 109.4 - 147.1</p> <p>Findings for Newsome from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 90.5% are confident managing their own health (similar to Kirklees average: 90.8%) • 11.6% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 17.7% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 77.6% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 26.9% are overweight (excluding obese) (below Kirklees average: 34.0%) • 28.9% are obese (above Kirklees average: 25.1%)
Planned development	Of the 2408 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Huddersfield area over a three-year period, 334 potential new dwellings are planned or allocated in Newsome Ward.

Pharmaceutical service provision: Newsome Ward

Total pharmacies	7	100-hour pharmacies	1
Evening opening [§]	5		
Saturday opening [§]	5	Sunday opening ^{§*}	2

Advanced services:			
New Medicine Service (NMS) accreditation [§]	6	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	6
Hepatitis C Testing Service	1	Flu Vaccination Service [§]	5
Hypertension Case Finding Service *	5	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	3	Emergency Hormonal Contraception (EHC)	3
Needle exchange	4	Nicotine Replacement Therapy (NRT)	2
Smoking cessation	2	Supervised consumption	4
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	2
Head lice	2		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	4	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	1	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

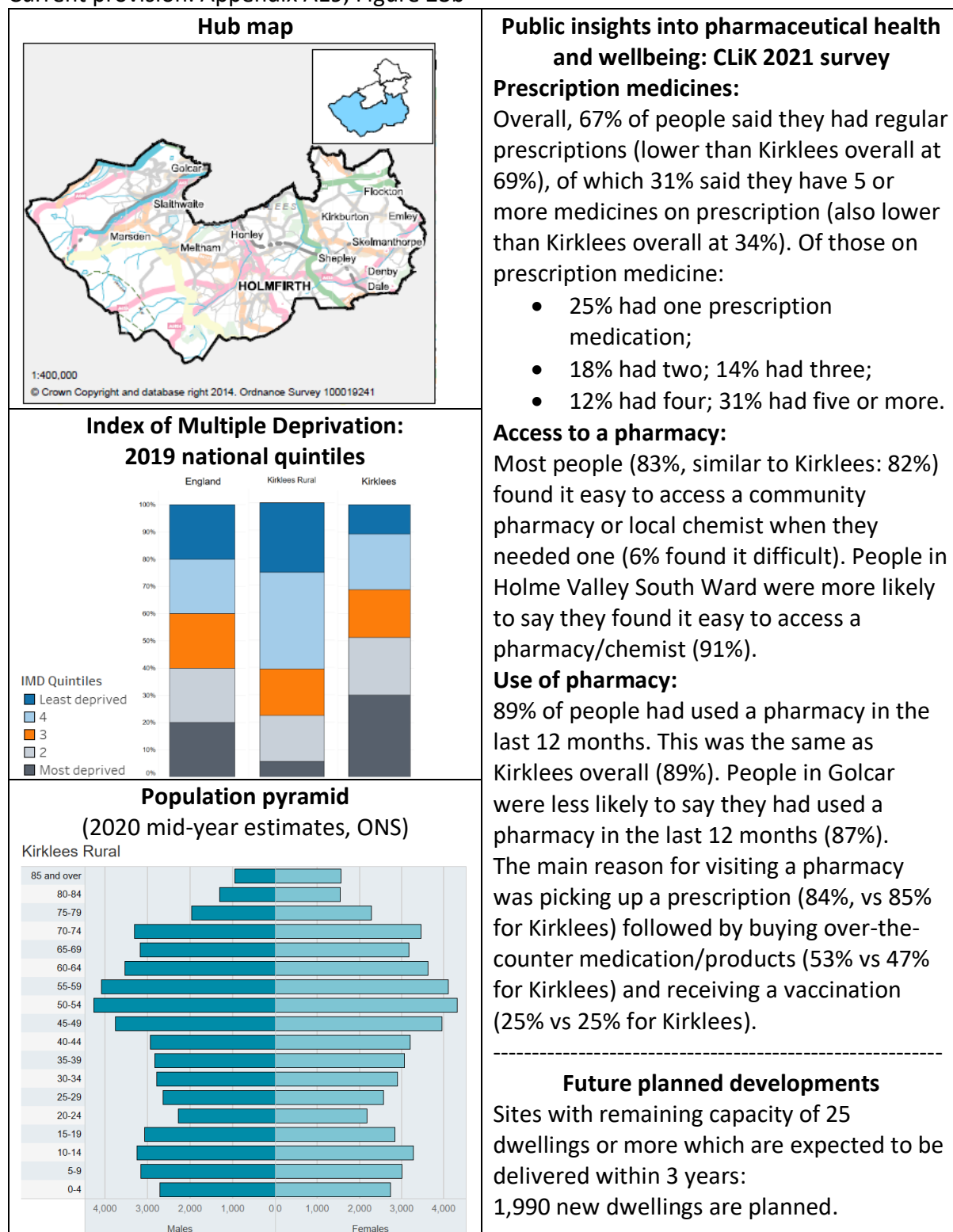
Necessary services: gaps in provision

Newsome has seven pharmacies, including one 100-hour pharmacy and five pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

6.5 Kirklees Rural community hub

Current provision: Appendix A19, Figure 23b



Kirklees Rural community hub: Colne Valley Ward

Population	<p>The population of Colne Valley Ward based on 2020 ONS mid-year estimates was 17715. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 4.9% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is lower than the Kirklees average at 2.6 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 6th lowest proportion of people younger than 20 years old (21.9%). Women have the 7th highest life expectancy (83.5 years) and men have the 5th highest (79.9 years).</p>
Deprivation and income	<p>Colne Valley is the 17th most deprived ward in Kirklees (out of 23). In this Ward, 2.9% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 22.9% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 79.9% of households in Colne Valley have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is no significant health burden in this Ward.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly lower mortality rates than England and the Kirklees average for deaths from all causes (all ages and under 75s), deaths from all cancers (all ages), and respiratory disease. Deaths from all cancers (age under 75) are also significantly lower than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) and all-cause emergency admissions than England and the Kirklees average. Emergency admissions are also significantly lower than the Kirklees average for CHD.</p> <p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 74.9 - 104</p> <p>Findings for Colne Valley from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 87.8% are confident managing their own health (below Kirklees average: 90.8%) • 7.9% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 14.1% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 77.4% have a self-reported long-term health condition (below Kirklees average: 78.5%) • 38.1% are overweight (excluding obese) (above Kirklees average: 34.0%) • 16.8% are obese (below Kirklees average: 25.1%)

Planned development	Of the 1990 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Kirklees Rural area over a three-year period, 566 potential new dwellings are planned or allocated in Colne Valley Ward.
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Pharmaceutical service provision: Colne Valley Ward

Total pharmacies	2	100-hour pharmacies	0
Evening opening [§]	2		
Saturday opening [§]	1	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	2	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	2
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	2
Hypertension Case Finding Service	1	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	0	Emergency Hormonal Contraception (EHC)	0
Needle exchange	2	Nicotine Replacement Therapy (NRT)	0
Smoking cessation	0	Supervised consumption	2
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	2	Dispensing GP practices	0
Health centre/polyclinic + GP	2	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Colne Valley has two pharmacies, including one pharmacy open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies

without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Kirklees Rural community hub: Denby Dale Ward

Population	<p>The population of Denby Dale Ward based on 2020 ONS mid-year estimates was 16779. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 2.6% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is lower than the Kirklees average at 4 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 5th lowest proportion of people younger than 20 years old (21.8%). Women have the median life expectancy (82.5 years) and men have the 9th highest (79.2 years).</p>
Deprivation and income	<p>Denby Dale is the 21st most deprived ward in Kirklees (out of 23). In this Ward, 1.9% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 15% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 87.3% of households in Denby Dale have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with coronary heart disease (CHD) and circulatory disease. Most people in this Ward are confident managing their own health.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from circulatory disease and CHD. Deaths from all causes (age under 75) are significantly lower than the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) and all-cause emergency admissions than England and the Kirklees average. Emergency admissions are significantly higher than England for CHD.</p> <p>No Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 90.4 - 90.7</p> <p>Findings for Denby Dale from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 95.7% are confident managing their own health (above Kirklees average: 90.8%)

	<ul style="list-style-type: none"> • 6.9% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 7.4% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 78.7% have a self-reported long-term health condition (similar to Kirklees average: 78.5%) • 27.3% are overweight (excluding obese) (below Kirklees average: 34.0%) • 25.7% are obese (above Kirklees average: 25.1%)
Planned development	Of the 1990 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Kirklees Rural area over a three-year period, 442 potential new dwellings are planned or allocated in Denby Dale Ward.

Pharmaceutical service provision: Denby Dale Ward

Total pharmacies	3	100-hour pharmacies	0
Evening opening [§]	3		
Saturday opening [§]	2	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	3	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	3
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	3
Hypertension Case Finding Service	3	Smoking Cessation Service *	1
Locally commissioned services:			
Chlamydia screening	0	Emergency Hormonal Contraception (EHC)	0
Needle exchange	2	Nicotine Replacement Therapy (NRT)	2
Smoking cessation	2	Supervised consumption	2
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	3	Dispensing GP practices	0
Health centre/polyclinic + GP	1	Emergency departments	0
Health centre/clinic	1	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Denby Dale has three pharmacies, including two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Kirklees Rural community hub: Golcar Ward

Population	<p>The population of Golcar Ward based on 2020 ONS mid-year estimates was 18240. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 11% (Kirklees average 20.2%).</p> <p>Using the 2020 population mid-year estimate, population density is higher than the Kirklees average at 29.6 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 11th lowest proportion of people younger than 20 years old (23.9%). Women have the 3rd highest life expectancy (83.8 years) and men have the 7th highest (79.8 years).</p>
Deprivation and income	<p>Golcar is the 13th most deprived ward in Kirklees (out of 23). In this Ward, 4.8% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 34.9% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 73.8% of households in Golcar have access to at least one car or van (Kirklees average: 73.6%).</p>
Health burden	<p>The data below suggest that there is a significant health burden in this Ward for people with Chronic Obstructive Pulmonary Disease (COPD), cancer, and coronary heart disease (CHD).</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly higher mortality rates than England for deaths from all causes (all ages), deaths from all cancers, circulatory disease, and CHD. Mortality rates are similar to the Kirklees average.</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly higher rate of all-cause emergency admissions than England and the Kirklees average. Emergency admissions are significantly higher than England for Chronic Obstructive Pulmonary Disease (COPD).</p>

	<p>At least one Middle Super Output Area (MSOA) in this Ward was above the England SAR for hospital stays for alcohol related harm (broad definition): range 92.7 - 121.5</p> <p>Findings for Golcar from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 90.9% are confident managing their own health (similar to Kirklees average: 90.8%) • 12.1% rate their physical health as bad/very bad (above Kirklees average: 11.2%) • 11.9% rate their mental health as bad/very bad (similar to Kirklees average: 12.0%) • 82.3% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 31.7% are overweight (excluding obese) (below Kirklees average: 34.0%) • 25.8% are obese (above Kirklees average: 25.1%)
Planned development	Of the 1990 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Kirklees Rural area over a three-year period, 250 potential new dwellings are planned or allocated in Golcar Ward.

Pharmaceutical service provision: Golcar Ward

Total pharmacies	4	100-hour pharmacies	0
Evening opening [§]	3		
Saturday opening [§]	1	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	3	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	3
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	3
Hypertension Case Finding Service *	3	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	3	Nicotine Replacement Therapy (NRT)	3
Smoking cessation	3	Supervised consumption	3
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	1		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	3	Dispensing GP practices	0

Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Golcar has four pharmacies, including one pharmacy open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is similar to the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Kirklees Rural community hub: Holme Valley North Ward

Population	The population of Holme Valley North Ward based on 2020 ONS mid-year estimates was 17202. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 4.6% (Kirklees average 20.2%). Using the 2020 population mid-year estimate, population density is lower than the Kirklees average at 5.2 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 8th lowest proportion of people younger than 20 years old (22.3%). Women have the 6th highest life expectancy (83.6 years) and men have the 4th highest (81.1 years).
Deprivation and income	Holme Valley North is the 20th most deprived ward in Kirklees (out of 23). In this Ward, 2.4% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 24.8% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 81.5% of households in Holme Valley North have access to at least one car or van (Kirklees average: 73.6%).
Health burden	The data below suggest that there is no significant health burden in this Ward. Standardised Mortality Ratios (SMR) show that people in this Ward have significantly lower mortality rates than England and the Kirklees average for

	<p>deaths from all causes (all ages and under 75s), and deaths from all cancers (all ages).</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for stroke and all-cause emergency admissions than England and the Kirklees average. Emergency admissions are also significantly lower than the Kirklees average for Chronic Obstructive Pulmonary Disease (COPD) and coronary heart disease (CHD). No Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 75.6 - 81.5</p> <p>Findings for Holme Valley North from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 93.5% are confident managing their own health (above Kirklees average: 90.8%) • 10.2% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 8.5% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 79.2% have a self-reported long-term health condition (similar to Kirklees average: 78.5%) • 36.1% are overweight (excluding obese) (above Kirklees average: 34.0%) • 17.6% are obese (below Kirklees average: 25.1%)
Planned development	Of the 1990 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Kirklees Rural area over a three-year period, 185 potential new dwellings are planned or allocated in Holme Valley North Ward.

Pharmaceutical service provision: Holme Valley North Ward

Total pharmacies	4	100-hour pharmacies	0
Evening opening [§]	3		
Saturday opening ^{§*}	3	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	4	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	4
Hepatitis C Testing Service *	1	Flu Vaccination Service [§]	3
Hypertension Case Finding Service *	3	Smoking Cessation Service *	1
Locally commissioned services:			
Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	3	Nicotine Replacement Therapy (NRT)	3
Smoking cessation	3	Supervised consumption	3
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0

Head lice	0		
Pharmacy Access Scheme			
	0		
Other medical premises:			
General Practices	3	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Holme Valley North has four pharmacies, three of which are open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Kirklees Rural community hub: Holme Valley South Ward

Population	The population of Holme Valley South Ward based on 2020 ONS mid-year estimates was 19432. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 3.5% (Kirklees average 20.2%). Using the 2020 population mid-year estimate, population density is lower than the Kirklees average at 3.2 people per hectare (Kirklees average 10.8 people per hectare). Of the 23 Wards in Kirklees, this ward has the 7th lowest proportion of people younger than 20 years old (22.1%). Women have the highest life expectancy (85.3 years) and men have the highest (83.3 years).
Deprivation and income	Holme Valley South is the 22nd most deprived ward in Kirklees (out of 23). In this Ward, 2.3% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 17.6% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 86.7% of

	households in Holme Valley South have access to at least one car or van (Kirklees average: 73.6%).
Health burden	<p>The data below suggest that there is no significant health burden in this Ward.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly lower mortality rates than England and the Kirklees average for deaths from all causes (all ages and under 75s), deaths from all cancers (all ages), and deaths from coronary heart disease (CHD).</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), coronary heart disease (CHD), all-cause emergency admissions, and incidence of lung cancer diagnosis than England and the Kirklees average.</p> <p>No Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 70.4 - 83.6</p> <p>Findings for Holme Valley South from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 92.4% are confident managing their own health (above Kirklees average: 90.8%) • 7.8% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 9.3% rate their mental health as bad/very bad (below Kirklees average: 12.0%) • 79.6% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 34.1% are overweight (excluding obese) (similar to Kirklees average: 34.0%) • 17.2% are obese (below Kirklees average: 25.1%)
Planned development	Of the 1990 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Kirklees Rural area over a three-year period, 304 potential new dwellings are planned or allocated in Holme Valley South Ward.

Pharmaceutical service provision: Holme Valley South Ward

Total pharmacies	4	100-hour pharmacies	0
Evening opening [§]	3		
Saturday opening [§]	4	Sunday opening [§]	0
Advanced services:			
New Medicine Service (NMS) accreditation [§]	4	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	0	Community Pharmacist Consultation Service (CPCS)	4
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	3
Hypertension Case Finding Service *	4	Smoking Cessation Service *	1

Locally commissioned services:			
Chlamydia screening	2	Emergency Hormonal Contraception (EHC)	2
Needle exchange	4	Nicotine Replacement Therapy (NRT)	4
Smoking cessation	4	Supervised consumption	4
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	0		
Other medical premises:			
General Practices	1	Dispensing GP practices	1
Health centre/polyclinic + GP	2	Emergency departments	0
Health centre/clinic	0	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Holme Valley South has four pharmacies, all open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

Kirklees Rural community hub: Kirkburton Ward

Population	The population of Kirkburton Ward based on 2020 ONS mid-year estimates was 16407. Based on the 2011 census, the proportion of residents who are non-White British is lower than the Kirklees average at 4.9% (Kirklees average 20.2%). Using the 2020 population mid-year estimate, population density is lower than the Kirklees average at 3.5 people per hectare (Kirklees average 10.8 people
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	per hectare). Of the 23 Wards in Kirklees, this ward has the median proportion of people younger than 20 years old (24.1%). Women have the 2nd highest life expectancy (84.1 years) and men have the 3rd highest (81.1 years).
Deprivation and income	Kirkburton is the 23rd most deprived ward in Kirklees (out of 23). In this Ward, 1.5% of people age 16+ are claiming Universal Credit (Kirklees average: 4.9%, Feb 2022). 23.4% of respondents to the 2021 CLiK survey had a household income below £20,000 (Kirklees average: 35.9%). 88.5% of households in Kirkburton have access to at least one car or van (Kirklees average: 73.6%).
Health burden	<p>The data below suggest that there is no significant health burden in this Ward.</p> <p>Standardised Mortality Ratios (SMR) show that people in this Ward have significantly lower mortality rates than England and the Kirklees average for deaths from all causes (all ages and under 75s), deaths from all cancers (age under 75), and deaths from respiratory disease. Mortality rates are also significantly lower than the Kirklees average for circulatory disease and coronary heart disease (CHD).</p> <p>Standardised Admissions Ratios (SAR) show that people in this Ward have a significantly lower rate of emergency admissions for Chronic Obstructive Pulmonary Disease (COPD), and all-cause emergency admissions than England and the Kirklees average. In addition, mortality rates are significantly lower than the England average for stroke, and rates are significantly lower than the Kirklees average for CHD and incidence of lung cancer diagnosis.</p> <p>No Middle Super Output Areas (MSOAs) in this Ward were above the England SAR for hospital stays for alcohol related harm (broad definition): range 58.8 - 87.8</p> <p>Findings for Kirkburton from the 2021 CLiK adult population survey:</p> <ul style="list-style-type: none"> • 95.3% are confident managing their own health (above Kirklees average: 90.8%) • 7.7% rate their physical health as bad/very bad (below Kirklees average: 11.2%) • 12.6% rate their mental health as bad/very bad (above Kirklees average: 12.0%) • 83.9% have a self-reported long-term health condition (above Kirklees average: 78.5%) • 36.9% are overweight (excluding obese) (above Kirklees average: 34.0%) • 20.7% are obese (below Kirklees average: 25.1%)
Planned development	Of the 1990 potential new dwellings (for sites 25 dwellings plus) planned or allocated for the Kirklees Rural area over a three-year period, 243 potential new dwellings are planned or allocated in Kirkburton Ward.

Pharmaceutical service provision: Kirkburton Ward

Total pharmacies	2	100-hour pharmacies	0
Evening opening [§]	1		
Saturday opening [§]	1	Sunday opening [§]	0

Advanced services:			
New Medicine Service (NMS) accreditation [§]	2	Appliance Use Review Service (AUR)	0
Stoma Customisation Service [§]	1	Community Pharmacist Consultation Service (CPCS)	2
Hepatitis C Testing Service	0	Flu Vaccination Service [§]	1
Hypertension Case Finding Service *	1	Smoking Cessation Service *	0
Locally commissioned services:			
Chlamydia screening	0	Emergency Hormonal Contraception (EHC)	0
Needle exchange	1	Nicotine Replacement Therapy (NRT)	1
Smoking cessation	1	Supervised consumption	1
Enhanced services:			
Palliative care drugs	0	Minor ailments scheme	0
Head lice	0		
Pharmacy Access Scheme	1		
Other medical premises:			
General Practices	1	Dispensing GP practices	0
Health centre/polyclinic + GP	0	Emergency departments	0
Health centre/clinic	1	Walk-in centres [§]	0

[§] For table notes see section 6.1.1

*See Appendix A18 for service provision changes between consultation and final document

Necessary services: gaps in provision

Kirkburton has two pharmacies, including one pharmacy open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. In addition, residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021.

The HWBB does not consider that there are any gaps in the provision of necessary pharmaceutical services in the Ward that either need to be filled to meet an immediate gap or need to be commissioned in specified future circumstances. Current provision is deemed sufficient to cover the slight increase in population associated with planned housing developments in this ward.

7. Gaps in the provision of pharmaceutical services

7.1 Summary of provision by Ward

Table 5 summarises the provision of pharmaceutical services by community hub and Ward. None of the 23 Electoral Wards in Kirklees are identified as having a gap in provision of services.

Table 5: Summary of provision by Ward

Hub/Ward	Gap in provision?	Notes
Batley and Spen		
Batley East	No	Batley East has ten pharmacies, including two with 100-hour opening and five open at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Batley West	No	Batley West has one pharmacy, with 100-hour opening (including evenings and weekends). The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Birstall and Birkenshaw	No	Birstall and Birkenshaw has five pharmacies, all open on an evening and four open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Cleckheaton	No	Cleckheaton has four pharmacies, including one with 100-hour opening, three open in the evenings, and two open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Heckmondwike	No	Heckmondwike has four pharmacies, all open in the evening and two open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household

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		access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Liversedge and Gomersal	No	Liversedge and Gomersal has two pharmacies, both open in the evening. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Dewsbury and Mirfield		
Dewsbury East	No	Dewsbury East has six pharmacies, including three open in the evening and three open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Dewsbury South	No	Dewsbury South has six pharmacies, including two 100-hour pharmacies and three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Dewsbury West	No	Dewsbury West has four pharmacies, including one 100-hour pharmacy and two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Mirfield	No	Mirfield has four pharmacies, including one 100-hour pharmacy and three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.

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Huddersfield		
Almondbury	No	Almondbury has two pharmacies, both open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is similar to the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Ashbrow	No	Ashbrow has five pharmacies, including three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Crosland Moor and Netherton	No	Crosland Moor and Netherton has five pharmacies, including one 100-hour pharmacy and two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Dalton	No	Dalton has four pharmacies, including one 100-hour pharmacy and three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Greenhead	No	Greenhead has seven pharmacies, including five pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Lindley	No	Lindley has six pharmacies, including two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a

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		car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Newsome	No	Newsome has seven pharmacies, including one 100-hour pharmacy and five pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.
Kirklees Rural		
Colne Valley	No	Colne Valley has two pharmacies, including one pharmacy open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Denby Dale	No	Denby Dale has three pharmacies, including two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Golcar	No	Golcar has four pharmacies, including one pharmacy open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is similar to the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Holme Valley North	No	Holme Valley North has four pharmacies, three of which are open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.

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Holme Valley South	No	Holme Valley South has four pharmacies, all open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.
Kirkburton	No	Kirkburton has two pharmacies, including one pharmacy open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.

7.2 Geographical gaps in the location of premises

There are no identified geographical gaps in the location of community pharmacy premises in Kirklees. This is based on the following evidence:

- There are 101 pharmacies in Kirklees (see Section 5.3); pharmacy locations mapped in Figure 23a-c (Appendix A19) show a broad distribution across the district.
- Findings from the 2021 CLiK survey (summarised in Section 5.4) show that 82% of people find it easy to access a community pharmacy or local chemist when they need one (6% find it difficult).
- Most people (84%) who responded to the public pharmacy survey (summarised in Section 5.4) felt able to visit their pharmacy of choice when needed.
- According to the public pharmacy survey, it takes most people (89%) up to 15 minutes to get to their pharmacy (with 27% taking less than 5 minutes); the majority of people travel by car (61%) or walk (30%), with just 3% using public transport.
- Travel time maps to pharmacies provided in Appendix A13 show that no areas in Kirklees are more than 20 minutes' drive from a pharmacy (including pharmacies outside the Kirklees border).
- According to the 2011 Census, almost three quarters of households in Kirklees (73.6%) have access to a car or van.
- Kirklees has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy.
- Residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021 (see section 5.2).
- Analysis of pharmacy provision by Ward in Section 6 (summarised in Table 5) did not identify any gaps in location of premises.

7.3 Geographical gaps in the provision of services

There are no identified geographical gaps in the provision of pharmaceutical services in Kirklees. This is based on the following evidence:

- The number of pharmacies providing necessary services (as defined by the Kirklees Health and Wellbeing Board, described in Section 5.1), in addition to those essential services provided at all 101 premises, include 96 providing a New Medicine Service, 94 providing a Community Pharmacist Consultation Service, and 76 providing a flu vaccination service. Not all pharmacies are required to offer these necessary services; nearby pharmacies are regarded as providing adequate local coverage. Maps in Appendix A19 and A2 show the locations of pharmacies providing necessary services.
- According to the public pharmacy survey, most people (91% of respondents) visit a pharmacy to get a prescription, with 61% visiting to buy medicines and 41% to get advice. Similar proportions were seen from the CLiK survey: 85% use a pharmacy to pick up a prescription and 47% to buy over the counter medicines/products (see Section 5.4 for a summary of survey findings).
- Travel time maps to pharmacies provided in Appendix A13 show that no areas in Kirklees are more than 20 minutes' drive from a pharmacy (including pharmacies outside the Kirklees border).

- Some parts of South Kirklees are not within a 20-minute drive or public transport journey of a 100-hour pharmacy. However, these areas are very rural and sparsely populated, and residents in these rural areas are more likely to have access to a vehicle.
- Kirklees has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy.
- Residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021 (see section 5.2).
- Analysis of pharmacy provision by Ward in Section 6 (summarised in Table 5) did not identify any gaps in provision of services.

7.4 Gaps in the times at which, or days on which, services are provided

There are no identified gaps in the times or days pharmaceutical services are provided in Kirklees. This is based on the following evidence:

- Of the 101 pharmacies in Kirklees, 80 offer evening opening hours, 59 are open on a Saturday, and 11 offer 100-hour opening.
- Around half of people (52%) responding to the public pharmacy survey preferred to visit a pharmacy on weekdays between 9am and 6pm, 31% preferring Saturdays and 20% preferring weekdays after 6pm (see section 5.4).
- Most people (84%) who responded to the public pharmacy survey felt able to visit their pharmacy of choice when needed.
- Findings from the 2021 CLiK survey (summarised in Section 5.4) show that 82% of people find it easy to access a community pharmacy or local chemist when they need one (6% find it difficult).
- Some parts of South Kirklees are not within a 20-minute drive or public transport journey of a 100-hour pharmacy (see Appendix A13). However, these areas are very rural and sparsely populated, and residents in these rural areas are more likely to have access to a vehicle.
- Kirklees has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. This pharmacy has extended opening hours.
- Residents may access distance selling pharmacies without needing to travel. Across Kirklees, 9.6% of items were dispensed from distance selling pharmacies between April 2019 to November 2021 (see section 5.2).
- Analysis of pharmacy provision by Ward in Section 6 (summarised in Table 5) did not identify any gaps in opening times/days.

Appendices

Appendix A1: Essential services

All community pharmacies are required to provide all essential services. These services are:

- Dispensing medicines and actions associated with dispensing
- Repeat dispensing
- Discharge medicines services
- Public health campaigns
- Signposting
- Support for self-care
- Disposal of unwanted medicines

All these services are provided under a clinical governance framework which includes clinical audit.

NHSE is responsible for ensuring that all pharmacies deliver all the essential services as specified. Each pharmacy must demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide evidence will be asked to provide an action plan, outlining with timescales how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

Maps of community pharmacy locations are provided in Appendix A19. These are published as a separate document, as regulations require these maps to be kept up to date throughout the life of the PNA without needing to republish the whole assessment. A link to Appendix 19 is provided here: [Kirklees Pharmaceutical Needs Assessment web page](#).

Appendix A2: Advanced services

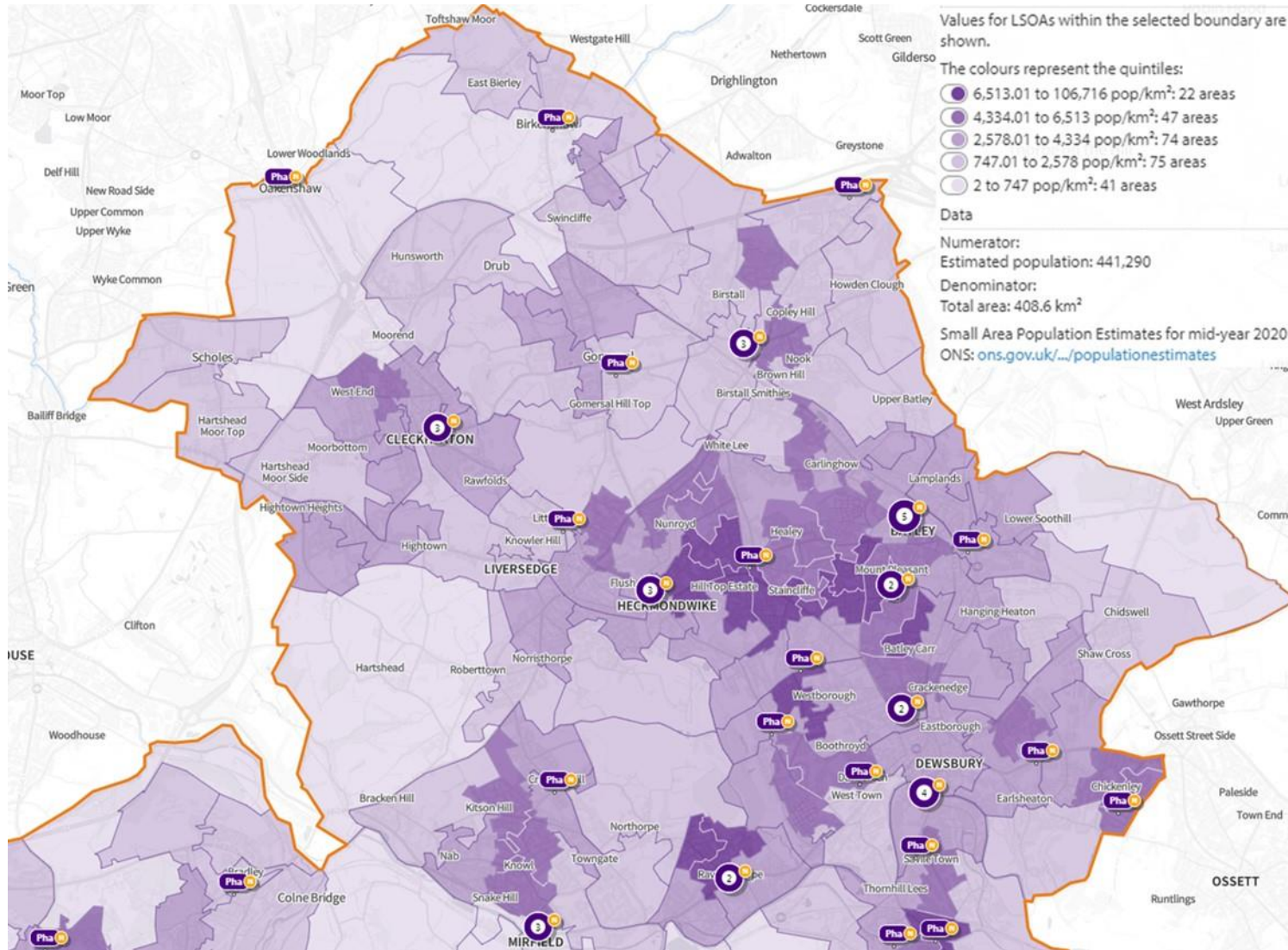
In addition to essential services, the community pharmacy contractual framework allows for community pharmacy contractors to provide Advanced Services once accreditation requirements have been met. Currently there are eight advanced services:

- Appliance Use Review Service (AUR)
- Community Pharmacist Consultation Service (CPCS)
- Flu Vaccination Service
- Hepatitis C Testing Service (due to end 31 March 2023)
- Hypertension Case Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Stop Smoking Advanced Service

Each of the advanced services is intended to support and empower patients to optimise the safe and effective use of their medicines or appliances and to reduce waste. Further information about these services can be found on the [PSNC](#) website.

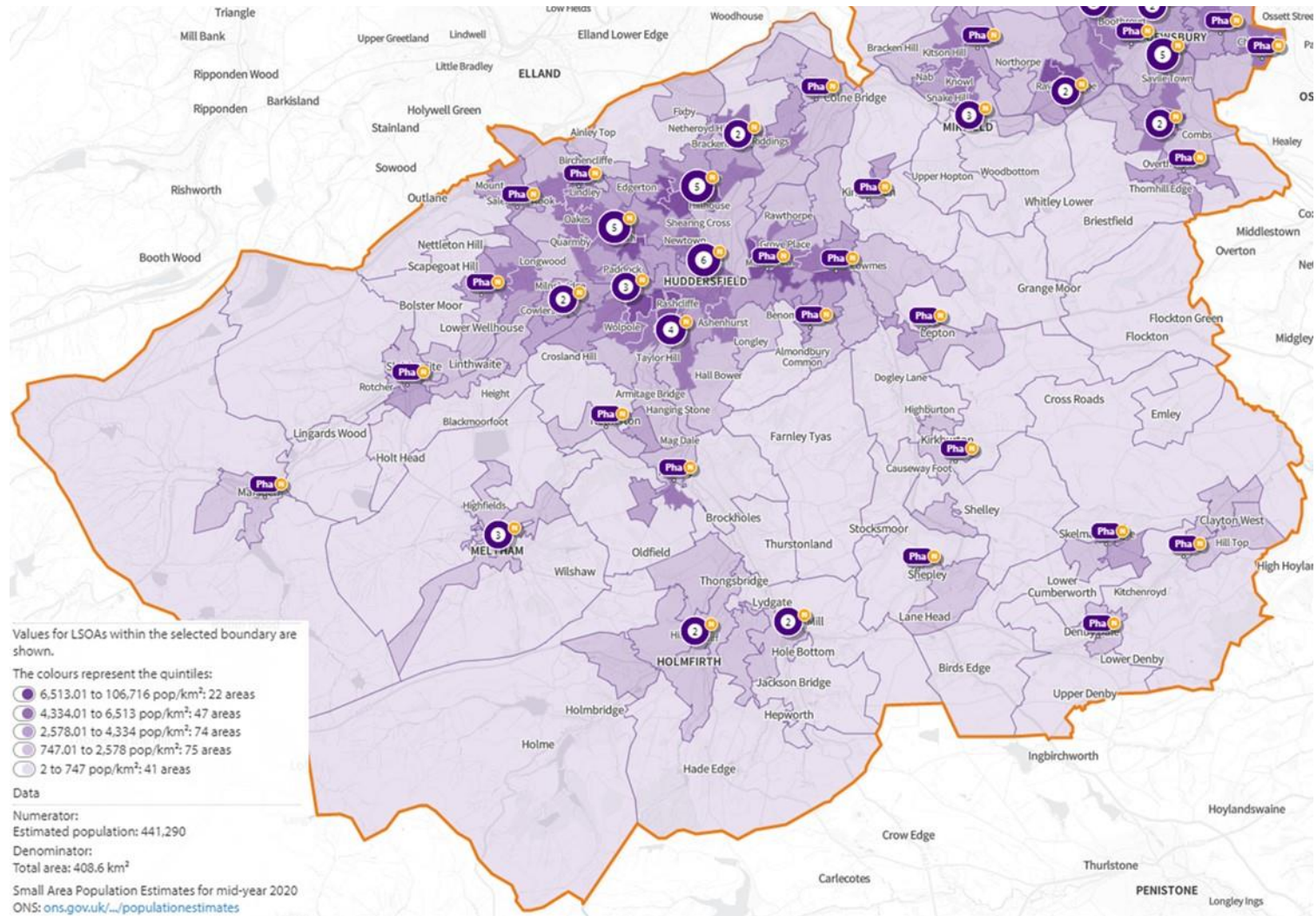
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Figure 5a: Pharmacies providing New Medicine Service mapped against population density (North Kirklees)



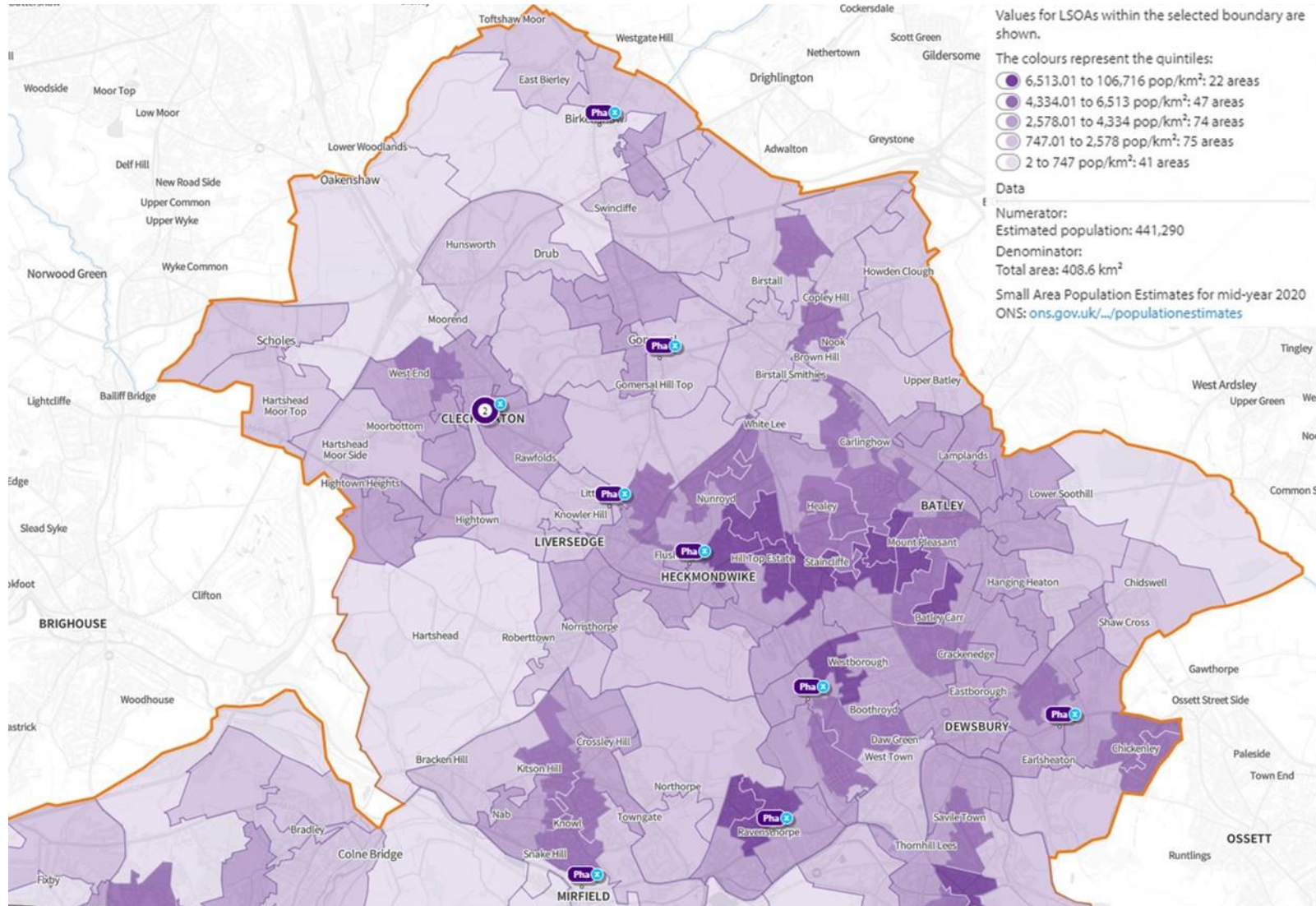
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 5b: Pharmacies providing New Medicine Service mapped against population density (South Kirklees)



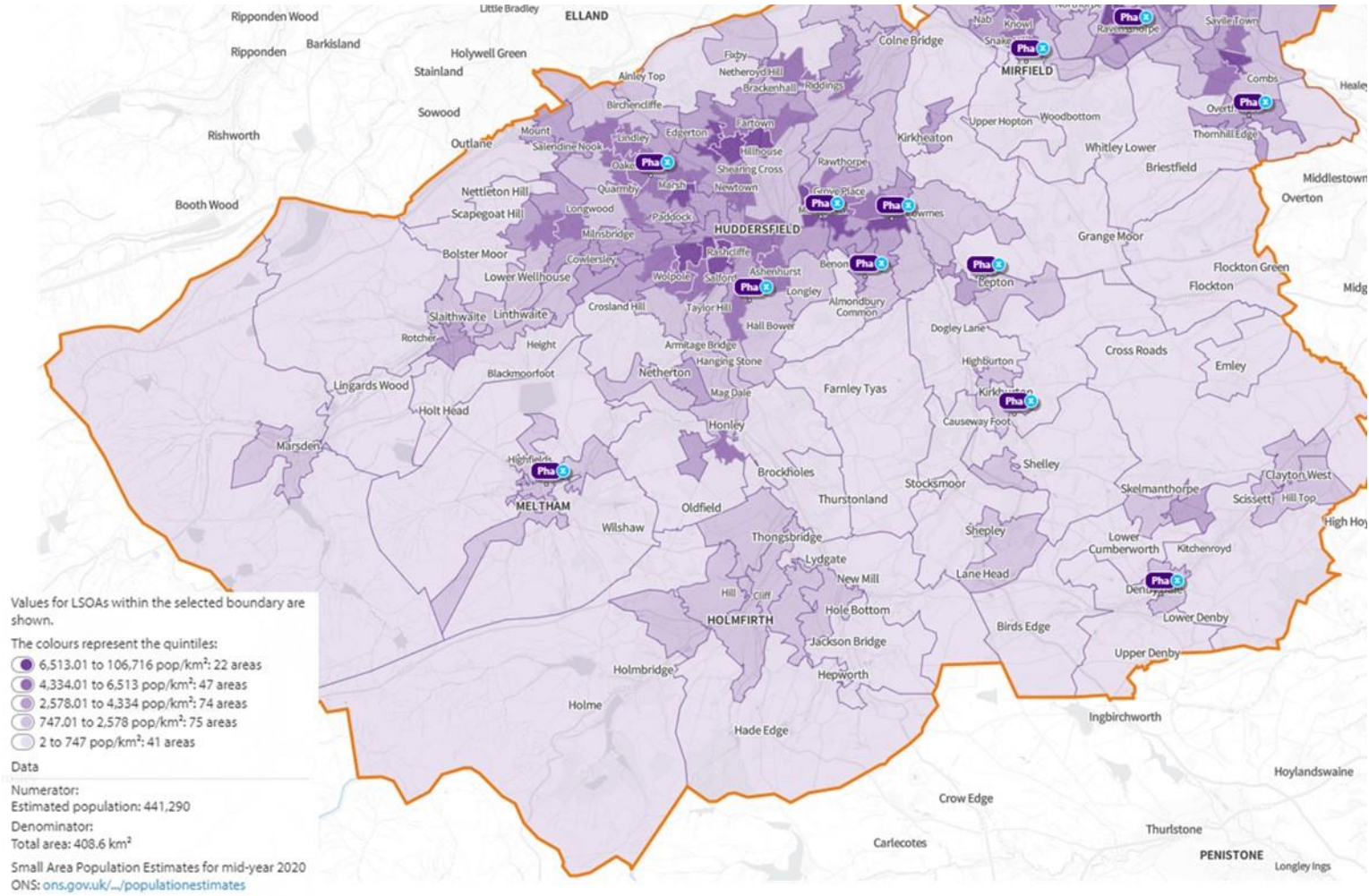
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 6a: Pharmacies providing Stoma Appliance Customisation mapped against population density (North Kirklees)



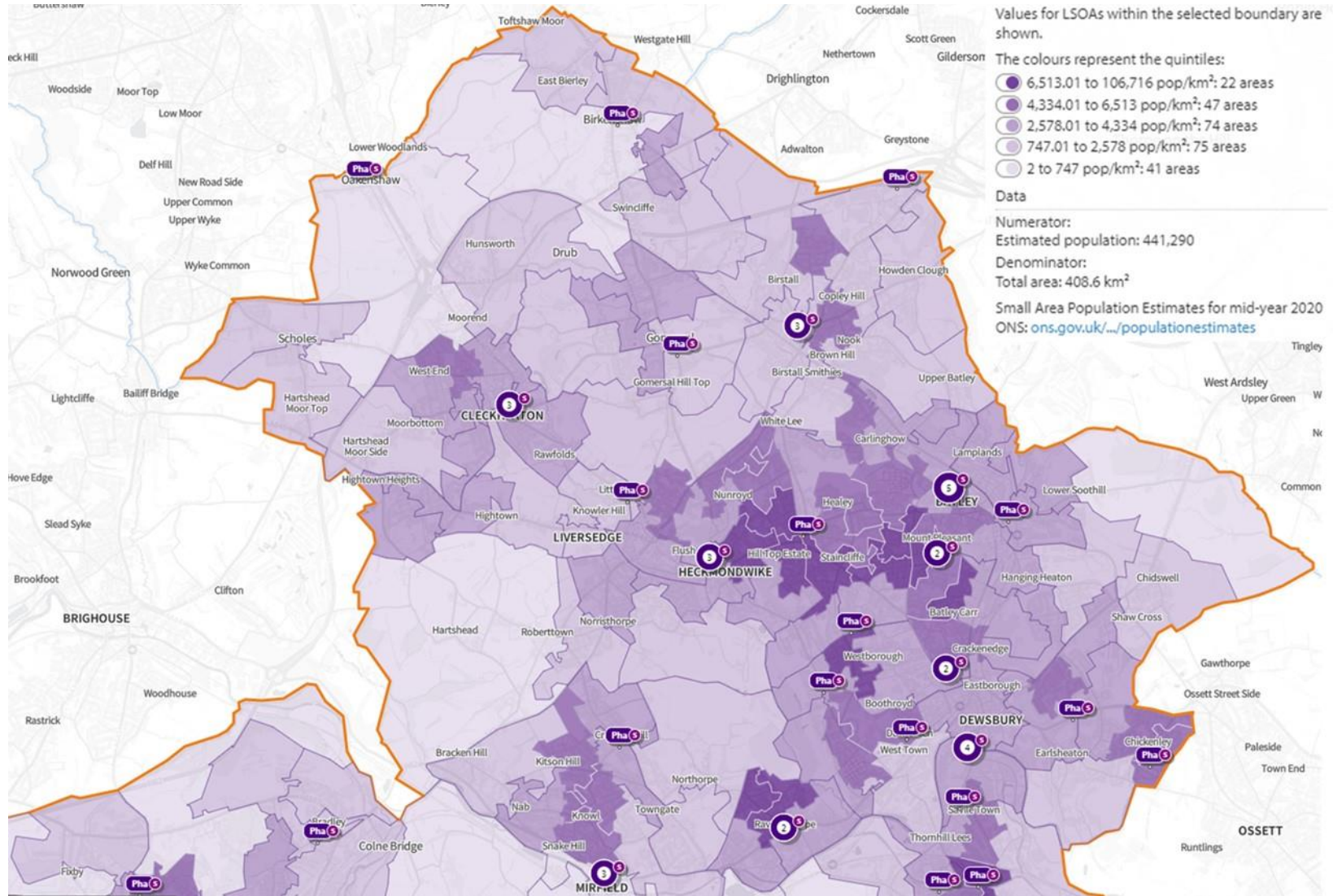
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 6b: Pharmacies providing Stoma Appliance Customisation mapped against population density (South Kirklees)



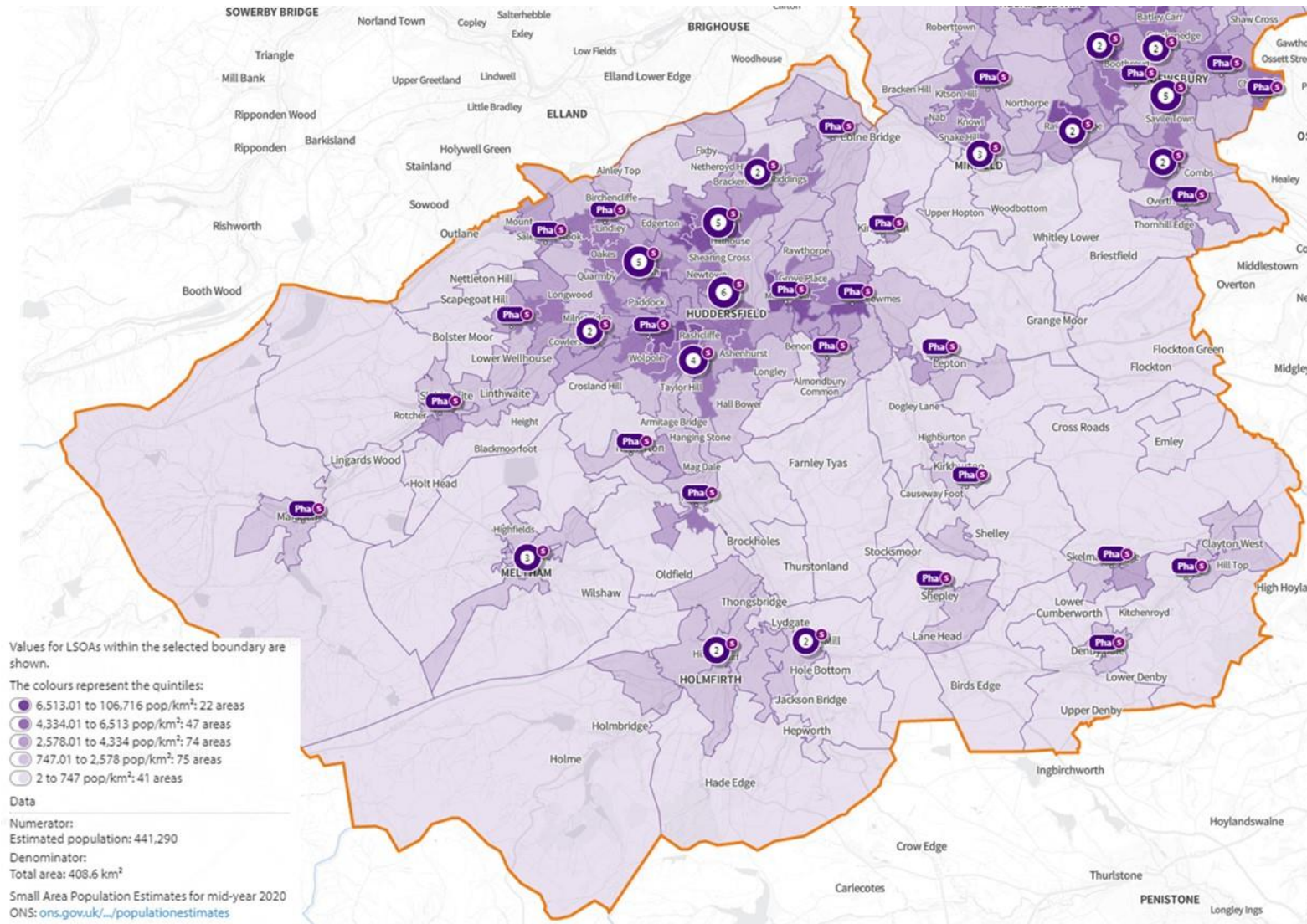
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 7a: Community Pharmacist Consultation Service mapped against population density (North Kirklees)



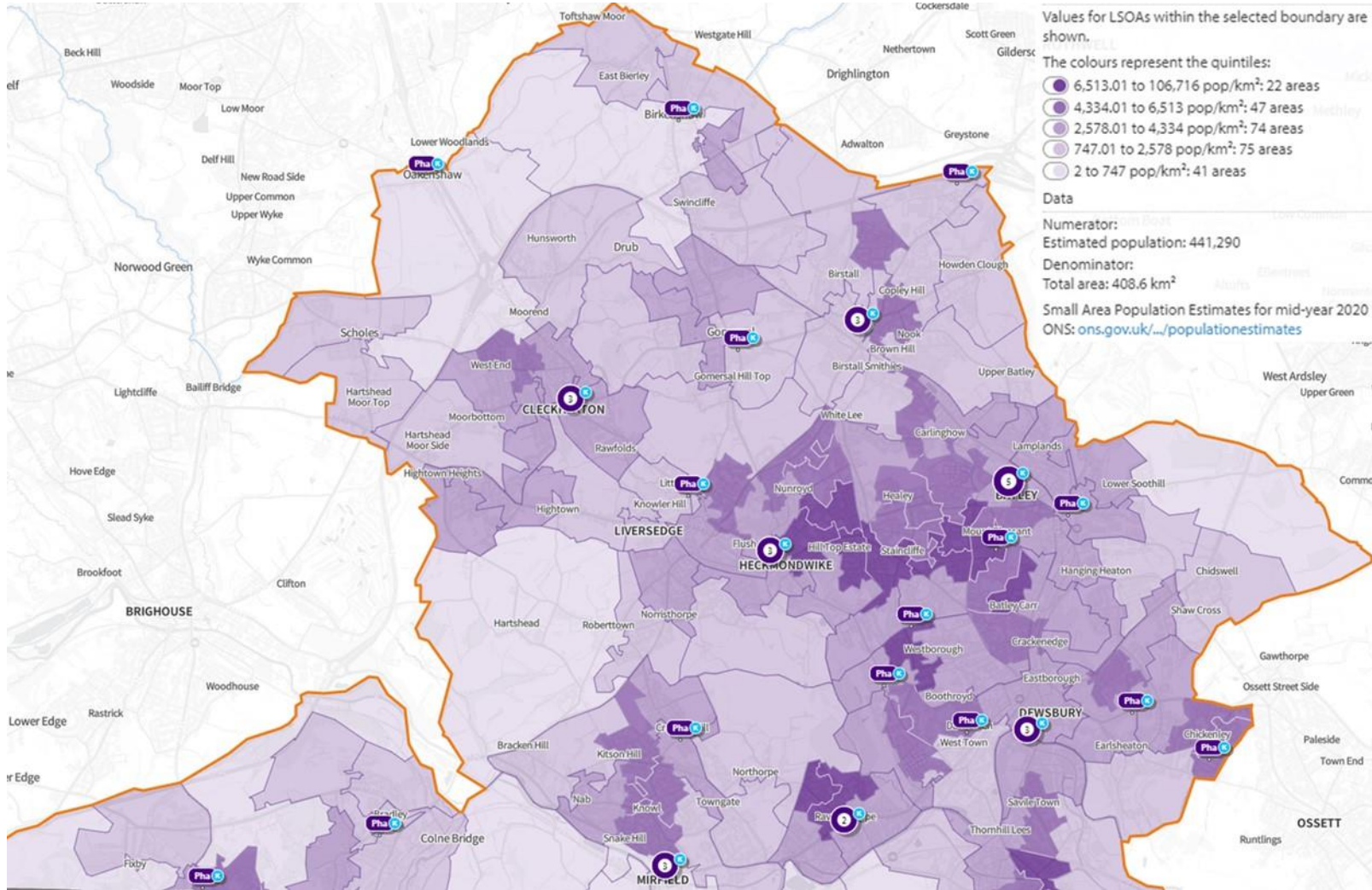
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 7b: Community Pharmacist Consultation Service mapped against population density (South Kirklees)



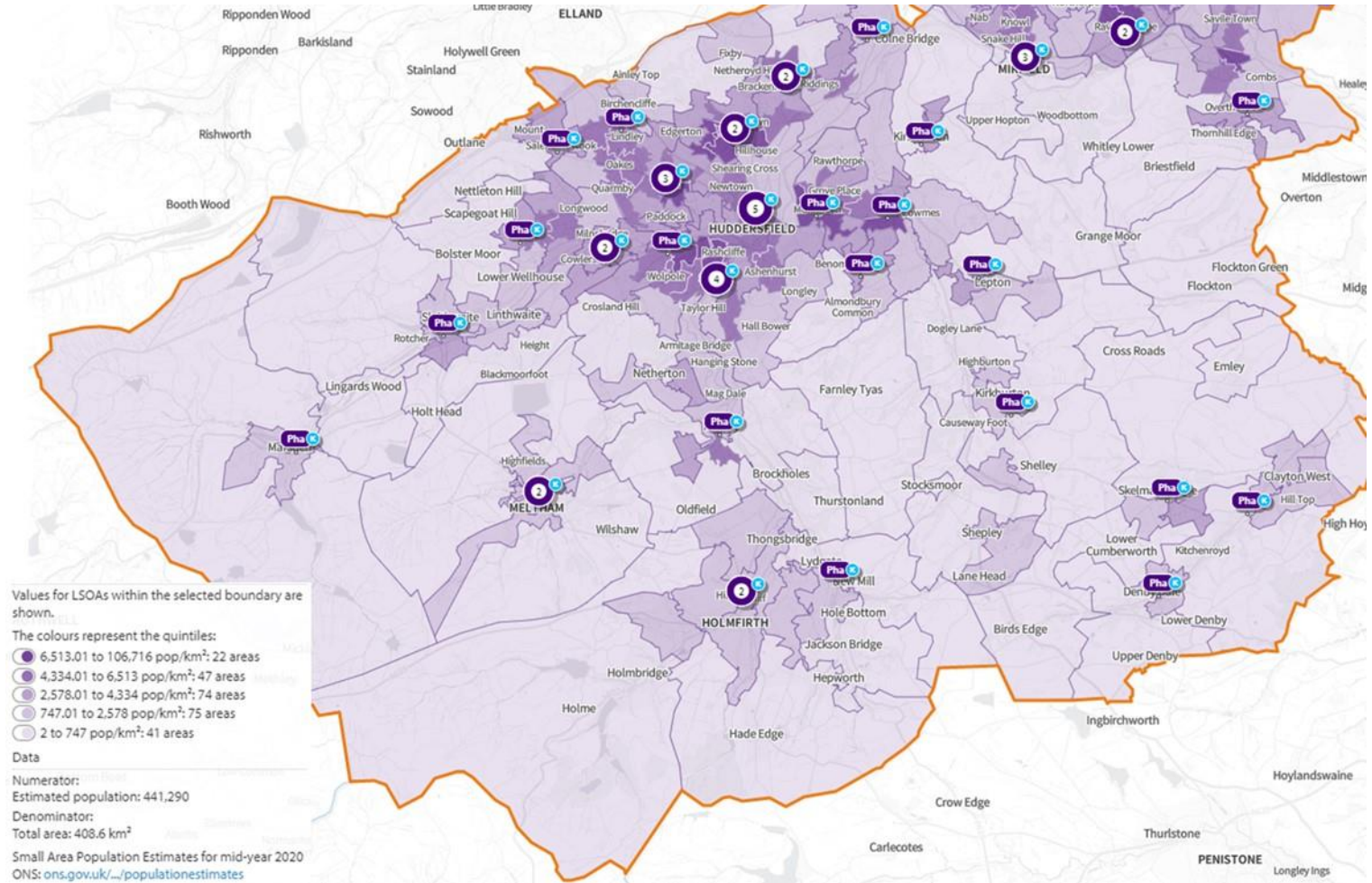
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Figure 8a: Pharmacies providing Flu Vaccination Service mapped against population density (North Kirklees)



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Figure 8b: Pharmacies providing Flu Vaccination Service mapped against population density (South Kirklees)



Appendix A3: Enhanced services

The third tier of Pharmaceutical Service provided by community pharmacies is that of Enhanced Services. Services can only be referred to as Enhanced Services if they are commissioned by NHSE. The following services can be commissioned:

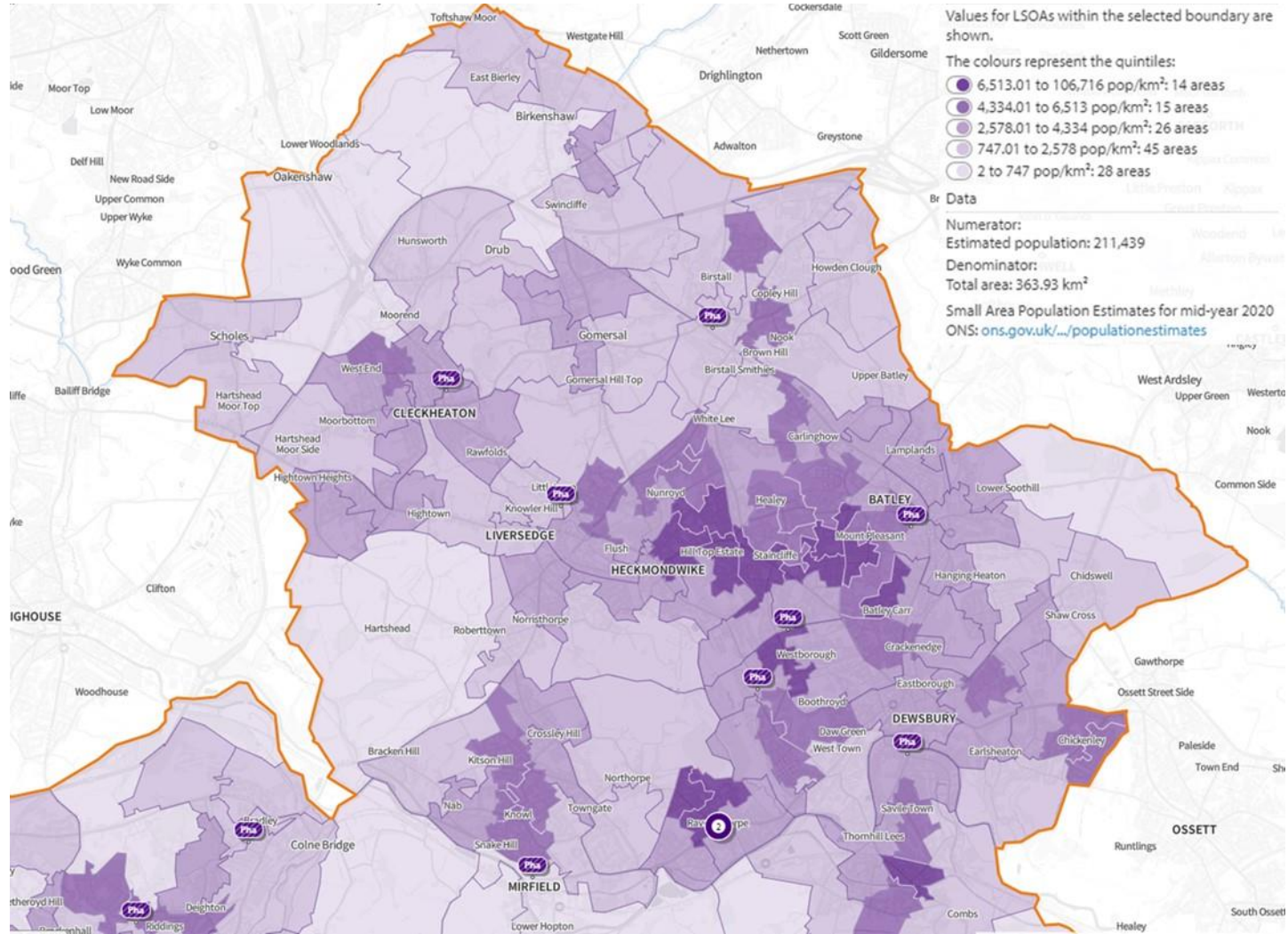
- Anticoagulant monitoring service
- Care home service
- COVID-19 vaccination site
- Disease specific medicines management service
- Gluten Free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange service (locally commissioned service in Kirklees, not NHSE)
- On demand availability of specialist drugs service
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service (locally commissioned service in Kirklees, not NHSE)
- Supervised administration service (locally commissioned service in Kirklees, not NHSE)
- Supplementary prescribing service

Additional enhanced services provided by Kirklees pharmacies include:

- Palliative care drugs
- Head lice treatment
- Minor ailment service

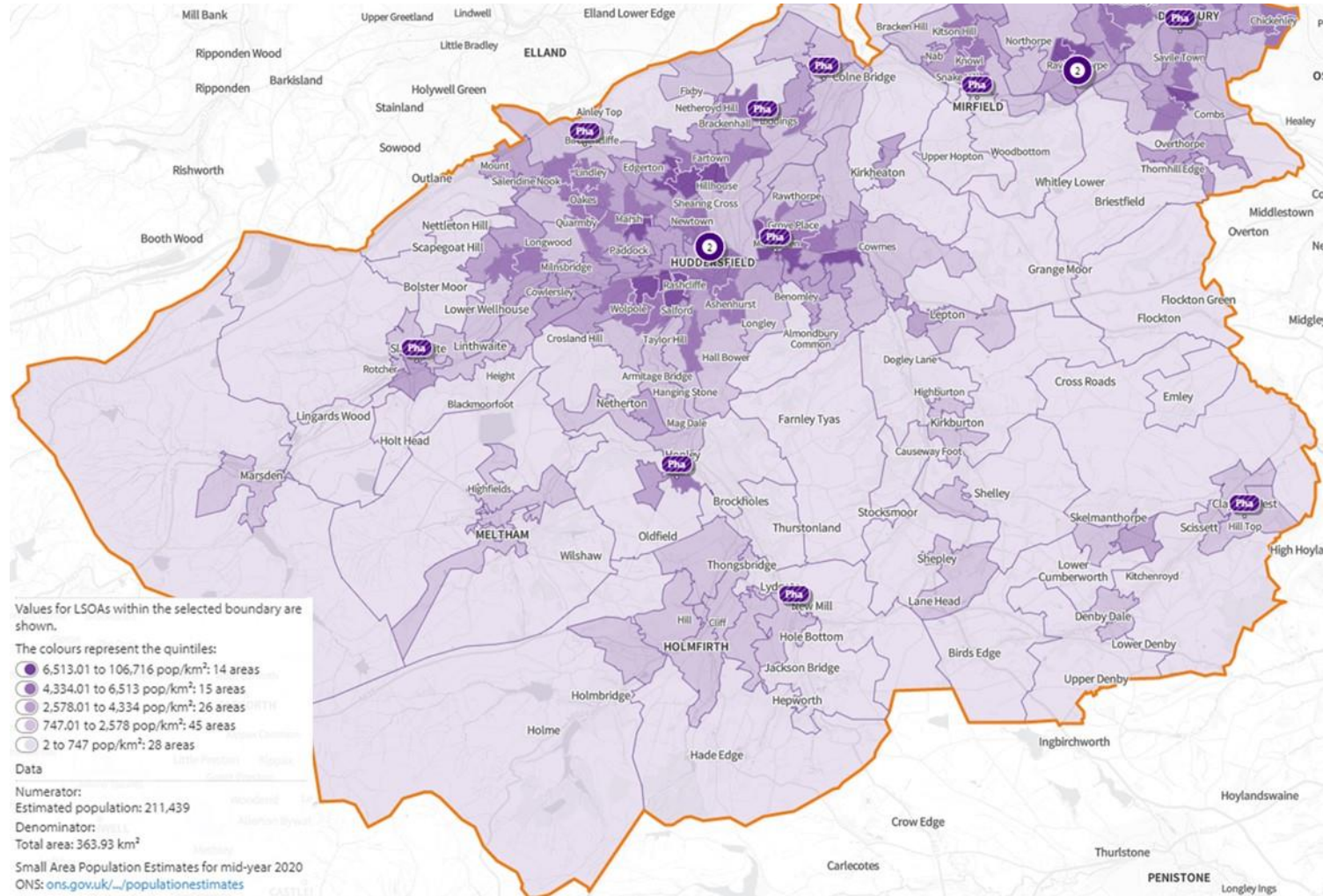
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 9a: Community pharmacies providing COVID-19 vaccinations mapped against population density (North Kirklees)



Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 9b: Community pharmacies providing COVID-19 vaccinations mapped against population density (South Kirklees)



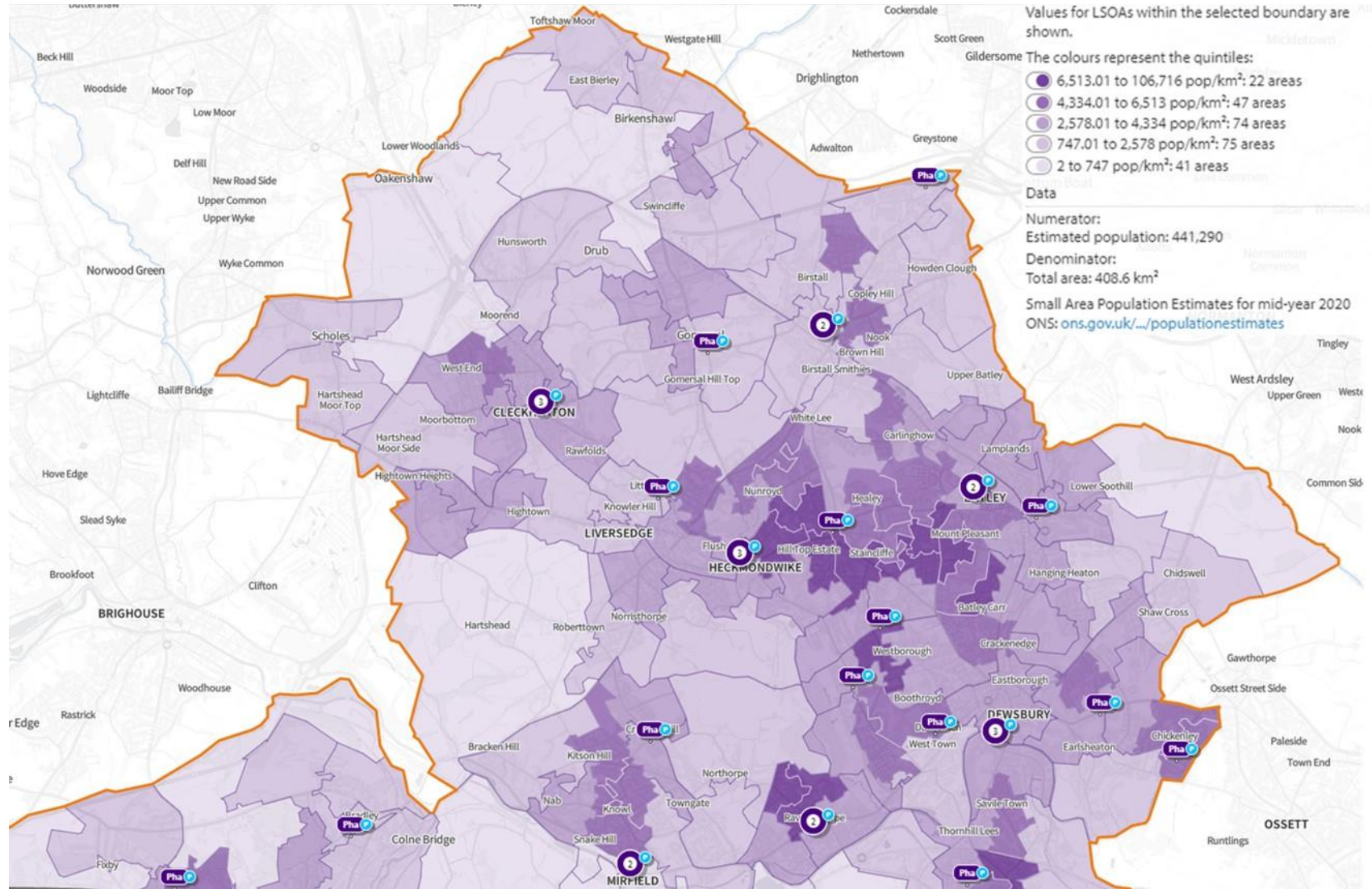
Appendix A4: Locally commissioned services in Kirklees

Kirklees Council and NHS Kirklees Clinical Commissioning Group commission services from pharmacies that fall outside the definition of pharmaceutical services. These locally commissioned services include:

- Needle and syringe exchange service
- Supervised administration service
- Chlamydia screening
- Emergency hormone contraception
- Nicotine replacement therapy and smoking cessation advice

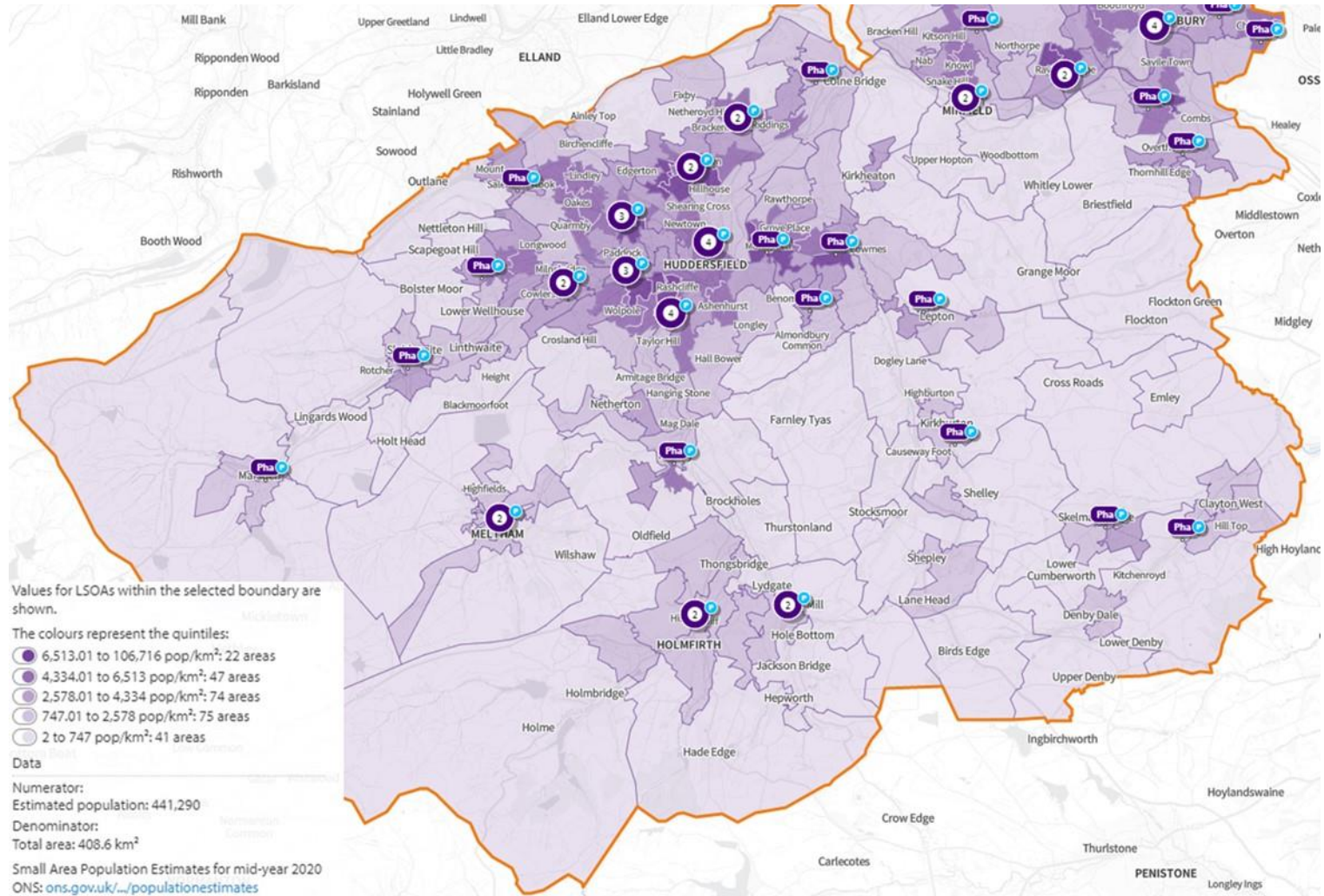
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 10a: Community pharmacies providing supervised consumption and needle exchange services (North Kirklees)



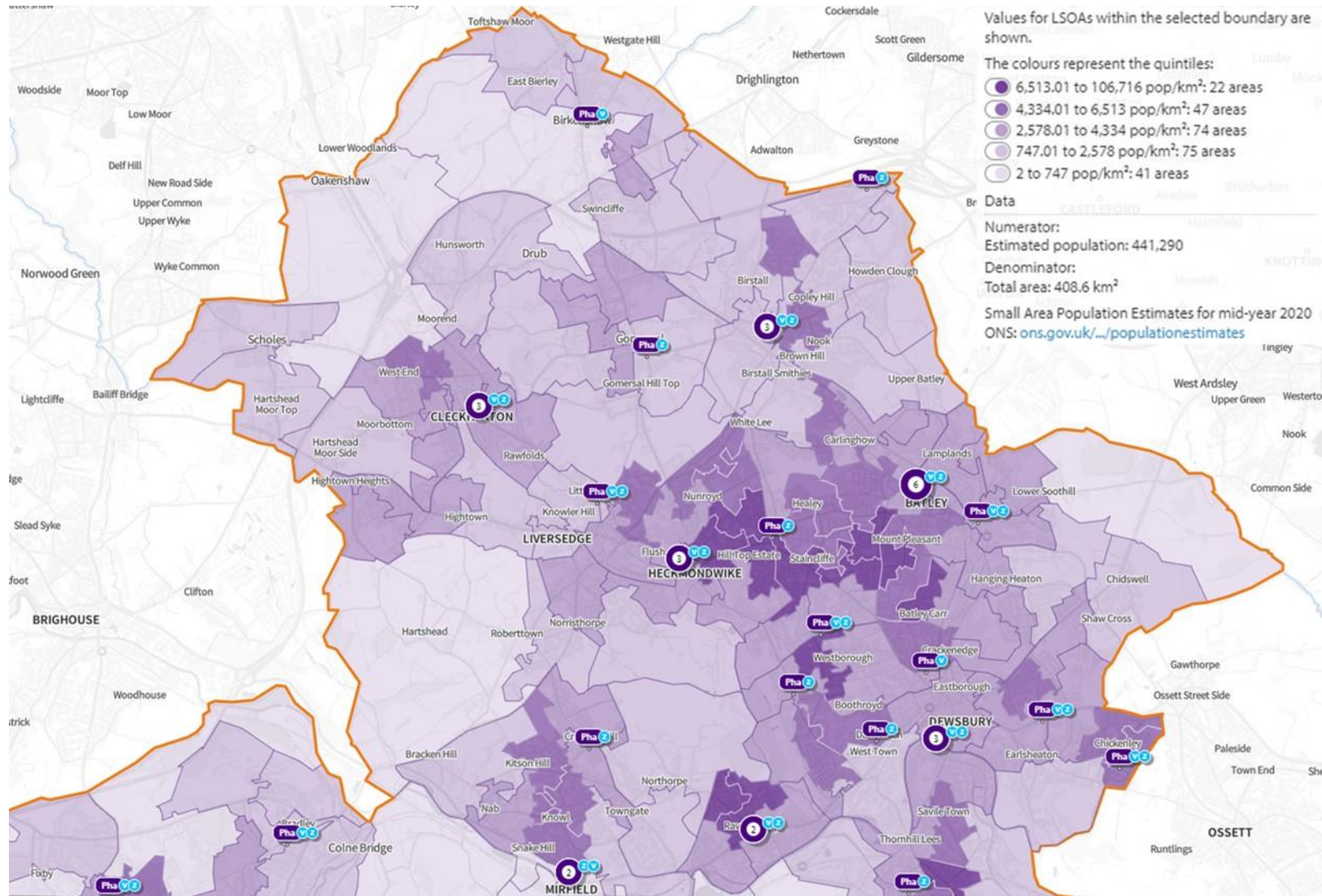
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 10b: Community pharmacies providing supervised consumption and needle exchange services (South Kirklees)



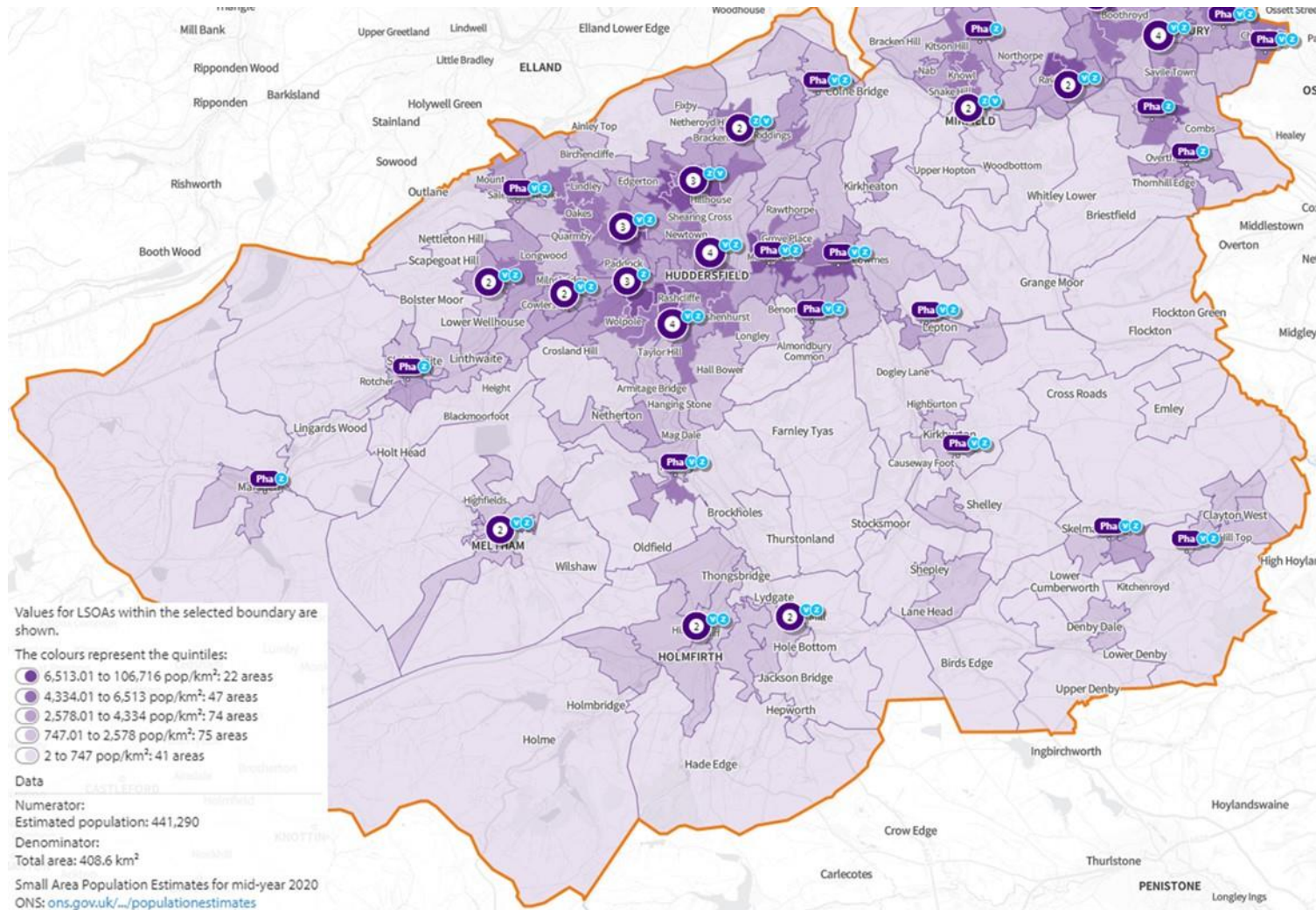
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 11a: Community pharmacies providing smoking cessation services mapped against population density (North Kirklees)



Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 11b: Community pharmacies providing smoking cessation services mapped against population density (South Kirklees)



Appendix A5: PNA community pharmacy survey responses for Kirklees

Total number of respondents:	41
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Q6: Does the pharmacy dispense appliances?	No.	Percentage (%)
Yes, all types	37	90.2
Yes, excluding stoma appliances	1	2.4
Yes, excluding incontinence appliances	0	0.0
Yes, excluding stoma and incontinence appliances	0	0.0
Yes, just dressings	0	0.0
No	3	7.3
Other	0	0.0

Q7: Does the pharmacy provide the following advanced services?	Yes	Intending to begin within next 12 months	No, not intending to provide
Appliance use review service	4	0	33
Community pharmacist consultation service (CPCS)	39	2	0
C-19 LFT distribution	41	0	0
Flu vaccination service	37	2	1
Hep C testing service	0	3	32
Hypertension case finding	10	26	4
New medicine service	41	0	0
Pandemic delivery service	36	0	4
Stoma appliance customisation service	6	1	30
Stop smoking service	7	22	10

Q8: Services	Willing to provide if commissioned	Not able or willing to provide
Anti-viral distribution service	27	9
Care home service	27	10
Contraceptive service	33	4
Gluten free food supply service	32	5
Home delivery service	35	3
Respiratory/ inhaler check service	37	0
Language access service	26	10
Medicines assessment and compliance support service	33	3
Not dispensed service	34	3
Obesity/ weight management service	38	0
Seasonal influenza vaccination service	36	3
Other vaccination service	32	6
Covid-19 vaccinations	32	7
Sharps disposal service	26	11

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Vascular risk assessment service	30	6
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Q9: Is the entrance to the pharmacy accessible for wheelchair users?	No.	Percentage (%)
Yes	36	87.8
No	5	12.2

Q10: Do you have any of the following facilities in the pharmacy to support people with disabilities?	No.	Percentage (%)
Automatic door assistance	16	39.0
Bell at front desk	15	36.6
Disabled toilet facility	5	12.2
Hearing loop	19	46.3
Large print labels/ leaflets	30	73.2
Wheelchair ramp access	31	75.6

Q11: Is there a consultation area on the premises?	No.	Percentage (%)
Non, have submitted a request to NHSEI regional team that the premises are too small for consultation room	0	0.0
None, the NHSEI regional team has approved my request that premises are too small	1	2.4
None	0	0.0
Available (including wheelchair access)	33	80.5
Available (without wheelchair access)	7	17.1
Planned before 1st April 2023	0	0.0
Other	0	0.0

Q13: During consultations are there any of the following available?	No.	Percentage (%)
Hand-washing facilities	24	58.5
Access to toilet facilities	8	19.5

Q14: Is there are a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	No.	Percentage (%)
Yes	8	19.5
No	5	12.2
Don't know	28	68.3

Q15. If 'Yes' please explain why (Open responses)

- Five identical comments: "We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that

hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other parts of primary care”

- “Need for 'emergency hormonal contraception' commissioned service, provided free under a PGD. This would ensure access to women that cannot afford to buy it and would help reduce unwanted pregnancies.”
- “Needle Exchange as a lot of our patrons have been asking for it”
- “COPD/Asthma reviews, obesity checks, diabetes screening, minor ailments service”

Q16: What do you feel is needed to better support your community, reduce inequalities and support people from underserved groups? (Open responses)

- “Consideration of a free delivery service for vulnerable groups e.g. housebound, disabled, terminally ill.” x 3
- “Our community would benefit from additional Mental Health services. Other services could also include Stop Smoking and Weight management services. Patients have often asked about local NHS support groups, either face to face or over the telephone.” x 2
- “Minor ailments service NHS”
- “More pharmacies to be part of Vitamin D distribution service/ Healthy start”
- “Translation for populations from Europe.”
- “Better use of pharmacy resources to combat preventable disease”

Q17: Please use the space below to tell us any additional info that you feel is captured within this questionnaire (Open responses)

- Four identical comments: “We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other parts of primary care.”

Appendix A6: PNA public pharmacy survey responses for Kirklees

Total number of respondents:	185
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Q2: Why do you usually visit a pharmacy?	Dispensing doctors			Appliance contractors		
	Pharmacy	Dispensing doctors	Appliance contractors	Pharmacy	Dispensing doctors	Appliance contractors
To get a prescription for myself/ someone else	169	9	2	91%	5%	1%
Someone else gets my prescription for me	31	0	0	17%	0%	0%
To buy medicines for myself/ someone else	112	1	0	61%	1%	0%
To get advice for myself/ someone else	75	6	0	41%	3%	0%
To access services (e.g. smoking cessation, flu vaccination)	39	10	0	21%	5%	0%

Q3: How often do you use a pharmacy?	No.	Percentage (%)
Daily	0	0.0
About once a week	16	8.6
About once a fortnight	23	12.4
About once a month	129	69.7
About once or twice a year	14	7.6
No preference	2	1.1

Q4: When do you prefer to visit a pharmacy	No.	Percentage (%)
Weekdays before 9am	10	5.4
Weekdays between 9am and 6pm	97	52.4
Weekdays after 6pm	37	20.0
Saturdays	58	31.4
Sundays	18	9.7
No particular time	53	28.6

Q5: Do you tend to use the same pharmacy	No.	Percentage (%)
Yes	161	87.0
No	23	12.4

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Q6: If the pharmacy you normally use wasn't open, what would you do?	No.	Percentage (%)
Go to another pharmacy	112	60.5
Wait until the pharmacy was open	101	54.6
Go to my GP	7	3.8
Contact the GP out of hours (OOH) service	5	2.7
Contact NHS 111	15	8.1
Other	4	2.2

Q6a: If 'Other' please specify (Open responses)

Comments received included using Google and waiting for the pharmacy to open.

Q7: What is important to you and the location of a pharmacy?	No.	Percentage (%)
Being close to my GP practice	91	49.2
Being close to my home	144	77.8
Being close to my workplace/ place of education	16	8.6
Having parking facilities	75	40.5
Having public transport nearby	25	13.5
Being in a shopping are (e.g. Town centre or Supermarket)	29	15.7
Online provision	22	11.9
Other	8	4.3

Q7a: If 'Other' please specify (Open responses)

Comments received around accessibility (no steps), location, customer service, knowledgeable and friendly staff, delivery service

Q8: Are you able to visit your pharmacy of choice when you need to?	No.	Percentage (%)
Yes	155	83.8
No	29	15.7

Q8a: If 'No', why not? (Open responses)

Comments received included unsuitability of a relocated local pharmacy, not open at weekend or evenings, accessibility issues (disability/housebound/pharmacy has steps/full-time carer), no/poor parking, long queues.

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Q9: On a scale of 1-5, how important are the following things in influencing your choice of pharmacy?	1 (not important)	2	3	4	5 (very important)
Early open times (before 9am)	67	21	40	16	23
Late opening times (after 6pm)	39	8	30	36	63
Location	1	1	20	36	122
Knowledgeable staff	1	2	16	29	131
Friendly staff	0	3	17	49	110
Short waiting times	1	4	35	59	81
Consultation room to speak to the pharmacist	14	10	55	43	54
Accessibility i.e. wheelchair/ baby buggy friendly	62	12	32	20	44
Being able to speak to the staff in my preferred language	66	12	26	16	44
Being able to walk in without an appointment	8	6	33	41	90
Provision of online services (e.g. online consultation)	48	25	49	28	22
The pharmacist taking time to listen to you	2	5	20	52	98
The pharmacy having things you need	0	0	5	26	147

Q10: How would you usually access a pharmacy?	No.	Percentage (%)
Walk	55	29.7
Car	113	61.1
Public transport (e.g. bus, train)	6	3.2
Bicycle	0	0.0
Taxi	0	0.0
I only use collection/ delivery services	9	4.9
Phone	2	1.1
Video consultation	0	0.0
Other	0	0.0

Q11: How long does it usually take to get there?	No.	Percentage (%)
Between 5 and 15 minutes	115	62.2
Less than 5 minutes	49	26.5

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More than 15 minutes, but less than 20 minutes	14	7.6
More than 20 minutes	3	1.6

Q12: Is there a more convenient and/or closer pharmacy that you don't use?	No.	Percentage (%)
Yes	45	24.3
No	133	71.9
Don't know	6	3.2

Q13: Please tell us why you do not use that pharmacy? (tick all that apply)	No.	Percentage (%)
Difficulty parking at the pharmacy	17	9.2
Bad past experiences	10	5.4
Takes too long to get what I want	9	4.9
The staff are always changing	1	0.5
The staff do not know me	7	3.8
They do not have what I need	8	4.3
Not enough privacy	4	2.2
Not open when I need it	11	5.9
Not accessible for wheelchair/ baby buggy	1	0.5
Other	10	5.4

Q13a: If 'Other' please specify (Open responses)

Comments received included prefer to use pharmacy next to GP practice or near place of work, pharmacy doesn't handle electronic prescriptions, going back to an old pharmacy because they trust the staff, issues with opening times, no convenient parking.

Q14: How do you find out information about the pharmacy? (please select all that apply)	No.	Percentage (%)
I would call them	46	24.9
I would search the internet	138	74.6
I would look at the NHS website	20	10.8
I would ask a friend	2	1.1
I would visit the pharmacy and ask	56	30.3
Other	2	1.1

Q15: Do you feel able to talk about something private/ sensitive with a pharmacist?	No.	Percentage (%)
Don't know	11	5.9
Never needed to	66	35.7
No	26	14.1
Yes	82	44.3

Q16: Have you used any of the following services? (please select all that apply)	Current use/ have used	Would use if available	Current use/ have used	Would use if available
Prescription dispensing (e.g. handing in a prescription and receiving medication)	168	5	91%	3%
Medical advice and buying over-the-counter medicines	161	11	87%	6%
Collection service (e.g. being able to pick up the items on your prescription without going back to GP)	155	19	84%	10%
Health checks (e.g. cholesterol, blood pressure, diabetes)	18	80	10%	43%
Vaccinations (e.g. flu/ travel)	55	57	30%	31%
Support to stop smoking	5	15	3%	8%
Testing for sexually transmitted infections	1	18	1%	10%
Emergency contraception	12	22	6%	12%
Needle exchange service	2	12	1%	6%
Support to lose weight	1	33	1%	18%
Supervised administration of methadone or other opiate medicines	2	10	1%	5%

Q17: Please state any other services that you have used (Open responses)

Comments received included medication advice/review, disposal of out-of-date medication, returning sharps bin, home delivery, shopping for health goods/non-medical items.

Q18: Is there anything else that you would like to say about pharmacy services in your area, or any further services you would like from your pharmacist that isn't currently being provided? (Open responses)

Responses grouped and summarised below.

Positive comments:

- Good link between pharmacy and GP
- Efficient and friendly
- Helpful, friendly staff
- Pharmacies are a lot more accessible than GPs and they should remain this way
- Never fail to deliver prescription, even in bad weather
- First point of contact for non-emergency health issues. It is an invaluable health care service
- First class advice and service; value them extremely highly
- Convenient and local
- Very friendly, efficient and helpful – the community is very fortunate to have such a wonderful pharmacy
- Very good service in local area, with friendly, competent staff

Negative/constructive comments:

- Have to wait longer now to see a GP/get prescription
- Would like more dignity and respect from staff; staff are rude; some staff not knowledgeable enough; rapid staff turnover; staff often in back not paying attention

- Weekend/extended opening required
- Poor/inconvenient location of pharmacy; accessibility and car parking issues
- Easier if GP and pharmacy located on same premises
- Central village location would be better
- No privacy/private consultation room
- Long queues/too busy/slow dealing with customers
- Pharmacist not able to provide adequate advice
- Would like sharps bin disposal more widely available
- Difficult to get delivery, items missing
- Items out of stock/prescription not ready for collection
- Have to use a non-local pharmacy for delivery as local one doesn't deliver
- Ambiguous text messages
- Range too small/need to stock same brand of regular medication
- Generic brands of medicines seem close to their use-by date
- Lessening of previous provision/not as many pharmacies in an area as there were; lack of public consultation before pharmacies close
- Pharmacy should expand to take into account extra customers due to another pharmacy closing
- Very small shop, little room for staff and smaller range of products on sale
- No communication between ordering a prescription and picking it up, so don't know if there is a problem

Suggested additional services:

- Prescribing pharmacist
- Carry out UTI checks and issue antibiotics
- Would like to discuss medication and get advice
- Should be a system that allows for phone enquiry or sending a text
- Gluten free prescribing authorised by CCG
- Would like a 'Well woman' clinic for things like skin issues
- Clearer signposting to services

Appendix A7: Questions taken from Current Living in Kirklees (CLiK 2021) public survey pertaining to pharmaceutical services

Q10a Do you have regular prescription medicines?
Please tick one box only.

Yes – GO TO Q10b No – GO TO Q11

Q10b If yes, how many medicines do you have on prescription?
Please tick one box only.

1 2 3 4 5 or more

Q11 How easy or difficult is it for you to access a community pharmacy or local chemist when you need one? (Thinking about travel and opening times)
Please tick one box only.

Extremely difficult Quite difficult Neither easy nor difficult Quite easy Extremely easy Don't know/not applicable

Q12a Have you used a pharmacy in the last 12 months?
Please tick one box only.

Yes – GO TO Q12b No – GO TO Q13 Not sure - GO TO Q13

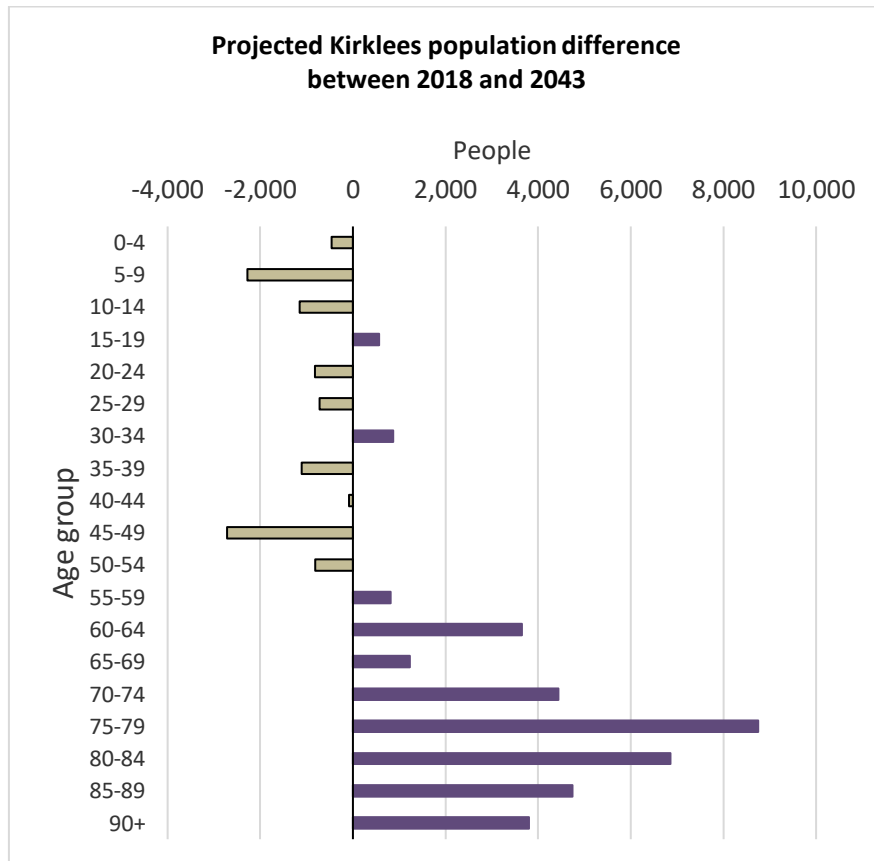
Q12b What were your reasons for using the pharmacy? Please tick all that apply.

- Picking up a prescription
- Buying over-the-counter medication/products
- Seeking health advice relating to COVID-19
- Seeking health advice on another topic (not COVID-19 related)
- Referral from GP or NHS 111
- Receiving a vaccination
- Accessing another health-related service
- Another reason

Appendix A8: Population projections

Based on the Office for National Statistics 2018 population projections, the Kirklees population is projected to grow by 5.8% between 2018 and 2043. This is an increase of 25,531 people, from 438,727 in 2018 to 464,258 in 2043. The majority of this increase will be in the population aged 55 and above, with decreases in population predicted in some younger age groups (Figure 12).

Figure 12: Projected population differences

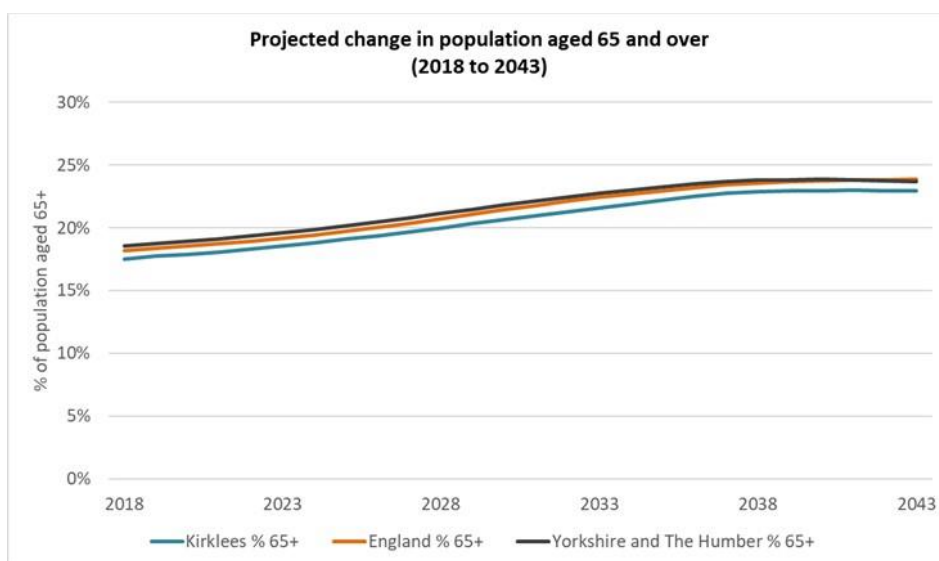


Source: ONS population projections, 2018 base

2018 population projections indicate that the number of people aged 65 or over is expected to increase from 76,848 in 2018 (17.5% of the population) to 106,648 in 2043 (23.0%). This is a similar rate of growth to that expected in Yorkshire and the Humber (an increase from 18.5% to 23.7%) and England (an increase from 18.2% to 23.9%) (Figure 13).

Between 2020 (the most recent year with published population estimates) and 2025 (the final year covered by this PNA), the population of Kirklees is projected to increase by 1.34% (+5,899 people).

Figure 13: Population changes for ages 65+



As the population gets older, the proportion of people living in a care home will increase. Table 6 below details the projected increase in this figure up to 2040.

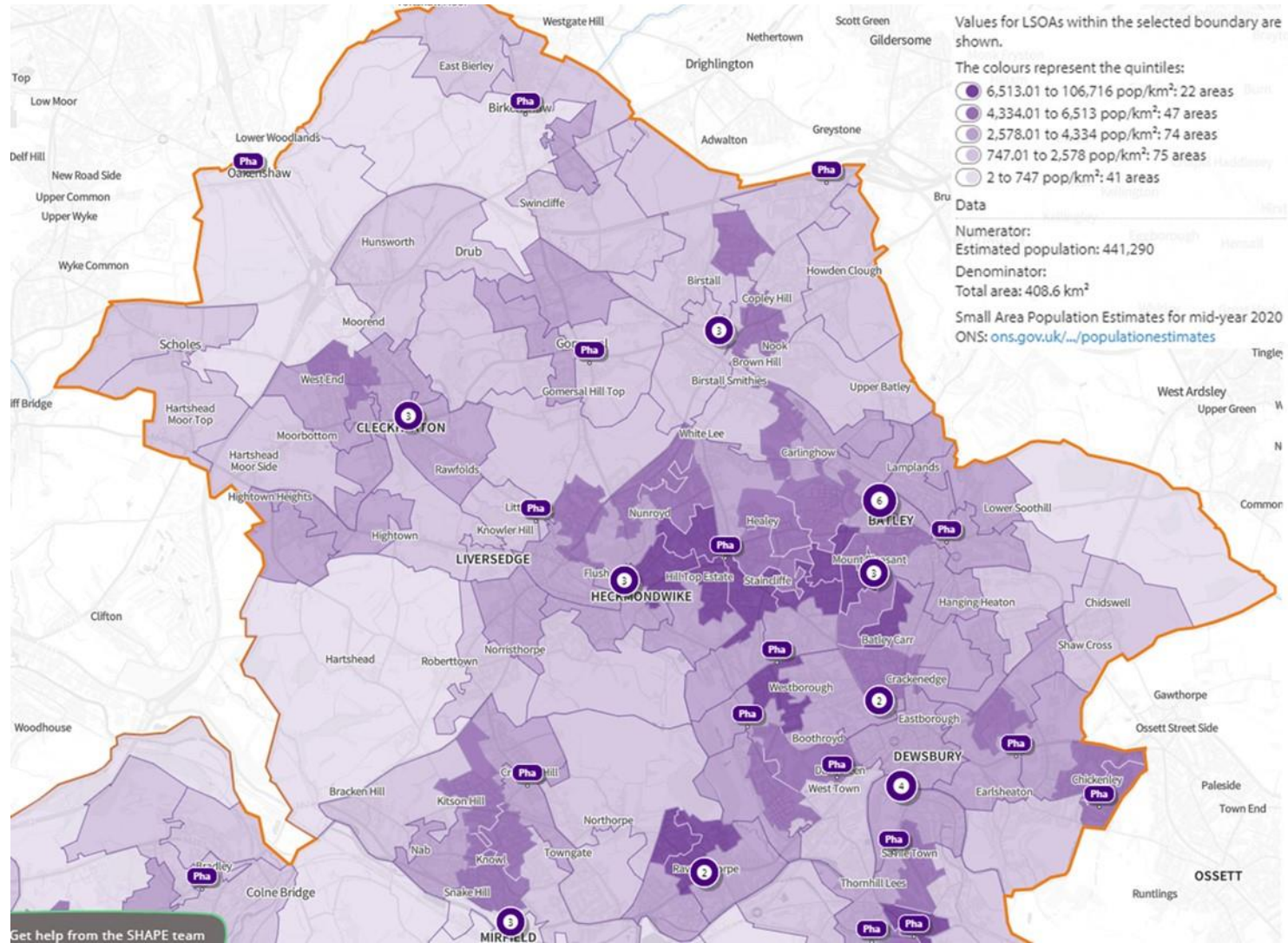
Table 6: Projected Kirklees care home population

	2020	2025	2030	2035	2040
People aged 65 and over living in a LA care home with or without nursing	93	105	117	136	146
People aged 65 and over living in a non LA care home with or without nursing	2,170	2,474	2,754	3,224	3,456
Total population aged 65 and over living in a care home with or without nursing	2,264	2,579	2,870	3,360	3,601

Source: POPPI version 14.2 (www.poppi.org.uk), accessed 14/04/22

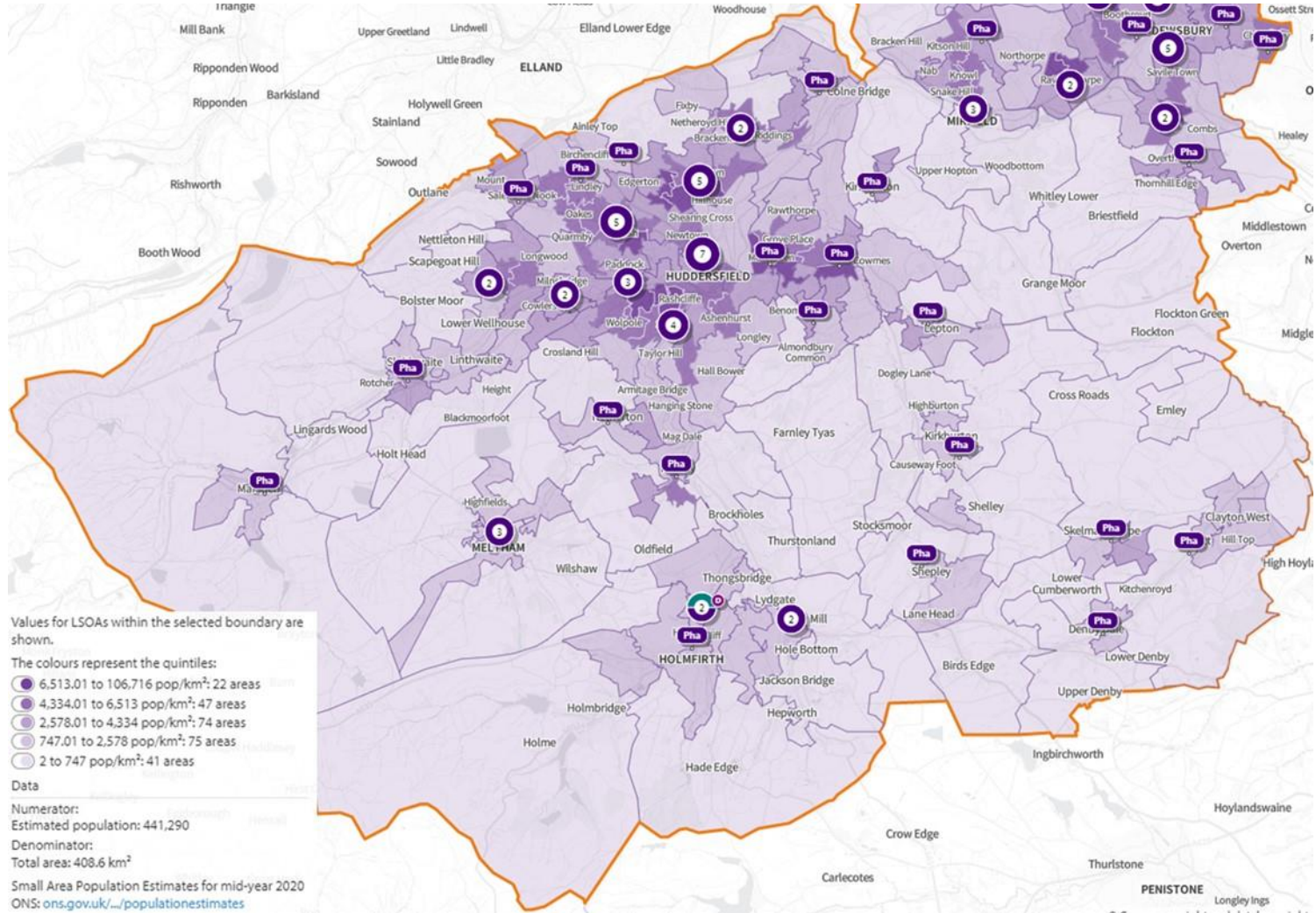
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Figure 14a: Community pharmacies and dispensing GPs compared to population density (North Kirklees)



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Figure 14b: Community pharmacies and dispensing GPs compared to population density (South Kirklees)

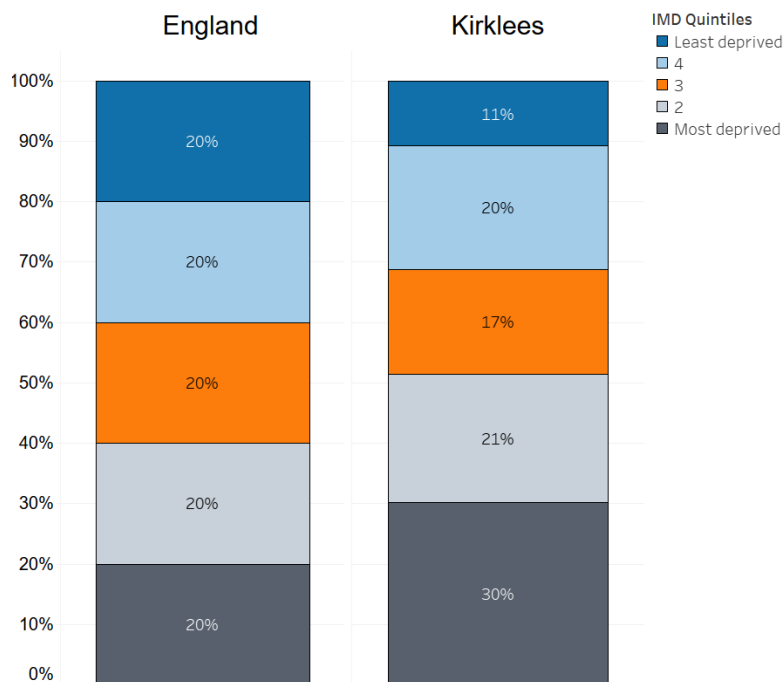


Appendix A9: Deprivation

The Index of Multiple Deprivation (IMD) 2019 combines indicators across seven domains of deprivation into a single deprivation score for each small area (Lower Super Output Area or LSOA) in England. This allows areas to be ranked relative to one another according to their level of deprivation. The domains (and weighted contribution to the overall score) are: income (22.5%), employment (22.5%), education (13.5%), health (13.5%), crime (9.3%), barriers to housing and services (9.3%), living environment (9.3%).

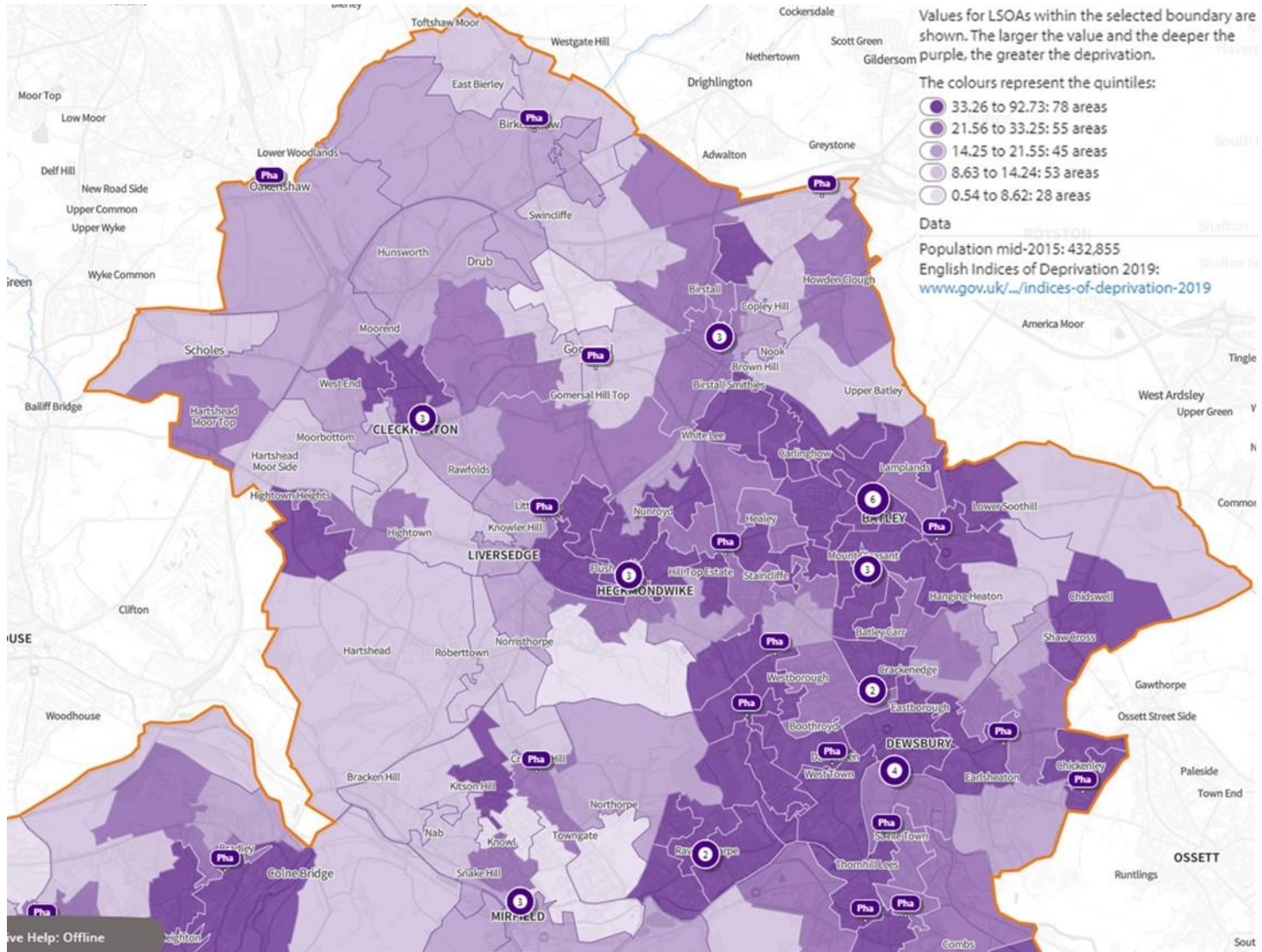
Kirklees is the 61st most deprived Upper Tier Local Authority in England (out of 151) based on IMD 2019 (using the rank of average rank method). 30% of Kirklees LSOAs are in the most deprived 20% nationally; 21% are in the second most deprived quintile nationally; 17% are in the middle deprivation quintile; 20% are in the second least deprived quintile and 11% are in the least deprived quintile (Figure 15).

Figure 15: Percentage of Lower Super Output Areas (LSOAs) in each Index of Multiple Deprivation (IMD) 2019 quintile



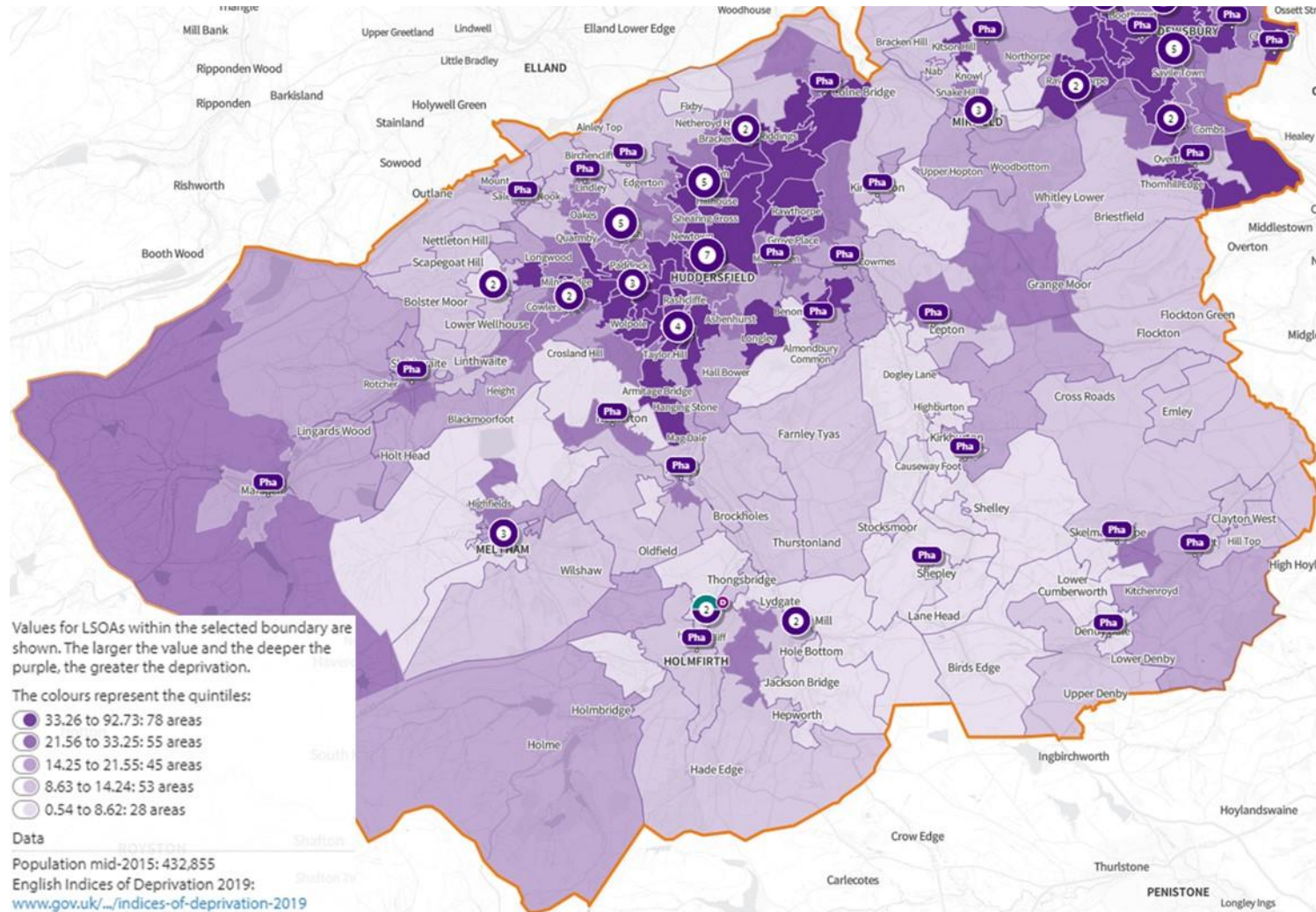
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Figure 16a: Community Pharmacies and dispensing GPs compared to deprivation quintile (IMD 2019, North Kirklees)



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Figure 16b: Community Pharmacies and dispensing GPs compared to deprivation quintile (IMD 2019, South Kirklees)



Appendix A10: Indicators of health need for pharmacy services in Kirklees

Given that poor health is related to both advancing age and material deprivation, and the least healthy are likely to be most in need of pharmacy services, a range of indicators of health and deprivation have been provided, in Tables 7-9, to illustrate at Electoral Ward level how health status varies across Kirklees. Wards are ranked in order of the Index of Multiple Deprivation (IMD) with the highest IMD score (most deprived) at the top.

Where possible, indication has been provided where Electoral Wards differ significantly from the Kirklees / England average. Where a Ward has an indicator value that is significantly worse than the Kirklees or England average, this is shown in red and values that are significantly better are shown in green.

Significantly 'poor' scores tend to cluster towards the top of the Tables, in the most deprived areas, whereas significantly 'good' scores cluster towards the bottom in the less deprived areas. It is also towards the top of Table 9 that the lowest life expectancies can generally be seen.

This set of indicators also illustrates that Wards may differ in the amount and type of targeted pharmaceutical services that might be needed. For example, some Wards are exceptional where there are significantly worse than England and Kirklees averages across most of the conditions selected (e.g., Dewsbury West), whereas other Wards have specific targeted needs for certain conditions where there are particular conditions that are significantly worse and stand out (e.g., emergency admissions for coronary heart disease in Denby Dale).

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Table 7a: Indicators of Health and Deprivation by Electoral Ward: Standardised Mortality Ratios (Compared with Kirklees Averages)

Shading: Red = significantly worse; Green = significantly better; No colour = not statistically different
 Values above 100 indicate higher mortality than the England average and values below 100 indicate lower mortality.

Ward Name	Ward Population	IMD Ward Score	Kirklees rank	Deaths from all causes, all ages	Deaths from all causes, under 75 years	Deaths from all cancers, all ages	Deaths from all cancers, under 75 years	Deaths from circulatory disease, all ages	Deaths from coronary heart disease, all ages	Deaths from stroke, all ages	Deaths from respiratory disease, all ages
Dewsbury West	22505	45.34	1	136.98	153.33	105.41	113.78	124.55	135.31	95.68	177.07
Batley West	20735	36.44	2	101.83	126.50	115.97	130.57	112.71	129.55	99.46	116.18
Crosland Moor and Netherton	19503	35.36	3	111.78	132.52	104.73	116.30	142.00	144.07	163.95	92.38
Ashbrow	20572	35.04	4	112.72	108.00	103.85	95.19	127.62	138.76	133.31	123.94
Dewsbury East	20130	33.47	5	116.36	126.31	117.04	115.07	116.40	140.84	97.65	132.09
Dalton	17309	32.52	6	108.00	123.08	119.51	126.58	111.64	112.89	110.53	116.32
Greenhead	21230	32.31	7	116.11	126.88	104.74	101.93	127.12	121.88	136.30	98.24
Newsome	24262	32.12	8	128.00	141.05	112.44	125.03	143.06	143.19	144.25	122.24
Dewsbury South	19259	31.46	9	115.20	125.90	101.47	102.51	126.88	145.73	124.23	130.34
Heckmondwike	17363	28.49	10	112.08	111.37	109.23	121.05	104.07	118.46	99.87	103.31
Batley East	19351	26.86	11	136.40	133.90	120.25	116.26	142.90	137.84	203.98	124.29
Liversedge and Gomersal	20079	24.45	12	109.19	107.43	114.39	116.90	104.72	104.37	91.79	104.27
Golcar	18240	23.39	13	114.15	112.40	117.67	128.47	126.07	130.13	125.28	112.50
Birstall and Birkenshaw	16906	21.54	14	108.55	110.39	116.76	110.52	100.27	99.66	106.42	131.75
Cleckheaton	17371	21.12	15	101.73	110.18	96.40	103.55	98.06	106.54	99.43	107.10
Almondbury	18075	18.34	16	112.57	99.02	96.70	106.95	112.16	107.00	118.35	97.74
Colne Valley	17715	16.54	17	88.10	87.65	86.17	82.71	105.77	114.69	92.76	79.69
Mirfield	20043	15.72	18	95.61	96.81	91.92	102.73	87.43	107.37	86.21	97.20
Lindley	20822	14.78	19	104.66	98.41	99.22	96.52	98.70	85.65	117.93	86.01
Holme Valley North	17202	13.26	20	91.22	77.48	82.33	83.66	96.07	96.60	86.82	88.04
Denby Dale	16779	11.14	21	106.37	93.89	100.07	92.76	115.59	124.49	101.22	98.55
Holme Valley South	19432	10.89	22	87.29	74.67	86.40	89.24	99.12	77.33	115.28	84.30
Kirkburton	16407	10.02	23	81.20	72.95	90.27	78.20	86.12	78.34	85.49	59.35
Kirklees				107.33	108.77	103.11	105.70	111.70	115.31	113.13	105.63
England				100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

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Table 7b: Indicators of Health and Deprivation by Electoral Ward: Standardised Mortality Ratios (Compared with England Averages)

Shading: Red = significantly worse; Green = significantly better; No colour = not statistically different

Values above 100 indicate higher mortality than the England average and values below 100 indicate lower mortality.

Ward Name	Ward Population	IMD Ward Score	Kirklees rank	Deaths from all causes, all ages	Deaths from all causes, under 75 years	Deaths from all cancers, all ages	Deaths from all cancers, under 75 years	Deaths from circulatory disease, all ages	Deaths from coronary heart disease, all ages	Deaths from stroke, all ages	Deaths from respiratory disease, all ages
Dewsbury West	22505	45.34	1	136.98	153.33	105.41	113.78	124.55	135.31	95.68	177.07
Batley West	20735	36.44	2	101.83	126.50	115.97	130.57	112.71	129.55	99.46	116.18
Crosland Moor and Netherton	19503	35.36	3	111.78	132.52	104.73	116.30	142.00	144.07	163.95	92.38
Ashbrow	20572	35.04	4	112.72	108.00	103.85	95.19	127.62	138.76	133.31	123.94
Dewsbury East	20130	33.47	5	116.36	126.31	117.04	115.07	116.40	140.84	97.65	132.09
Dalton	17309	32.52	6	108.00	123.08	119.51	126.58	111.64	112.89	110.53	116.32
Greenhead	21230	32.31	7	116.11	126.88	104.74	101.93	127.12	121.88	136.30	98.24
Newsome	24262	32.12	8	128.00	141.05	112.44	125.03	143.06	143.19	144.25	122.24
Dewsbury South	19259	31.46	9	115.20	125.90	101.47	102.51	126.88	145.73	124.23	130.34
Heckmondwike	17363	28.49	10	112.08	111.37	109.23	121.05	104.07	118.46	99.87	103.31
Batley East	19351	26.86	11	136.40	133.90	120.25	116.26	142.90	137.84	203.98	124.29
Liversedge and Gomersal	20079	24.45	12	109.19	107.43	114.39	116.90	104.72	104.37	91.79	104.27
Golcar	18240	23.39	13	114.15	112.40	117.67	128.47	126.07	130.13	125.28	112.50
Birstall and Birkenshaw	16906	21.54	14	108.55	110.39	116.76	110.52	100.27	99.66	106.42	131.75
Cleckheaton	17371	21.12	15	101.73	110.18	96.40	103.55	98.06	106.54	99.43	107.10
Almondbury	18075	18.34	16	112.57	99.02	96.70	106.95	112.16	107.00	118.35	97.74
Colne Valley	17715	16.54	17	88.10	87.65	86.17	82.71	105.77	114.69	92.76	79.69
Mirfield	20043	15.72	18	95.61	96.81	91.92	102.73	87.43	107.37	86.21	97.20
Lindley	20822	14.78	19	104.66	98.41	99.22	96.52	98.70	85.65	117.93	86.01
Holme Valley North	17202	13.26	20	91.22	77.48	82.33	83.66	96.07	96.60	86.82	88.04
Denby Dale	16779	11.14	21	106.37	93.89	100.07	92.76	115.59	124.49	101.22	98.55
Holme Valley South	19432	10.89	22	87.29	74.67	86.40	89.24	99.12	77.33	115.28	84.30
Kirkburton	16407	10.02	23	81.20	72.95	90.27	78.20	86.12	78.34	85.49	59.35
Kirklees				107.33	108.77	103.11	105.70	111.70	115.31	113.13	105.63
England				100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

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Table 8a: Indicators of Health and Deprivation by Electoral Ward: Standardised Admission Ratios (Compared with Kirklees Averages)

Shading: Red = significantly worse; Green = significantly better; No colour = not statistically different

Values above 100 indicate a higher level of admission than the England average and values below 100 indicate a lower level of admission.

Ward Name	Ward Population	IMD Ward Score	Kirklees rank	Emergency Admissions, Chronic Obstructive Pulmonary Disease (COPD)	Emergency Admissions, Coronary Heart Disease	Emergency Admissions, Stroke	Emergency Admissions, All Causes	Incidence of lung cancer: diagnoses
Dewsbury West	22505	45.34	1	191.25	179.89	140.82	132.75	158.58
Batley West	20735	36.44	2	145.37	123.08	116.46	114.57	156.52
Crosland Moor and Netherton	19503	35.36	3	127.87	146.61	129.62	118.39	102.63
Ashbrow	20572	35.04	4	126.13	143.72	99.20	113.35	136.46
Dewsbury East	20130	33.47	5	216.03	122.38	101.18	122.18	168.04
Dalton	17309	32.52	6	90.02	103.30	96.50	103.42	126.51
Greenhead	21230	32.31	7	104.26	170.96	98.65	119.79	104.91
Newsome	24262	32.12	8	112.98	150.98	97.58	100.44	130.51
Dewsbury South	19259	31.46	9	126.36	147.62	120.69	109.62	115.93
Heckmondwike	17363	28.49	10	140.61	122.87	77.35	119.89	146.79
Batley East	19351	26.86	11	73.38	151.47	135.16	104.86	116.92
Liversedge and Gomersal	20079	24.45	12	140.39	97.25	95.59	109.25	130.02
Golcar	18240	23.39	13	122.70	102.74	98.71	110.59	125.51
Birstall and Birkenshaw	16906	21.54	14	120.59	97.19	108.11	100.94	120.94
Cleckheaton	17371	21.12	15	101.29	120.03	90.22	102.63	93.84
Almondbury	18075	18.34	16	101.22	102.71	82.01	96.17	98.74
Colne Valley	17715	16.54	17	74.51	86.86	94.22	85.89	100.81
Mirfield	20043	15.72	18	85.73	81.16	86.39	92.48	112.98
Lindley	20822	14.78	19	79.04	86.42	86.52	101.45	97.67
Holme Valley North	17202	13.26	20	89.25	89.72	73.49	82.82	89.00
Denby Dale	16779	11.14	21	82.15	113.18	111.24	88.57	85.19
Holme Valley South	19432	10.89	22	50.78	74.31	95.39	73.49	62.19
Kirkburton	16407	10.02	23	48.92	91.48	78.62	83.62	78.70
Kirklees				108.57	114.50	98.69	103.95	113.39
England				100.00	100.00	100.00	100.00	100.00

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Table 8b: Indicators of Health and Deprivation by Electoral Ward: Standardised Admission Ratios (Compared with England Averages)

Shading: Red = significantly worse; Green = significantly better; No colour = not statistically different
 Values above 100 indicate a higher level of admission than the England average and values below 100 indicate a lower level of admission.

Ward Name	Ward Population	IMD Ward Score	Kirklees rank	Emergency Admissions, Chronic Obstructive Pulmonary Disease (COPD)	Emergency Admissions, Coronary Heart Disease	Emergency Admissions, Stroke	Emergency Admissions, All Causes	Incidence of lung cancer: diagnoses
Dewsbury West	22505	45.34	1	191.25	179.89	140.82	132.75	158.58
Batley West	20735	36.44	2	145.37	123.08	116.46	114.57	156.52
Crosland Moor and Netherton	19503	35.36	3	127.87	146.61	129.62	118.39	102.63
Ashbrow	20572	35.04	4	126.13	143.72	99.20	113.35	136.46
Dewsbury East	20130	33.47	5	216.03	122.38	101.18	122.18	168.04
Dalton	17309	32.52	6	90.02	103.30	96.50	103.42	126.51
Greenhead	21230	32.31	7	104.26	170.96	98.65	119.79	104.91
Newsome	24262	32.12	8	112.98	150.98	97.58	100.44	130.51
Dewsbury South	19259	31.46	9	126.36	147.62	120.69	109.62	115.93
Heckmondwike	17363	28.49	10	140.61	122.87	77.35	119.89	146.79
Batley East	19351	26.86	11	73.38	151.47	135.16	104.86	116.92
Liversedge and Gomersal	20079	24.45	12	140.39	97.25	95.59	109.25	130.02
Golcar	18240	23.39	13	122.70	102.74	98.71	110.59	125.51
Birstall and Birkenshaw	16906	21.54	14	120.59	97.19	108.11	100.94	120.94
Cleckheaton	17371	21.12	15	101.29	120.03	90.22	102.63	93.84
Almondbury	18075	18.34	16	101.22	102.71	82.01	96.17	98.74
Colne Valley	17715	16.54	17	74.51	86.86	94.22	85.89	100.81
Mirfield	20043	15.72	18	85.73	81.16	86.39	92.48	112.98
Lindley	20822	14.78	19	79.04	86.42	86.52	101.45	97.67
Holme Valley North	17202	13.26	20	89.25	89.72	73.49	82.82	89.00
Denby Dale	16779	11.14	21	82.15	113.18	111.24	88.57	85.19
Holme Valley South	19432	10.89	22	50.78	74.31	95.39	73.49	62.19
Kirkburton	16407	10.02	23	48.92	91.48	78.62	83.62	78.70
Kirklees				108.57	114.50	98.69	103.95	113.39
England				100.00	100.00	100.00	100.00	100.00

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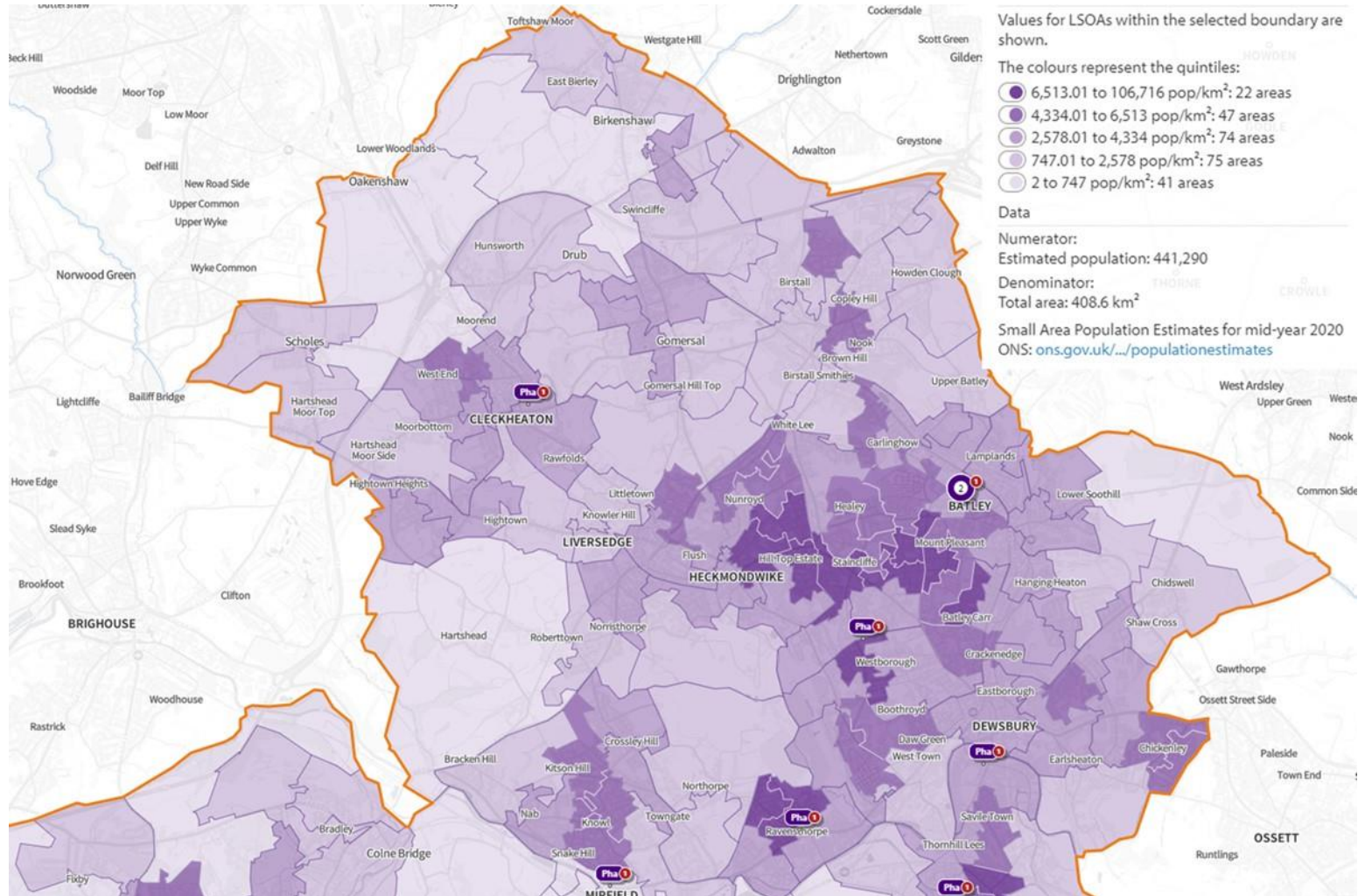
Table 9: Indicators of health and deprivation by Electoral Ward

Cell colour indicates significant difference: Red = significantly worse Green = significantly better
Underline indicates significant difference to England; ***Bold and italic*** indicates significant difference to Kirklees; ***Underline, bold and italic*** indicates significant difference to England and Kirklees

Ward Name	IMD Ward Score	Kirklees rank	IMD National rank (/6,642)	Ward Population	Population Density (persons per hectare)	% Aged <20	% Aged 60+	% Overweight & Obese Year R children (2017/18 - 19/20)	% Overweight & Obese Year 6 children	% Overweight or obese adults	Male life expectancy	Female life expectancy	% Pensioners (65 years +) living alone (2011 census data)
Dewsbury West	45.34	1	229	22505	42.6	34.4	12.7	22.4	<i><u>41.8</u></i>	<i><u>73.8</u></i>	77.2	83.7	32.4
Batley West	36.44	2	948	20735	47.7	29.3	19.4	21.0	34.3	62.7	79.2	<i><u>81.7</u></i>	30.5
Crosland Moor and Netherton	35.36	3	706	19503	25	28.8	20.9	21.1	<i><u>38.4</u></i>	<i><u>54.2</u></i>	<i><u>76.4</u></i>	80.4	33.1
Ashbrow	35.04	4	1048	20572	18.1	27.6	22.5	24.3	<i><u>41.0</u></i>	59.3	77.6	81.3	32.6
Dewsbury East	33.47	5	1127	20130	31.2	25	21.6	25.7	38.1	62.7	<i><u>76.7</u></i>	80.8	33
Dalton	32.52	6	1635	17309	13.4	23.7	23.9	<i><u>27.0</u></i>	36.7	64.5	76.7	83.7	<i><u>36.6</u></i>
Greenhead	32.31	7	985	21230	48	26.5	17.7	23.6	37.1	59.6	<i><u>76.2</u></i>	<i><u>80.3</u></i>	<i><u>35.3</u></i>
Newsome	32.12	8	506	24262	28.9	19.2	15.5	25.5	37.8	<i><u>55.9</u></i>	<i><u>76.7</u></i>	<i><u>80.1</u></i>	<i><u>38.5</u></i>
Dewsbury South	31.46	9	1245	19259	13.7	29	19.7	24.1	<i><u>38.7</u></i>	63.8	<i><u>75.6</u></i>	81.1	<i><u>28.3</u></i>
Heckmondwike	28.49	10	1637	17363	32.2	25.9	22.9	22.4	<i><u>38.8</u></i>	60.7	<i><u>75.5</u></i>	81.3	<i><u>29.2</u></i>
Batley East	26.86	11	1176	19351	24.5	28.5	18.1	<i><u>18.6</u></i>	33.6	56.9	<i><u>76.4</u></i>	<i><u>79.0</u></i>	31.5
Liversedge and Gomersal	24.45	12	2026	20079	15.4	24.4	25.9	21.1	36.1	<i><u>53.4</u></i>	78.8	83.2	32.5
Golcar	23.39	13	2132	18240	29.6	23.9	23.4	21.4	36.4	57.3	79.8	83.8	<i><u>33.6</u></i>
Birstall and Birkenshaw	21.54	14	2781	16906	13.7	24.3	25.7	23.8	35.6	64	76.8	82.1	32
Cleckheaton	21.12	15	2388	17371	14.2	21.6	27.1	26.0	<i><u>39.8</u></i>	64.5	78.2	82.7	32.8
Almondbury	18.34	16	3063	18075	17.9	21.6	27.5	25.2	31	57.8	79.9	81.9	32.9
Colne Valley	16.54	17	3265	17715	2.6	21.9	26.3	19.8	33.6	<i><u>54.9</u></i>	79.9	83.5	31.3
Mirfield	15.72	18	3746	20043	14.8	21.5	30.8	20.5	32.8	64.2	<i><u>81.2</u></i>	82.8	30.2
Lindley	14.78	19	3559	20822	29.3	23.1	26.3	23.7	31.9	<i><u>55.1</u></i>	79.8	83.3	<i><u>33.1</u></i>
Holme Valley North	13.26	20	4882	17202	5.2	22.3	30.2	<i><u>18.1</u></i>	<i><u>28.2</u></i>	<i><u>53.7</u></i>	81.1	83.6	31
Denby Dale	11.14	21	5239	16779	4	21.8	31.2	22.2	<i><u>29.2</u></i>	<i><u>53.1</u></i>	79.2	82.5	<i><u>26.7</u></i>
Holme Valley South	10.89	22	5082	19432	3.2	22.1	30.1	21.3	<i><u>29.5</u></i>	<i><u>51.4</u></i>	<i><u>83.3</u></i>	<i><u>85.3</u></i>	<i><u>28.3</u></i>
Kirkburton	10.02	23	5519	16407	3.5	24.1	28.1	19.7	30.8	57.4	81.1	84.1	<i><u>27.0</u></i>

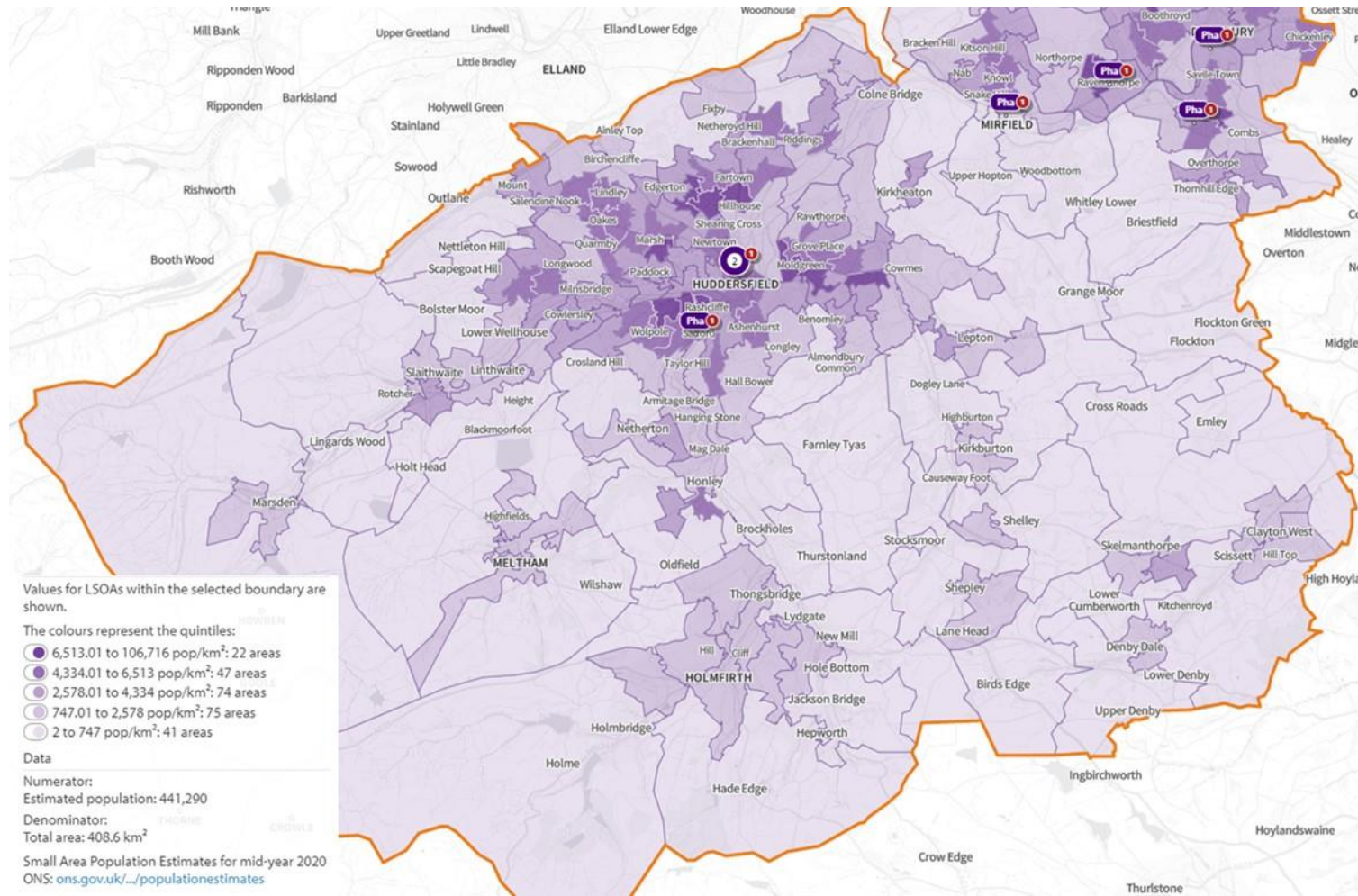
Appendix A11: Pharmacy opening hours

Figure 17a: Pharmacies providing services for 100+ hours a week mapped against population density (North Kirklees)



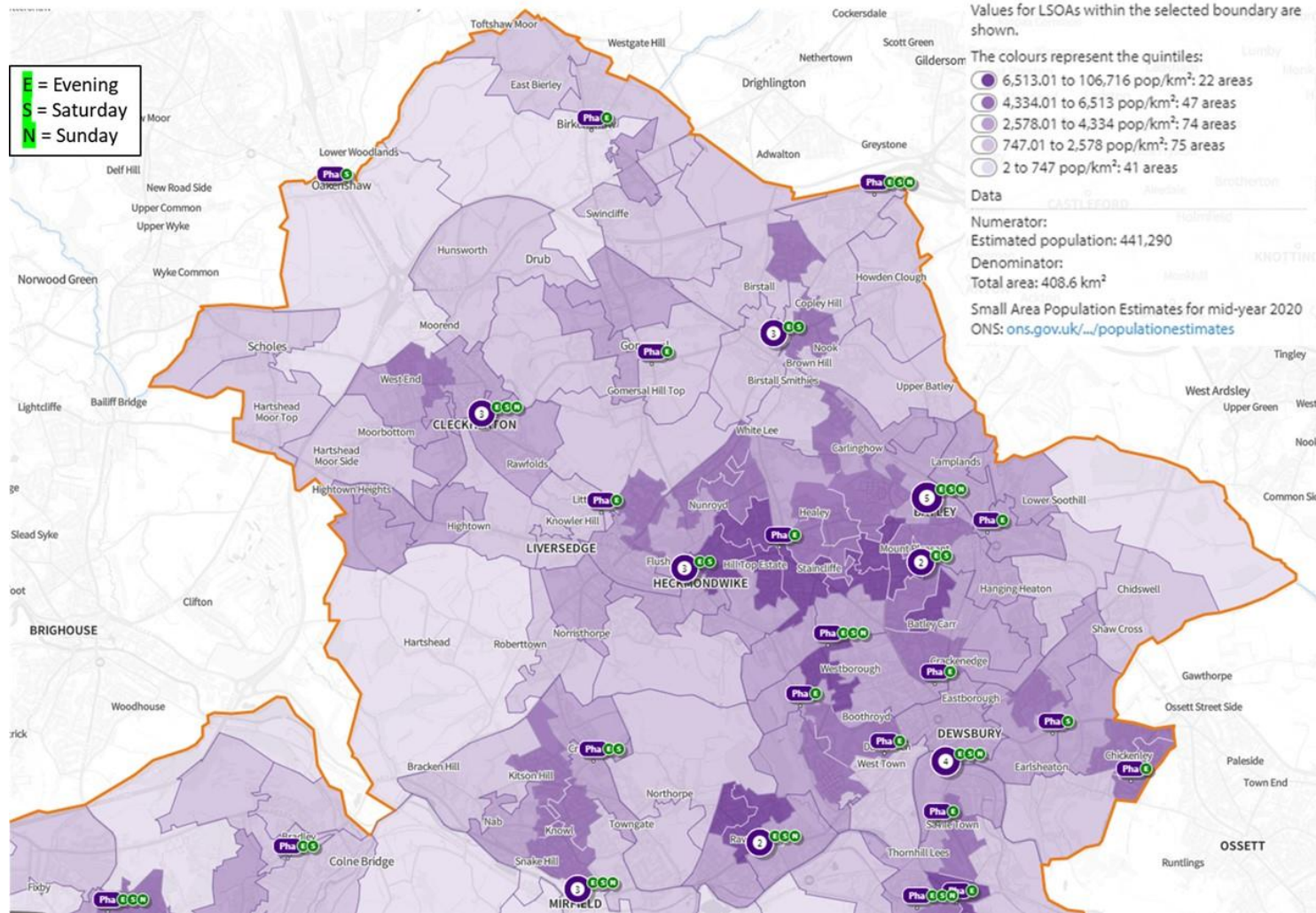
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Figure 17b: Pharmacies providing services for 100+ hours a week mapped against population density (South Kirklees)



Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 18a: Pharmacies providing extended opening hours mapped against population density (North Kirklees)

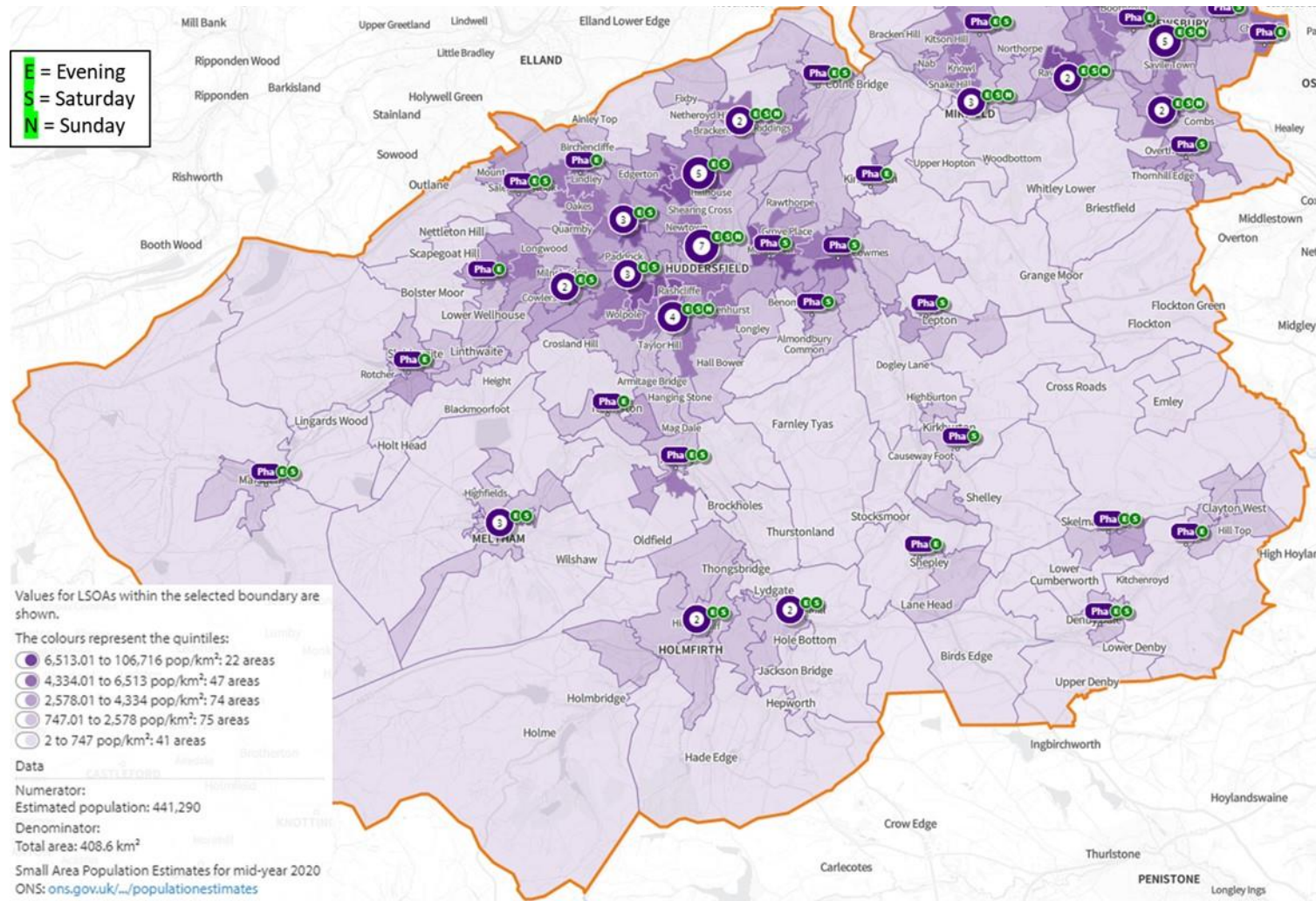


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² Note: One pharmacy in Birstall is no longer providing Sunday extended hours— see Appendix A18 for details

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Figure 18b: Pharmacies providing extended opening hours mapped against population density (South Kirklees)³



³ Note: One pharmacy in Meltham is no longer providing Saturday extended hours and one pharmacy in Huddersfield is no longer providing Sunday hours – see Appendix A18 for details

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Table 10: Community pharmacy opening hours

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Batley and Spen											
Batley East	Batley Pharmacy	157 Upper Commercial Street	Batley	WF17 5DH	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30
Batley East	Hughes Chemist	3-5 Oxford Terrace, Off Soothill Lane	Batley	WF17 5ST	08:30-13:00, 14:00-18:30	08:30-13:00, 14:00-17:00	08:30-13:00, 14:00-18:30	08:30-13:00, 14:00-17:00	08:30-13:00, 14:00-18:30		
Batley East	Mileusnic Chemist	133 Upper Commercial Street	Batley	WF17 5DH	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-12:30	
Batley East	Mount Pharmacy	67B Purlwell Lane	Batley	WF17 7QF	08:45-19:00	08:45-19:00	08:45-19:00	08:45-19:00	08:45-18:00	08:45-12:30	
Batley East	Safemed Pharmacy	1 Bonaccord Square	Batley	WF17 7QG	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Batley East	Tesco In-Store Pharmacy	Bradford Road	Batley	WF17 5TJ	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
Batley East	Tibb Pharmacy	65 Purlwell Hall Road	Batley	WF17 7NL	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00		
Batley East	Well Pharmacy	4 Market Place	Batley	WF17 5DA	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	09:00-12:00	
Batley East	Well Pharmacy	104 Upper Commercial Street	Batley	WF17 5DP	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00		
Batley East	Wellington House Pharmacy	Unit 1, 485 Bradford Road	Batley	WF17 8LB	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Batley West	Dewsbury Pharmacy	Healds Road Medical Centre, Healds Road	Dewsbury	WF13 4HT	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-13:00, 14:00-00:00	08:30-21:00	08:30-21:00

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Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Birstall and Birkenshaw	Birstall Pharmacy	8 Market Place, Birstall	Batley	WF17 9EL	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-12:30	
Birstall and Birkenshaw	Boots UK Ltd ⁴	Unit 3, Birstall Retail Park	Birstall	WF17 9DT	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	10:00-18:00	
Birstall and Birkenshaw	Knights Oakwood Pharmacy	The Old Salvation Army Hall, 74 Blackburn Road	Birstall	WF17 9PL	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	09:00-12:00	
Birstall and Birkenshaw	Birkenshaw Pharmacy ⁵	Town Street Medical Centre, Town Street, Birkenshaw	Bradford	BD11 2HX	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
Birstall and Birkenshaw	Winer (Chemists) Ltd	1 Bond Street, Birstall	Batley	WF17 9EX	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
Cleckheaton	Kirklees Pharmacy	St Johns House, Cross Church Street	Cleckheaton	BD19 3RQ	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-21:00
Cleckheaton	Lloyds Pharmacy ⁴	5 Greenside	Cleckheaton	BD19 5AN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
Cleckheaton	Oakenshaw Pharmacy	Oakenshaw	Bradford	BD12 7DT	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	
Cleckheaton	Rowlands Pharmacy	26 Market Street	Cleckheaton	BD19 5AJ	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00	09:00-13:20, 13:40-18:00		
Heckmondwike	Pharmacy Wise Heckmondwike	Heckmondwike Primary Care Centre, Algernon Firth Park	Heckmondwike	WF16 0HH	08:00-13:00, 13:20-18:45	08:00-13:00, 13:20-18:45	08:00-13:00, 13:20-18:45	08:00-13:00, 13:20-18:45	08:00-13:00, 13:20-18:45	09:00-13:00	
Heckmondwike	The Pharmacy Hub	4 Batley Road	Heckmondwike	WF16 9NE	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00		
Heckmondwike	Well Pharmacy	Unit 8, Northgate Retail Centre	Heckmondwike	WF16 9RL	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00		
Heckmondwike	Well Pharmacy	Morrisons Superstore, Union Street	Heckmondwike	WF16 0HL	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-17:00	
Liversedge and Gomersal	Gomersal Pharmacy	260 Oxford Road, Gomersal	Bradford	BD19 4PY	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15		
Liversedge and Gomersal	Shah'S Pharmacy	69 Valley Road	Liversedge	WF15 6DL	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00		

⁴ Note: Opening hours changed between draft consultation document and final PNA – see Appendix A18 for details

⁵ Note: Pharmacy operator and name changed on 03/05/22

Kirklees Pharmaceutical Needs Assessment 2022-25

Dewsbury and Mirfield											
Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Dewsbury East	Boots UK Ltd	27 The Princess Of Wales Precinct, Long Causeway	Dewsbury	WF13 1NH	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	
Dewsbury East	Chickenley Pharmacy	51 Walnut Lane, Chickenley	Dewsbury	WF12 8NJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
Dewsbury East	Clovelly Pharmacy	1 Northfield Road	Dewsbury	WF13 2JX	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Dewsbury East	Dewsbury Health Centre Pharmacy	Dewsbury Health Centre, Wellington Road	Dewsbury	WF13 1HN	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	09:00-14:00	
Dewsbury East	G Pharmacy	47 Albion Street	Dewsbury	WF13 2AJ	09:00-12:45, 13:45-18:00	09:00-12:45, 13:45-18:00	09:00-12:45, 13:45-18:00	09:00-12:45, 13:45-18:00	09:00-12:45, 13:45-18:00		
Dewsbury East	Rowlands Pharmacy	Earlsheaton Medical Centre, 252 Wakefield Road, Earlsheaton	Dewsbury	WF12 8AH	08:45-13:00, 13:20-17:30	08:45-13:00, 13:20-17:30	08:45-15:00	08:45-13:00, 13:20-17:30	08:45-13:00, 13:20-17:30	09:00-12:00	
Dewsbury South	Asda Pharmacy	Mill Street West	Dewsbury	WF12 9AE	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Dewsbury South	Brewery Lane Pharmacy	49 Brewery Lane, Thornhill Lees	Dewsbury	WF12 9DU	06:30-23:00	06:30-23:00	06:30-23:00	06:30-23:00	06:30-23:00	08:00-17:00	08:00-16:30
Dewsbury South	Nobles Chemist	92 Savile Road, Savile Town	Dewsbury	WF12 9LP	09:00-12:30, 14:00-18:45	09:00-12:30, 15:00-18:45	09:00-12:30, 14:00-18:30	09:00-12:30, 14:00-18:45	09:00-12:30, 14:00-18:45		
Dewsbury South	Thornhill Pharmacy ⁶	30 The Town, Thornhill	Dewsbury	WF12 0RB	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-12:00	
Dewsbury South	Savile Town Pharmacy	The Sidings, Dewsbury	Dewsbury	WF12 9QU	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30		
Dewsbury South	Sykes Chemist	140A Slaithwaite Road, Thornhill Lees	Dewsbury	WF12 9DW	09:00-13:30, 15:00-18:30	09:00-13:30, 15:00-19:00	09:00-13:30, 15:00-18:30	09:00-13:30, 15:00-18:30	09:00-12:30, 15:00-19:00		

⁶ Note: Pharmacy changed ownership and name on 01/07/22

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Dewsbury West	Dewsbury Moor Pharmacy	119 Heckmondwike Road, Dewsbury Moor	Dewsbury	WF13 3NT	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00		
Dewsbury West	Eye Pharmacy	Unit 6D Ravensthorpe Retail Park, Huddersfield Road	Dewsbury	WF13 3HN	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	09:00-22:00
Dewsbury West	Well Pharmacy	620 Huddersfield Road, Ravensthorpe	Dewsbury	WF13 3HL	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	09:00-12:30	
Dewsbury West	Westtown Pharmacy	78 High Street, Westtown	Dewsbury	WF13 2QQ	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00		
Mirfield	Boots UK Ltd	142 Huddersfield Road	Mirfield	WF14 8AN	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:30	
Mirfield	Boots UK Ltd	54 Old Bank Road	Mirfield	WF14 0JA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Mirfield	Boots UK Ltd	Mirfield Health Centre, Doctor Lane	Mirfield	WF14 8DU	08:00-13:30, 14:00-18:00	08:00-13:30, 14:00-18:00	08:00-13:30, 14:00-18:00	08:00-13:30, 14:00-18:00	08:00-13:30, 14:00-18:00		
Mirfield	Eye Pharmacy	196 Huddersfield Road	Mirfield	WF14 8AZ	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	08:00-22:30	09:00-22:00
Huddersfield											
Almondbury	Rowlands Pharmacy	63-65 Highgate Lane, Lepton	Huddersfield	HD8 0DS	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-17:00	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:00	
Almondbury	Rowlands Pharmacy	65A Northgate, Almondbury	Huddersfield	HD5 8RX	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-13:20, 13:40-17:30	09:00-12:00	

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Ashbrow	Asda Pharmacy ⁷	Longhill Road, Off Bradford Road, Brackenhall	Huddersfield	HD2 2LQ	09:00-22:00	09:00-22:00	09:00-22:00	09:00-22:00	09:00-22:00	09:00-22:00	10:00-16:00
Ashbrow	Cohens Chemist	56 Sheepridge Road	Huddersfield	HD2 1HG	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00		
Ashbrow	Medicare Chemists	5 Copthorne Square, Bradley	Huddersfield	HD2 1SZ	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	
Ashbrow	S T Shaw Ltd	Spaines Road, Fartown	Huddersfield	HD2 2QA	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15		
Ashbrow	Siddique Pharmacy Ltd	14 Spaines Road, Fartown	Huddersfield	HD2 2QA	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00	
Crosland Moor and Netherton	Akram, Z A Ltd	2 Thorne Road, Thornton Lodge	Huddersfield	HD1 3JJ	09:30-18:30	09:30-18:30	09:30-18:30	09:30-13:30	09:30-18:30		
Crosland Moor and Netherton	Boots UK Ltd ⁷	Moorfield Shopping Centre, 3 Park Road West, Crosland Moor	Huddersfield	HD4 5RX	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	
Crosland Moor and Netherton	K & M Pharmacy Ltd	325 Meltham Road, Netherton	Huddersfield	HD4 7EX	08:45-12:45, 14:00-18:00	08:45-12:45, 14:00-18:00	08:45-12:45, 14:00-18:00	08:45-12:45, 14:00-18:00	08:45-12:45, 14:00-18:00		
Crosland Moor and Netherton	Lockwood Pharmacy	227 Lockwood Road, Lockwood	Huddersfield	HD1 3TG	08:00-00:00	08:00-00:00	08:00-00:00	08:00-00:00	08:00-00:00	08:00-00:00	09:00-22:00
Crosland Moor and Netherton	Medicare Chemists	Meltham Road Surgery, 9 Meltham Road, Lockwood	Huddersfield	HD1 3UP	08:30-13:00, 14:00-18:30	08:30-13:00, 14:00-19:00	08:30-13:00, 14:00-18:30	08:30-13:00, 14:00-18:30	08:30-13:00, 14:00-18:30		

⁷ Note: Opening hours changed between draft consultation document and final PNA – see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Dalton	Kirkheaton Pharmacy	1 Bankfield Lane, Kirkheaton	Huddersfield	HD5 0JE	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 17:00	09:00- 18:00		
Dalton	Lloyds Pharmacy	J Sainsbury'S Store, Southgate	Huddersfield	HD1 6QR	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 21:00	10:00- 16:00
Dalton	Rowlands Pharmacy	617 Wakefield Road, Waterloo	Huddersfield	HD5 9XP	09:00- 12:40, 13:00- 17:30	09:00- 12:40, 13:00- 17:30	09:00- 12:40, 13:00- 17:30	09:00- 12:40, 13:00- 17:30	09:00- 12:40, 13:00- 17:30	09:00- 12:00	
Dalton	Rowlands Pharmacy	5 Broad Lane, Moldgreen	Huddersfield	HD5 9BU	09:00- 13:00, 13:20- 17:30	09:00- 13:00, 13:20- 17:30	09:00- 13:00, 13:20- 17:30	09:00- 13:00, 13:20- 17:30	09:00- 13:00, 13:20- 17:30	09:00- 12:00	

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Greenhead	C W Peach (Chemist)	62 Westbourne Road, Marsh	Huddersfield	HD1 4LE	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	
Greenhead	Croft Pharmacy	5 Cobcroft Road, Fartown	Huddersfield	HD2 2RU	09:30-13:00, 14:00-18:30	09:30-13:00, 14:00-18:30	09:30-13:00, 14:00-18:30	09:30-13:00, 14:00-18:30	09:30-13:00, 14:00-18:30		
Greenhead	Grange Pharmacy	40 Cobcroft Road	Huddersfield	HD2 2RY	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-13:00, 14:00-18:00		
Greenhead	K Pharmacy	2 Grimscar Avenue, Birkby	Huddersfield	HD2 2TW	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	
Greenhead	Medicare Chemists	140 Westbourne Road, Marsh	Huddersfield	HD1 4LF	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	
Greenhead	Paddock Head Pharmacy	203 Luck Lane, Paddock	Huddersfield	HD1 4RB	09:00-19:00	09:00-19:00	09:00-13:00, 16:30-19:00	09:00-19:00	09:00-19:00	09:00-14:00	
Greenhead	Singh Pharmacy	6 Church Street, Paddock	Huddersfield	HD1 4TR	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Lindley	Acre Pharmacy	80 New Hey Road, Lindley	Huddersfield	HD3 4AJ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	
Lindley	Easymeds Pharmacy	26 Grimescar Meadows, Huddersfield	Huddersfield	HD2 2DZ	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Lindley	Live Well Pharmacy	1 Acre House Ave	Huddersfield	HD3 3BB	08:00-16:00	08:00-16:00	08:00-16:00	08:00-16:00	08:00-16:00		
Lindley	Medicare Chemists	Unit 2, Salendine Nook Shopping Centre, 144 Moorhill Road, Salendine Nook	Huddersfield	HD3 3XA	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-19:00	09:00-13:00	
Lindley	S T Shaw Ltd	59 Lidget Street, Lindley ⁸	Huddersfield	HD3 3JP	08:50-13:00, 14:00-18:00	08:50-13:00, 14:00-18:00	08:50-13:00, 14:00-18:00	08:50-13:00, 14:00-18:00	08:50-13:00, 14:00-18:00		
Lindley	Wellcare Pharmacy	Wellfield House, 33 New Hey Road	Huddersfield	HD3 4AL	07:30-15:30	07:30-15:30	07:30-15:30	07:30-15:30	07:30-15:30		

⁸ Note: Address changed (from 57 to 59 Lidget Street) on 16/06/22

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Newsome	Park View Pharmacy ⁹	125 Fitzwilliam Street	Huddersfield	HD1 5PS	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00		
Newsome	Boots UK Ltd ¹⁰	22 King Street	Huddersfield	HD1 2QE	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 16:00	
Newsome	Greenhead Pharmacy	Greenhead House, 2 Greenhead Road	Huddersfield	HD1 4EN	08:30- 00:00	08:30- 00:00	08:30- 00:00	08:30- 00:00	08:30- 00:00	10:00- 00:00	12:00- 20:30
Newsome	Huddersfield Pharmacy	45-47 Market Street	Huddersfield	HD1 2HL	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 15:00	
Newsome	Rowlands Pharmacy	1A Church Lane, Newsome	Huddersfield	HD4 6JE	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00	09:00- 13:20, 13:40- 18:00		
Newsome	Superdrug Pharmacy	20 Princess Alexandra Walk	Huddersfield	HD1 2TT	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	
Newsome	Tesco In-Store Pharmacy	Viaduct Street, Off Fitzwilliam Street	Huddersfield	HD1 1RW	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	10:00- 16:00
Kirklees Rural											
Colne Valley	Boots UK Ltd ¹⁰	32 Peel Street, Marsden	Huddersfield	HD7 6BW	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	
Colne Valley	Cohens Chemist	Ground Floor Globe Mill Bridge Street, Slaithwaite	Huddersfield	HD7 5JN	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00		

⁹ Note: Pharmacy changed name and ownership on 22/08/22

¹⁰ Note: Opening hours changed between draft consultation document and final PNA – see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Denby Dale	Denby Pharmacy	315 Wakefield Road, Denby Dale	Huddersfield	HD8 8RX	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	09:00-12:30	
Denby Dale	Well Pharmacy	The Health Centre, Wakefield Road, Scissett	Huddersfield	HD8 9JL	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00		
Denby Dale	Well Pharmacy	38 Commercial Road, Skelmanthorpe	Huddersfield	HD8 9DA	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	
Golcar	Cowlersley Pharmacy	903 Manchester Road, Cowlersley	Huddersfield	HD4 5SX	09:00-12:45, 14:00-18:00	09:00-12:45, 14:00-18:00	09:00-12:45, 14:00-18:00	09:00-12:45, 14:00-18:00	09:00-12:45, 14:00-18:00	09:00-12:30	
Golcar	Golcar Delivery Pharmacy	30, Moorcroft Avenue, Golcar	Huddersfield	HD7 4QH	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Golcar	S T Shaw Ltd	38 Town End, Golcar	Huddersfield	HD7 4QD	09:00-12:45, 14:00-18:15	09:00-12:45, 14:00-18:15	09:00-12:45, 14:00-18:15	09:00-12:45, 14:00-18:15	09:00-12:45, 14:00-18:15		
Golcar	Well Pharmacy	63 Market Street, Milnsbridge	Huddersfield	HD3 4HZ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
Holme Valley North	Brian Dobson (Chemists) Ltd	1 The Cobbles, Meltham	Huddersfield	HD9 5QQ	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	
Holme Valley North	Medicare Chemists	8-10 Westgate, Honley	Huddersfield	HD9 6AA	09:00-12:30, 13:30-18:30	09:00-12:30, 13:30-18:30	09:00-12:30, 13:30-18:30	09:00-12:30, 13:30-18:30	09:00-12:30, 13:30-18:30	09:00-12:30	
Holme Valley North	Medicines2Home.Com ¹¹	Suite 3, Railway House, Station Street	Holmfirth	HD9 5NX	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00		
Holme Valley North	Meltham Pharmacy	14 Huddersfield Road, Meltham	Huddersfield	HD9 4AE	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	

¹¹ Note: Opening hours changed between draft consultation document and final PNA – see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	MON	TUE	WED	THUR	FRI	SAT	SUN
Holme Valley South	Medicare Chemists	Riverside Centre, Huddersfield Road, Holmfirth	Huddersfield	HD9 3AZ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	
Holme Valley South	Medicare Chemists	Elmwood Health Centre, Huddersfield Road	Holmfirth	HD9 3TR	08:00-13:00, 14:00-19:30	08:00-13:00, 14:00-19:30	08:00-13:00, 14:00-19:30	08:00-13:00, 14:00-19:30	08:00-13:00, 14:00-18:30	09:00-12:00	
Holme Valley South	New Mill Pharmacy	Inside New Mill Post Office, 6 Huddersfield Road	Holmfirth	HD9 7JU	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	
Holme Valley South	The Valley Pharmacy	1St Floor, New Mill Village Store, Holmfirth Road	New Mill	HD9 7JY	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	
Kirkburton	Rowlands Pharmacy	Kirkburton Health Centre, Shelley Lane, Kirkburton	Huddersfield	HD8 0SJ	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	
Kirkburton	Shepley Pharmacy	Shepley Health Centre, 25 Jos Lane	Shepley	HD8 8DJ	08:00-12:00, 14:00-18:00	08:00-12:00, 14:00-18:00	08:00-12:00, 14:00-18:00	08:00-12:00, 14:00-18:00	08:00-12:00, 14:00-18:00		

Appendix A12: Pharmacy service provision

Note these tables were correct at 01/08/22 and are subject to change when services are re-commissioned or newly commissioned.

Table 11: Pharmacy service provision

Advanced services: New medicine service, Appliance use review service, Stoma customisation service, Community pharmacy consultation service, Hepatitis C testing service, Flu vaccination service, Hypertension case finding

Enhanced services: Palliative care drugs, Minor ailments scheme, Head lice

Locally commissioned services: Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Batley East	Batley Pharmacy*	157 Upper Commercial Street	Batley	WF17 5DH	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Palliative care drugs, Head lice, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Batley East	Hughes Chemist	3-5 Oxford Terrace, Off Soothill Lane	Batley	WF17 5ST	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Batley East	Mileusnic Chemist*	133 Upper Commercial Street	Batley	WF17 5DH	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice, Chlamydia screening, Emergency hormonal contraception, Nicotine replacement therapy, Smoking cessation, new smoking cessation service
Batley East	Mount Pharmacy	67B Purlwell Lane	Batley	WF17 7QF	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice
Batley East	Safemed Pharmacy	1 Bonaccord Square	Batley	WF17 7QG	New medicine service, Community pharmacy consultation service, Hepatitis C testing service, Hypertension case finding
Batley East	Tesco In-Store Pharmacy*	Bradford Road	Batley	WF17 5TJ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Nicotine replacement therapy, Smoking cessation, Hypertension service
Batley East	Tibb Pharmacy	65 Purlwell Hall Road	Batley	WF17 7NL	
Batley East	Well Pharmacy	4 Market Place	Batley	WF17 5DA	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Batley East	Well Pharmacy	104 Upper Commercial Street	Batley	WF17 5DP	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Nicotine replacement therapy, Smoking cessation
Batley East	Wellington House Pharmacy	Unit 1, 485 Bradford Road	Batley	WF17 8LB	Nicotine replacement therapy, Smoking cessation

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Batley West	Dewsbury Pharmacy*	Healds Road Medical Centre, Healds Road	Dewsbury	WF13 4HT	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Palliative care drugs, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Birstall and Birkenshaw	Birstall Pharmacy*	8 Market Place, Birstall	Batley	WF17 9EL	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Birstall and Birkenshaw	Boots UK Ltd	Unit 3, Birstall Retail Park	Birstall	WF17 9DT	New medicine service, Community pharmacy consultation service, Flu vaccination service, Palliative care drugs, Needle exchange, Supervised consumption
Birstall and Birkenshaw	Knights Oakwood Pharmacy	The Old Salvation Army Hall, 74 Blackburn Road	Birstall	WF17 9PL	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Palliative care drugs, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Birstall and Birkenshaw	Birkenshaw Pharmacy*	Town Street Medical Centre, Town Street, Birkenshaw	Bradford	BD11 2HX	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Nicotine replacement therapy, Smoking cessation, Hypertension service
Birstall and Birkenshaw	Winer (Chemists) Ltd*	1 Bond Street, Birstall	Batley	WF17 9EX	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice, Nicotine replacement therapy, Smoking cessation, new smoking cessation service
Cleckheaton	Kirklees Pharmacy*	St Johns House, Cross Church Street	Cleckheaton	BD19 3RQ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Cleckheaton	Lloyds Pharmacy*	5 Greenside	Cleckheaton	BD19 5AN	New medicine service, Appliance use review service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Cleckheaton	Oakenshaw Pharmacy	Oakenshaw	Bradford	BD12 7DT	New medicine service, Community pharmacy consultation service, Flu vaccination service, Pharmacy Access Scheme
Cleckheaton	Rowlands Pharmacy	26 Market Street	Cleckheaton	BD19 5AJ	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Heckmondwike	Pharmacy Wise Heckmondwike*	Heckmondwike Primary Care Centre, Algernon Firth Park	Heckmondwike	WF16 0HH	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Heckmondwike	The Pharmacy Hub	4 Batley Road	Heckmondwike	WF16 9NE	New medicine service, Community pharmacy consultation service, Hypertension case finding, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Supervised consumption
Heckmondwike	Well Pharmacy	Unit 8, Northgate Retail Centre	Heckmondwike	WF16 9RL	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Heckmondwike	Well Pharmacy	Morrisons Superstore, Union Street	Heckmondwike	WF16 0HL	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Liversedge and Gomersal	Gomersal Pharmacy*	260 Oxford Road, Gomersal	Bradford	BD19 4PY	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice, Needle exchange, Supervised consumption, new smoking cessation service, Hepatitis service
Liversedge and Gomersal	Shah's Pharmacy	69 Valley Road	Liversedge	WF15 6DL	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Dewsbury East	Boots UK Ltd	27 The Princess Of Wales Precinct, Long Causeway	Dewsbury	WF13 1NH	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Supervised consumption
Dewsbury East	Chickenley Pharmacy*	51 Walnut Lane, Chickenley	Dewsbury	WF12 8NJ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Dewsbury East	Clovelly Pharmacy	1 Northfield Road	Dewsbury	WF13 2JX	New medicine service, Community pharmacy consultation service, Hypertension case finding
Dewsbury East	Dewsbury Health Centre Pharmacy	Dewsbury Health Centre, Wellington Road	Dewsbury	WF13 1HN	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Dewsbury East	G Pharmacy	47 Albion Street	Dewsbury	WF13 2AJ	New medicine service, Community pharmacy consultation service, Nicotine replacement therapy, Smoking cessation
Dewsbury East	Rowlands Pharmacy	Earlsheaton Medical Centre, 252 Wakefield Road, Earlsheaton	Dewsbury	WF12 8AH	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Head lice, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Dewsbury South	Asda Pharmacy	Mill Street West	Dewsbury	WF12 9AE	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Palliative care drugs, Head lice, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Dewsbury South	Brewery Lane Pharmacy	49 Brewery Lane, Thornhill Lees	Dewsbury	WF12 9DU	New medicine service, Community pharmacy consultation service, Needle exchange, Supervised consumption
Dewsbury South	Nobles Chemist	92 Savile Road, Savile Town	Dewsbury	WF12 9LP	New medicine service, Community pharmacy consultation service
Dewsbury South	Thornhill Pharmacy	30 The Town, Thornhill	Dewsbury	WF12 0RB	New medicine service, Appliance use review service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Supervised consumption
Dewsbury South	Savile Town Pharmacy	The Sidings, Dewsbury	Dewsbury	WF12 9QU	New medicine service, Community pharmacy consultation service
Dewsbury South	Sykes Chemist	140A Slaithwaite Road, Thornhill Lees	Dewsbury	WF12 9DW	New medicine service, Community pharmacy consultation service

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

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Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Dewsbury West	Dewsbury Moor Pharmacy	119 Heckmondwike Road, Dewsbury Moor	Dewsbury	WF13 3NT	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice, Needle exchange, Supervised consumption
Dewsbury West	Eye Pharmacy	Unit 6D Ravensthorpe Retail Park, Huddersfield Road	Dewsbury	WF13 3HN	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Dewsbury West	Well Pharmacy	620 Huddersfield Road, Ravensthorpe	Dewsbury	WF13 3HL	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Dewsbury West	Westtown Pharmacy*	78 High Street, Westtown	Dewsbury	WF13 2QQ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Supervised consumption, Hypertension service
Mirfield	Boots UK Ltd	142 Huddersfield Road	Mirfield	WF14 8AN	New medicine service, Community pharmacy consultation service, Flu vaccination service
Mirfield	Boots UK Ltd	54 Old Bank Road	Mirfield	WF14 0JA	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Supervised consumption
Mirfield	Boots UK Ltd*	Mirfield Health Centre, Doctor Lane	Mirfield	WF14 8DU	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Supervised consumption, Hypertension service
Mirfield	Eye Pharmacy	196 Huddersfield Road	Mirfield	WF14 8AZ	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Almondbury	Rowlands Pharmacy*	63-65 Highgate Lane, Lepton	Huddersfield	HD8 0DS	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Almondbury	Rowlands Pharmacy	65A Northgate, Almondbury	Huddersfield	HD5 8RX	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Ashbrow	Asda Pharmacy	Longhill Road, Off Bradford Road, Brackenhall	Huddersfield	HD2 2LQ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Palliative care drugs, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Ashbrow	Cohens Chemist	56 Sheepridge Road	Huddersfield	HD2 1HG	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Supervised consumption
Ashbrow	Medicare Chemists*	5 Copthorne Square, Bradley	Huddersfield	HD2 1SZ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Minor ailments scheme, Head lice, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Ashbrow	S T Shaw Ltd*	Spaines Road, Fartown	Huddersfield	HD2 2QA	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension service
Ashbrow	Siddique Pharmacy Ltd	14 Spaines Road, Fartown	Huddersfield	HD2 2QA	New medicine service, Community pharmacy consultation service, Needle exchange, Supervised consumption
Crosland Moor and Netherton	Akram, Z A Ltd*	2 Thorne Road, Thornton Lodge	Huddersfield	HD1 3JJ	New medicine service, Community pharmacy consultation service, Hepatitis C testing service, Flu vaccination service, Hypertension case finding, Minor ailments scheme, Head lice, Needle exchange, Supervised consumption, new smoking cessation service
Crosland Moor and Netherton	Boots UK Ltd	Moorfield Shopping Centre, 3 Park Road West, Crosland Moor	Huddersfield	HD4 5RX	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Supervised consumption
Crosland Moor and Netherton	K & M Pharmacy Ltd	325 Meltham Road, Netherton	Huddersfield	HD4 7EX	New medicine service, Community pharmacy consultation service
Crosland Moor and Netherton	Lockwood Pharmacy	227 Lockwood Road, Lockwood	Huddersfield	HD1 3TG	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Palliative care drugs, Minor ailments scheme, Head lice, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Crosland Moor and Netherton	Medicare Chemists*	Meltham Road Surgery, 9 Meltham Road, Lockwood	Huddersfield	HD1 3UP	New medicine service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Dalton	Boots UK Ltd	Unit 2B, Great Northern Retail Park	Huddersfield	HD1 6ND	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Supervised consumption
Dalton	Kirkheaton Pharmacy*	1 Bankfield Lane, Kirkheaton	Huddersfield	HD5 0JE	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension service
Dalton	Lloyds Pharmacy*	J Sainsbury'S Store, Southgate	Huddersfield	HD1 6QR	New medicine service, Community pharmacy consultation service, Flu vaccination service, Palliative care drugs, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Dalton	Rowlands Pharmacy*	617 Wakefield Road, Waterloo	Huddersfield	HD5 9XP	New medicine service, Appliance use review service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Dalton	Rowlands Pharmacy*	5 Broad Lane, Moldgreen	Huddersfield	HD5 9BU	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Head lice, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Greenhead	C W Peach (Chemist) *	62 Westbourne Road, Marsh	Huddersfield	HD1 4LE	New medicine service, Community pharmacy consultation service, Flu vaccination service, Minor ailments scheme, Head lice, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Greenhead	Croft Pharmacy	5 Cobcroft Road, Fartown	Huddersfield	HD2 2RU	New medicine service, Community pharmacy consultation service, Hypertension case finding, Minor ailments scheme, Nicotine replacement therapy, Smoking cessation
Greenhead	Grange Pharmacy*	40 Cobcroft Road	Huddersfield	HD2 2RY	New medicine service, Community pharmacy consultation service, Hypertension service
Greenhead	K Pharmacy	2 Grimscar Avenue, Birkby	Huddersfield	HD2 2TW	New medicine service, Community pharmacy consultation service, Flu vaccination service, Minor ailments scheme, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Greenhead	Medicare Chemists*	140 Westbourne Road, Marsh	Huddersfield	HD1 4LF	New medicine service, Community pharmacy consultation service, Flu vaccination service, Minor ailments scheme, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Greenhead	Paddock Head Pharmacy	203 Luck Lane, Paddock	Huddersfield	HD1 4RB	New medicine service, Needle exchange, Supervised consumption
Greenhead	Singh Pharmacy	6 Church Street, Paddock	Huddersfield	HD1 4TR	New medicine service, Needle exchange, Supervised consumption
Lindley	Acre Pharmacy	80 New Hey Road, Lindley	Huddersfield	HD3 4AJ	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Lindley	Easymeds Pharmacy	26 Grimescar Meadows, Huddersfield	Huddersfield	HD2 2DZ	
Lindley	Live Well Pharmacy*	1 Acre House Ave	Huddersfield	HD3 3BB	New medicine service, Community pharmacy consultation service, Hypertension service
Lindley	Medicare Chemists*	Unit 2, Salendine Nook Shopping Centre	Huddersfield	HD3 3XA	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Lindley	S T Shaw Ltd*	57 Lidget Street, Lindley	Huddersfield	HD3 3JP	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension service
Lindley	Wellcare Pharmacy	Wellfield House, 33 New Hey Road	Huddersfield	HD3 4AL	New medicine service, Community pharmacy consultation service
Newsome	Park View Pharmacy	125 Fitzwilliam Street	Huddersfield	HD1 5PS	Community pharmacy consultation service, Hypertension case finding
Newsome	Boots UK Ltd	22 King Street	Huddersfield	HD1 2QE	New medicine service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Supervised consumption
Newsome	Greenhead Pharmacy	Greenhead House, 2 Greenhead Road	Huddersfield	HD1 4EN	New medicine service

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Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Newsome	Huddersfield Pharmacy*	45-47 Market Street	Huddersfield	HD1 2HL	New medicine service, Community pharmacy consultation service, Hepatitis C testing service, Flu vaccination service, Hypertension case finding, Minor ailments scheme, Head lice, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Newsome	Rowlands Pharmacy	1A Church Lane, Newsome	Huddersfield	HD4 6JE	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Newsome	Superdrug Pharmacy*	20 Princess Alexandra Walk	Huddersfield	HD1 2TT	New medicine service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Hypertension service
Newsome	Tesco In-Store Pharmacy*	Viaduct Street, Off Fitzwilliam Street	Huddersfield	HD1 1RW	New medicine service, Community pharmacy consultation service, Flu vaccination service, Minor ailments scheme, Head lice, Needle exchange, Supervised consumption, Hypertension service
Colne Valley	Cohens Chemist	Ground Floor Globe Mill Bridge Street, Slaithwaite	Huddersfield	HD7 5JN	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Supervised consumption
Denby Dale	Denby Pharmacy	315 Wakefield Road, Denby Dale	Huddersfield	HD8 8RX	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding
Denby Dale	Well Pharmacy	The Health Centre, Wakefield Road, Scissett	Huddersfield	HD8 9JL	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Denby Dale	Well Pharmacy*	38 Commercial Road, Skelmanthorpe	Huddersfield	HD8 9DA	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Golcar	Cowlersley Pharmacy	903 Manchester Road, Cowlersley	Huddersfield	HD4 5SX	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Head lice, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Supervised consumption
Golcar	Golcar Delivery Pharmacy	30, Moorcroft Avenue, Golcar	Huddersfield	HD7 4QH	New medicine service, Nicotine replacement therapy, Smoking cessation

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Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Golcar	S T Shaw Ltd*	38 Town End, Golcar	Huddersfield	HD7 4QD	New medicine service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Golcar	Well Pharmacy	63 Market Street, Milnsbridge	Huddersfield	HD3 4HZ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Holme Valley North	Brian Dobson (Chemists) Ltd	1 The Cobbles, Meltham	Huddersfield	HD9 5QQ	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Holme Valley North	Medicare Chemists*	8-10 Westgate, Honley	Huddersfield	HD9 6AA	New medicine service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Holme Valley North	Medicines2Home.Com*	Suite 3, Railway House, Station Street	Holmfirth	HD9 5NX	New medicine service, Community pharmacy consultation service, Hypertension service
Holme Valley North	Meltham Pharmacy*	14 Huddersfield Road, Meltham	Huddersfield	HD9 4AE	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service, Hepatitis service
Holme Valley South	Medicare Chemists*	Riverside Centre, Huddersfield Road, Holmfirth	Huddersfield	HD9 3AZ	New medicine service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service
Holme Valley South	Medicare Chemists*	Elmwood Health Centre, Huddersfield Road	Holmfirth	HD9 3TR	New medicine service, Community pharmacy consultation service, Flu vaccination service, Chlamydia screening, Emergency hormonal contraception, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Hypertension service

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

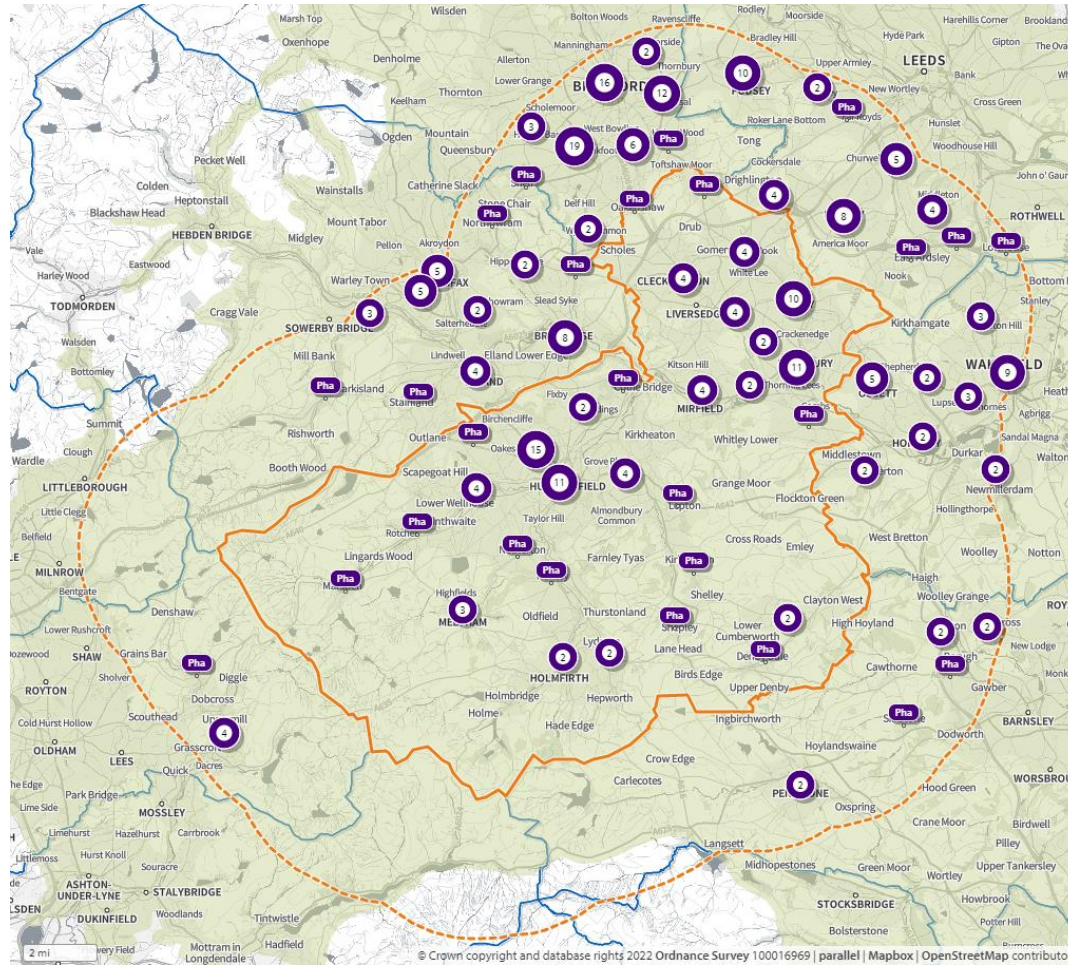
Kirklees Pharmaceutical Needs Assessment 2022-25

Ward	Trading Name	Address	Town	Post Code	Advanced, enhanced and locally commissioned services; pharmacy access scheme
Holme Valley South	New Mill Pharmacy*	Inside New Mill Post Office, 6 Huddersfield Road	Holmfirth	HD9 7JU	New medicine service, Community pharmacy consultation service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, new smoking cessation service
Holme Valley South	The Valley Pharmacy	1St Floor, New Mill Village Store, Holmfirth Road	New Mill	HD9 7JY	New medicine service, Community pharmacy consultation service, Flu vaccination service, Hypertension case finding, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption
Kirkburton	Rowlands Pharmacy	Kirkburton Health Centre, Shelley Lane, Kirkburton	Huddersfield	HD8 0SJ	New medicine service, Stoma customisation service, Community pharmacy consultation service, Flu vaccination service, Needle exchange, Nicotine replacement therapy, Smoking cessation, Supervised consumption, Pharmacy Access Scheme
Kirkburton	Shepley Pharmacy*	Shepley Health Centre, 25 Jos Lane	Shepley	HD8 8DJ	New medicine service, Community pharmacy consultation service, Hypertension service

* Note: Includes additional service(s) not provided when data extracted for draft consultation document, see Appendix A18 for details

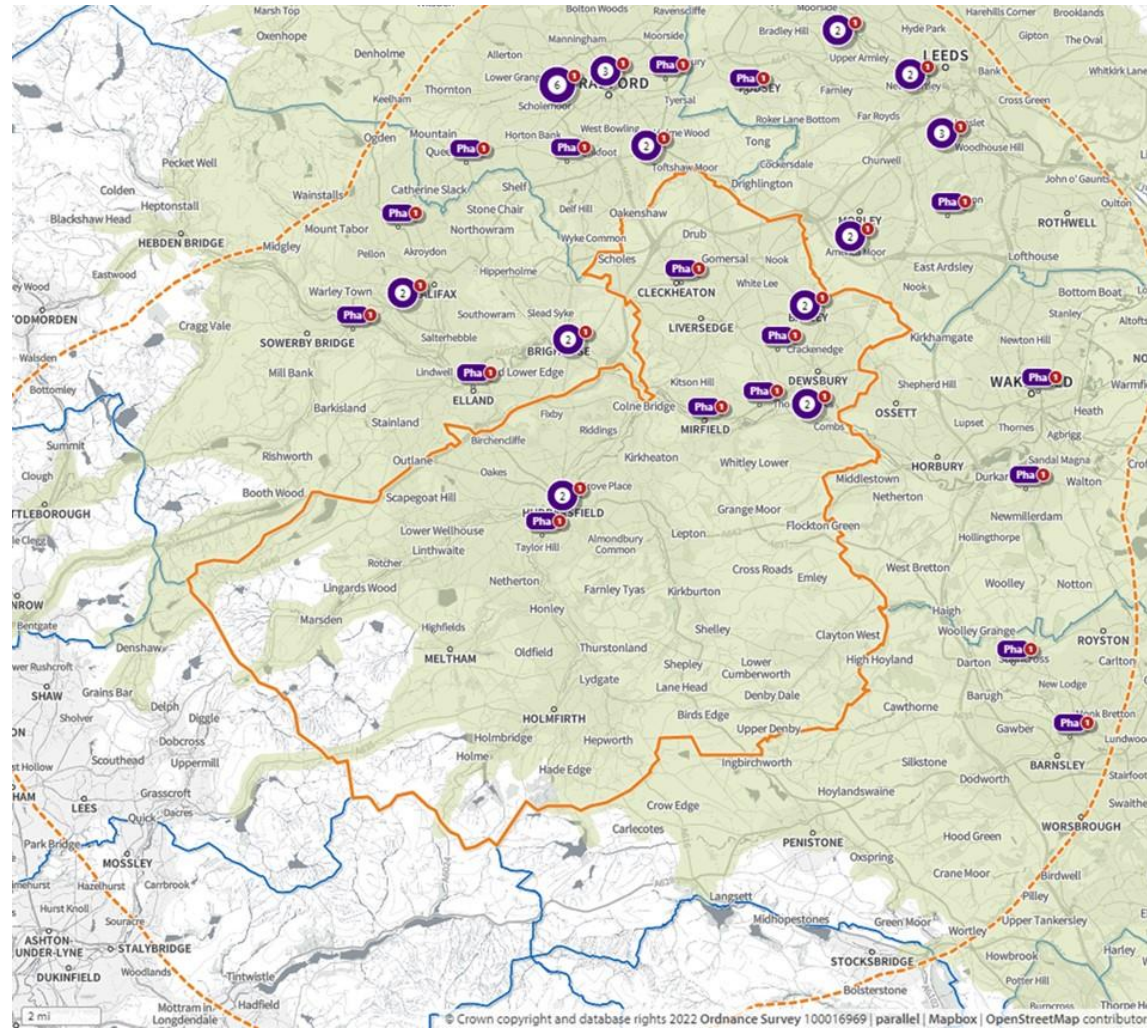
Appendix A13: Travel times to pharmacies

Figure 19: Travel times by car up to 20 minutes, with 6km Kirklees buffer



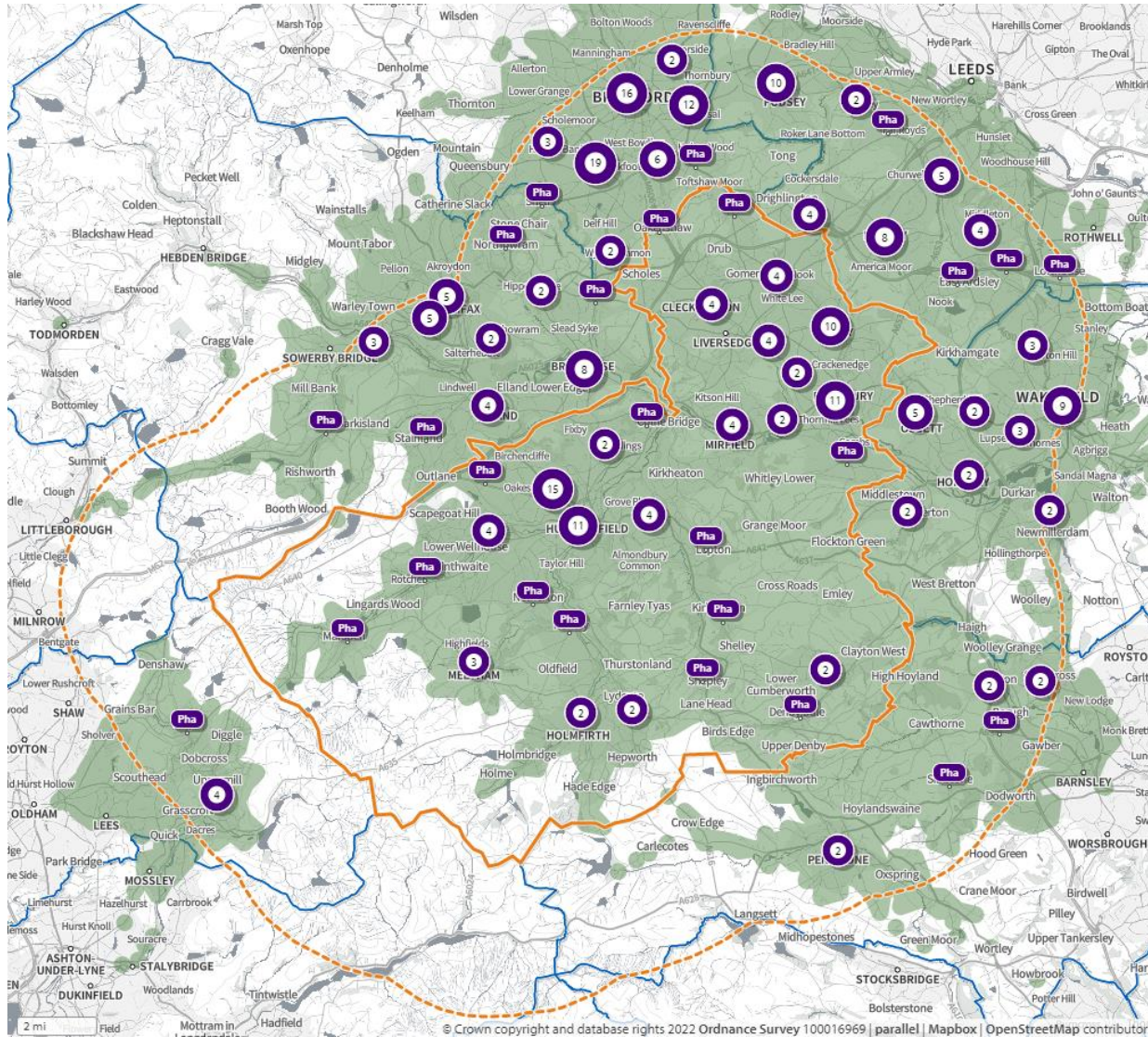
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 20: Travel times to 100-hour pharmacies by car up to 20 minutes, with 10km Kirklees buffer (Yorkshire pharmacies only)



Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 21: Travel times by public transport up to 20 minutes, with 6km Kirklees buffer



Appendix A14: PNA steering group members

Name	Job Title	Organisation
Jonathan Stansbie	Public Health Intelligence Lead	Bradford Council
Paula Holden	Public Health Intelligence Manager	Calderdale Council
Owen Richardson	Intelligence Lead for Public Health	Kirklees Council
Adam Taylor	Senior Information Analyst	Leeds Council
Paul Jacques	Public Health Intelligence Manager	Wakefield Council
Ruth Buchan	Chief Executive Officer	Community Pharmacy West Yorkshire
Gill Sealey	Primary Care Manager	NHSE
Nicola Booth	Medicines Optimisation Pharmacist	Calderdale CGG (representing West Yorkshire)
Gary Jevon	Chief Executive Officer	Healthwatch
Bert Jindal	LMC representative	Local Medical Committee

Appendix A15: Key stakeholders

Regulations set out the requirement to undertake a period of formal consultation on a draft of the PNA, with key stakeholders as outlined below.

- the local pharmaceutical committee
- the local medical committee
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board
- dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of pharmaceutical services
- any NHS trust or NHS foundation trust in the health and wellbeing board's area
- NHS England, and
- any neighbouring health and wellbeing board.

Appendix A16: Data sources

Section 3

Overview of Kirklees, Kirklees Factsheet 2020:

<https://www.kirklees.gov.uk/beta/information-and-data/pdf/kirklees-factsheets.pdf>

[Accessed 20/04/22]

Housing developments, Kirklees Local Plan:

<https://www.kirklees.gov.uk/beta/planning-policy/local-plan.aspx>

[Adopted 27/02/19]

Section 5

Dispensing activity in Kirklees (Apr 2019 – Nov 2021), NHS Business Services Authority:

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

[Accessed 10/02/22]

Flu vaccinations in Kirklees (Apr 2019 – Nov 2021), NHS Business Services Authority, Catalyst public insight portal:

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/advanced-service-flu-report>

[Accessed 10/02/22]

Section 6

Mid-year population estimates 2020 by Ward and age, Office for National Statistics:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

[Published 02/11/21, Accessed 01/04/22]

Ethnicity of population by Ward and percentage of households with access to a car or van, Census 2011, Office for National Statistics via Nomisweb:

https://www.nomisweb.co.uk/census/2011/data_finder

[Accessed 09/03/22]

Indices of Multiple Deprivation 2019, Ministry of Housing, Communities and Local Government:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/845345/File_7 -](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/845345/File_7_-_All_IoD2019_Scores_Ranks_Deciles_and_Population_Denominators_3.csv/preview)

[All IoD2019 Scores Ranks Deciles and Population Denominators 3.csv/preview](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/845345/File_7_-_All_IoD2019_Scores_Ranks_Deciles_and_Population_Denominators_3.csv/preview)

[Accessed 28/02/22]

Income deprivation:

https://www.localhealth.org.uk/#bbox=392507,433809,54303,34138&c=indicator&i=t1.income_dep&view=map8

[Accessed 04/04/22]

Universal credit recipients:

<https://observatory.kirklees.gov.uk/data-catalog-explorer/indicator/110315/?geoId=G7&view=table>

[Accessed 04/04/22]

Life expectancy 2018-20, local calculation at Ward level

Appendices A2, A3, A4

Maps of pharmacies providing advanced services, enhanced services, and locally commissioned services

Data source: NHS England, Jan 2022

Map source: SHAPE Place Atlas, Office for Health Improvement and Disparities

<https://shapeatlas.net/>

Appendix A7

Current Living in Kirklees survey, 2021

www.kirklees.gov.uk/clik2021

Appendix A8

Population projections, 2018 base, Office for National Statistics:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

[Accessed 14/04/22]

Projected Kirklees care home population, POPPI version 14.2:

www.poppi.org.uk

[Accessed 14/04/22]

Maps of population density

Data source: Mid-year population estimates 2020, Office for National Statistics

Map source: SHAPE Place Atlas, Office for Health Improvement and Disparities

<https://shapeatlas.net/>

Appendix A9

Indices of Multiple Deprivation 2019, Ministry of Housing, Communities and Local Government:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/845345/File_7 -](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/845345/File_7_-_All_IoD2019_Scores_Ranks_Deciles_and_Population_Denominators_3.csv/preview)

[_All IoD2019 Scores Ranks Deciles and Population Denominators 3.csv/preview](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/845345/File_7_-_All_IoD2019_Scores_Ranks_Deciles_and_Population_Denominators_3.csv/preview)

Maps of deprivation quintiles

Data source: Indices of Multiple Deprivation 2019, Ministry of Housing, Communities and Local Government

Map source: SHAPE Place Atlas, Office for Health Improvement and Disparities

<https://shapeatlas.net/>

Appendix A10

Health indicators at Ward level:

<https://fingertips.phe.org.uk/profile/local-health/data#page/1>

[Accessed 10/03/2022]

Appendix A11

Maps and table of pharmacy opening hours

Data source: NHS England, Aug 2022

Map source: SHAPE Place Atlas, Office for Health Improvement and Disparities

<https://shapeatlas.net/>

Appendix A12

Table of pharmacy services provision:

NHS England, Aug 2022

Appendix A13

Travel time maps

SHAPE Place Atlas, Office for Health Improvement and Disparities

<https://shapeatlas.net/>

Appendix A19

Community pharmacy locations

NHS England, Aug 2022

Appendix A17: Consultation responses

A17.1 Introduction

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to publication of the final Assessment. The draft report was publicised through the following channels:

- Kirklees Council's web site and social media account
- Healthwatch contacts
- Local media channels via a press release
- Voluntary sector contacts and electronic bulletins.

A17.2 Consultation process

A short consultation survey was developed to capture views and comments. Consultation on this draft PNA commenced on 13 June 2022 and remained open until 12 August 2022.

Key stakeholders consulted during this period included:

- the local pharmaceutical committee
- the local medical committee
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board
- dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of pharmaceutical services
- any NHS trust or NHS foundation trust in the health and wellbeing board's area
- NHS England, and
- any neighbouring health and wellbeing board.

The above consultees were directed to Kirklees Council's website to access the document and consultation questionnaire.

All consultees were given the opportunity to respond via an online questionnaire. The questions were developed to capture views on current pharmaceutical provision, consider future potential changes, and identify if there are any current or potential future gaps in pharmaceutical services.

This report outlines the considerations and responses to the consultation. The consultation received a total of 3 responses, one from each of: the Local Pharmacy Committee, a pharmacy chain, a Kirklees resident.

A17.3 Summary of responses

Count of responses to Yes/No questions and associated comments:

	Question	Yes	No	Comments
Q3	Has the purpose of the PNA been explained?	3	0	-
Q5	Does the PNA reflect the current provision of pharmaceutical services within your area?	2	1	Kirklees resident answered 'No', with comments: No resident pharmacist. Covered by locums, which affects dispensing and delivery of personal medication
Q7	Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the PNA?	1	2	Kirklees resident answered 'Yes', with comments: No local weekend service, have to travel some distance and chemist may not have required medication
Q9	Does the draft PNA reflect the needs of your area's population?	2	1	Kirklees resident answered 'No', with comments: Not enough [availability out of hours]; no regular pharmacist
Q11	Has the PNA provided information to inform market entry decisions, i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	3	0	-
Q12	Has the PNA provided information to inform how pharmaceutical services may be commissioned in the future?	2	1	Kirklees resident answered 'No'
Q13	Has the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	3	0	-
Q15	Do you agree with the conclusions of the PNA?	2	1	Kirklees resident answered 'No'

Responses to open questions:

Q14	Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
Kirklees resident: Phone-in service and reliable delivery service; mobile chemist service for those that are disabled or confined	
Q16	Do you have any other comments?
Kirklees resident: Lots of [housing] developments, not enough essential services; harder to get a decent reliable service	

Community Pharmacy West Yorkshire had a few minor comments. These comments do not impact on the conclusions within the PNA.

- i) Request for small change to wording on commissioned services to distinguish between services where commissioning may be limited and those where it is not
- ii) Request for small change to wording on response from some pharmacies for a Community Pharmacist Consultation Service (CPCS), to clarify this is a request for a new service that would allow walk-in CPCS without referral from another provider (rather than in relation to the existing CPCS)
- iii) Regulations require a single map of Kirklees identifying all premises at which pharmaceutical services are provided. Maps of North and South Kirklees are helpful as they provide clearer information, but an overall map should also be added

A17.4 Response to consultation feedback

Kirklees Health and Wellbeing Board has agreed to the following changes in response to the consultation feedback:

- Two small changes to wording for clarification of meaning
- Ensuring the PNA includes a single map showing pharmacy locations for the whole of Kirklees.

The Health and Wellbeing Board acknowledges comments received in relation to quality and availability of pharmacy services but does not consider that any further amendments to the Pharmaceutical Needs Assessment are required. The reasoning for this decision is described below.

Table 5 in Section 7 of the report summarises the provision of pharmaceutical services by Electoral Ward. None of the 23 Wards in Kirklees is identified as having a gap in provision of services, based on an analysis of geographical gaps in location of premises (Section 7.2), geographical gaps in the provision of services (Section 7.3), and gaps in the times at which, or days on which, services are provided (Section 7.4).

Results from local surveys (Section 5.4) show that most residents feel able to visit their pharmacy of choice when needed (including those people with a disability), with only a small proportion of respondents finding it difficult.

In relation to proximity and accessibility, distance-selling pharmacies can be accessed without the need for residents to travel. Across Kirklees, 9.6% of items were dispensed from distance-selling pharmacies between April 2019 to November 2021. For non-distance-selling pharmacies, the delivery of medicines is not an NHS service, therefore not a pharmaceutical service and not within scope for the PNA. Travel times to pharmacies with extended opening hours may be longer in some rural parts of Kirklees, but these areas are more sparsely populated, and residents here are more likely to have access to a vehicle.

Although one respondent did not feel that the PNA provided information to inform how pharmaceutical services may be commissioned in the future, the legislation and process is described in Section 1 of the report. In addition, population projections (Section 3.2 and Appendix A8) and planned housing developments (Section 3.7) were utilised in consideration of current provision in relation to future demand.

A17.5 Summary conclusions

Kirklees Health and Wellbeing Board is pleased to note the majority of responses to the consultation were positive. Following the consultation period, the PNA was revised accordingly and submitted to the Health and Wellbeing Board for final approval. The published PNA will be valid for three years from 1 October 2022 to 30 September 2025, when an updated PNA will be produced.

Appendix A18: Changes in pharmacy provision between draft and final documents

The pharmacy information used in the draft PNA for consultation was based on data extracted on 08 February 2022. A second data extract was taken on 01 August 2022, prior to publication of the final document. Differences between the two extracts are summarised below and are referenced in the relevant sections of the main PNA document.

A18.1 Pharmacy closures

One Kirklees pharmacy closed on 09/04/22: the Boots pharmacy at postcode HD1 6ND. The closed pharmacy was near to Huddersfield town centre, where several other pharmacies are located; in total, there are seven pharmacies within a mile of the closed pharmacy location, so the closure of this pharmacy does not create a gap in provision. This pharmacy location is excluded from Figure 23a-c (Appendix A19).

A18.2 Changes to supplementary hours

Changes to supplementary hours are shown in the table below; opening hours have also been amended in Table 10 in Appendix A11.

Ward	Applicant name	Postcode	Previous hours	New hours	Effective date
Ashbrow	Asda Stores Ltd	HD2 2LQ	Mon-Sat 08:00-22:00, Sun 10:00-16:00	Mon-Sat 09:00-20:00, Sun 10:00-16:00	03/05/22
Birstall and Birkenshaw	Boots UK Ltd	WF17 9DT	Mon-Fri: 09:00-20:00 Sat: 09:00-19:00 Sun: 11:00-17:00	Mon-Fri: 09:00-17:00 Sat: 10:00-18:00 Sun: Closed	27/02/22
Cleckheaton	Lloyds	BD19 5AN	Mon-Fri: 08:15-18:00	Mon-Fri: 09:00-18:00	04/06/22
Colne Valley	Boots UK Ltd	HD7 6BW	Mon-Fri: 08:30-18:00 Sat: 09:00-13:00	Mon-Fri: 09:00-18:00 Sat: 09:00-13:00	27/02/22
Crosland Moor and Netherton	Boots UK Ltd	HD4 5RX	Mon-Fri: 08:15-18:00 Sat: 09:00-12:30	Mon-Fri: 09:00-13:00, 14:00-18:00 Sat: 09:00-12:30	27/02/22
Holme Valley North	Medicines2Home.com	HD9 5NX	open Sat: 09:00-12:00	closed Saturday	27/04/22
Newsome	Boots UK Ltd	HD1 2QE	Mon-Fri: 08:15-17:30 Sat: 08:15-17:45 Sun: 10:30-16:30	Mon-Fri: 09:00-17:30 Sat: 09:00-16:00 Sun: Closed	27/02/22

In terms of extended hours coverage, these changes represent a reduction in pharmacies open on:

- Saturday: one fewer in Holme Valley North
- Sunday: two fewer, one in Birstall and Birkenshaw and one in Newsome

A review of service provision by Electoral Ward (Section 6) shows that although the above changes represent reductions in opening hours, no gaps in service provision have been created. A summary of provision for the Wards affected is as follows:

Ashbrow has five pharmacies, including three pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within

20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.

Birstall and Birkenshaw has five pharmacies, all open on an evening and four open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.

Cleckheaton has four pharmacies, including one with 100-hour opening, three open in the evenings, and two open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.

Colne Valley has two pharmacies, including one pharmacy open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.

Crosland Moor and Netherton has five pharmacies, including one 100-hour pharmacy and two pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.

Holme Valley North has four pharmacies, three of which are open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car of at least one pharmacy, with the majority also living within 20 minutes' journey by public transport. Most people live within 20 minutes' drive of at least one 100-hour pharmacy; areas not within 20 minutes' drive are very rural and sparsely populated. Household access to a car/van is above the Kirklees average, and most people surveyed in this area found it easy to access a pharmacy when needed.

Newsome has seven pharmacies, including one 100-hour pharmacy and five pharmacies open for at least part of the weekend. The entire population of this Ward lives within 20 minutes' journey by car or public transport of a range of pharmacies, including at least one 100-hour pharmacy within 20 minutes' drive. Although household access to a car/van is below the Kirklees average, most people surveyed in this area found it easy to access a pharmacy when needed.

In addition to the above comments. Kirklees also has an NHS walk-in centre in the Accident and Emergency department of Dewsbury and District Hospital, where patients can use the co-located pharmacy. Also, residents may access distance selling pharmacies without needing to travel.

Maps in Appendix A11 were created from the initial data extract and have not been amended to show the changes in pharmacies open on Saturday or Sunday.

A18.3 Changes to provision of services

The following changes have been made to Table 11 in Appendix A12 and to the relevant Ward summaries in Section 6.

A18.3.1 Smoking Cessation Service

In total, 13 pharmacies commenced delivery of this new advanced service from 10 March 2022 (see Section 5.3.8 for details). This is a separate service to the locally commissioned stop smoking service mentioned in Section 1.2.3.

A18.3.2 Hepatitis C Testing Service

An additional two pharmacies commenced delivery of this service, bringing the total in Kirklees up to five.

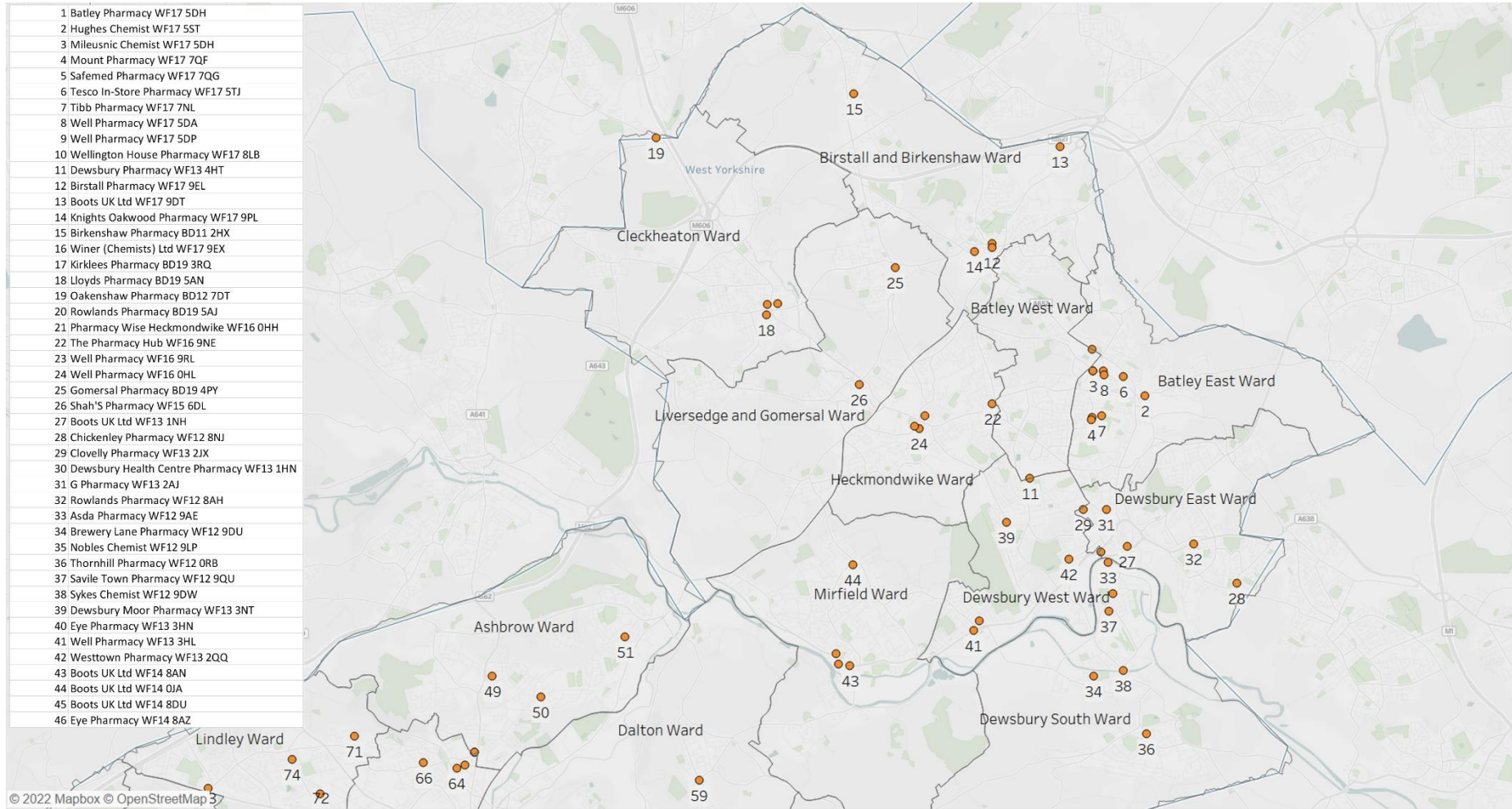
A18.3.3 Hypertension Case Finding Service

An additional 28 pharmacies commenced delivery of this service, bringing the total in Kirklees up to 67.

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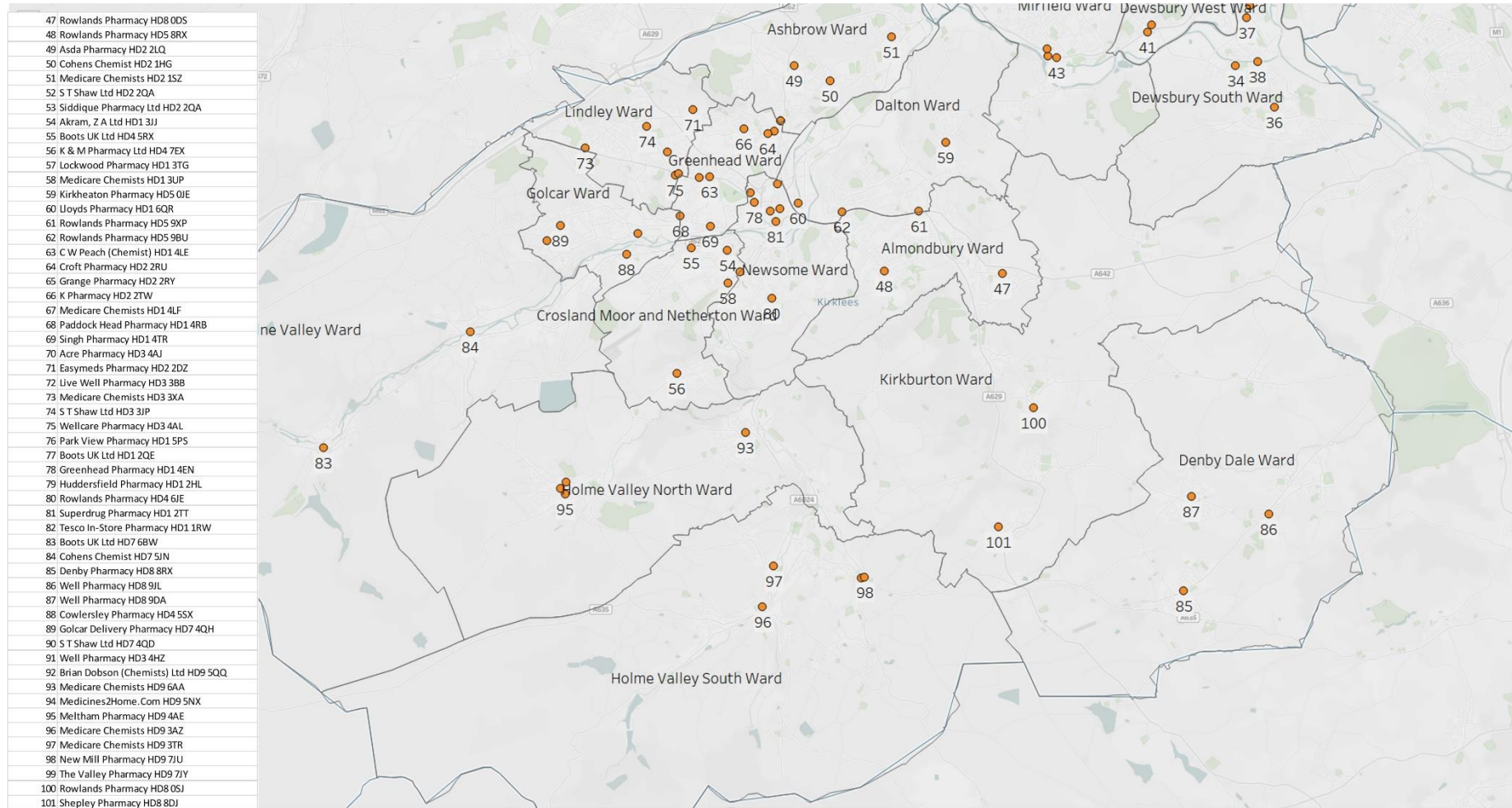
Appendix A19: Community pharmacy location maps

Figure 23a: Community pharmacy locations (North Kirklees)



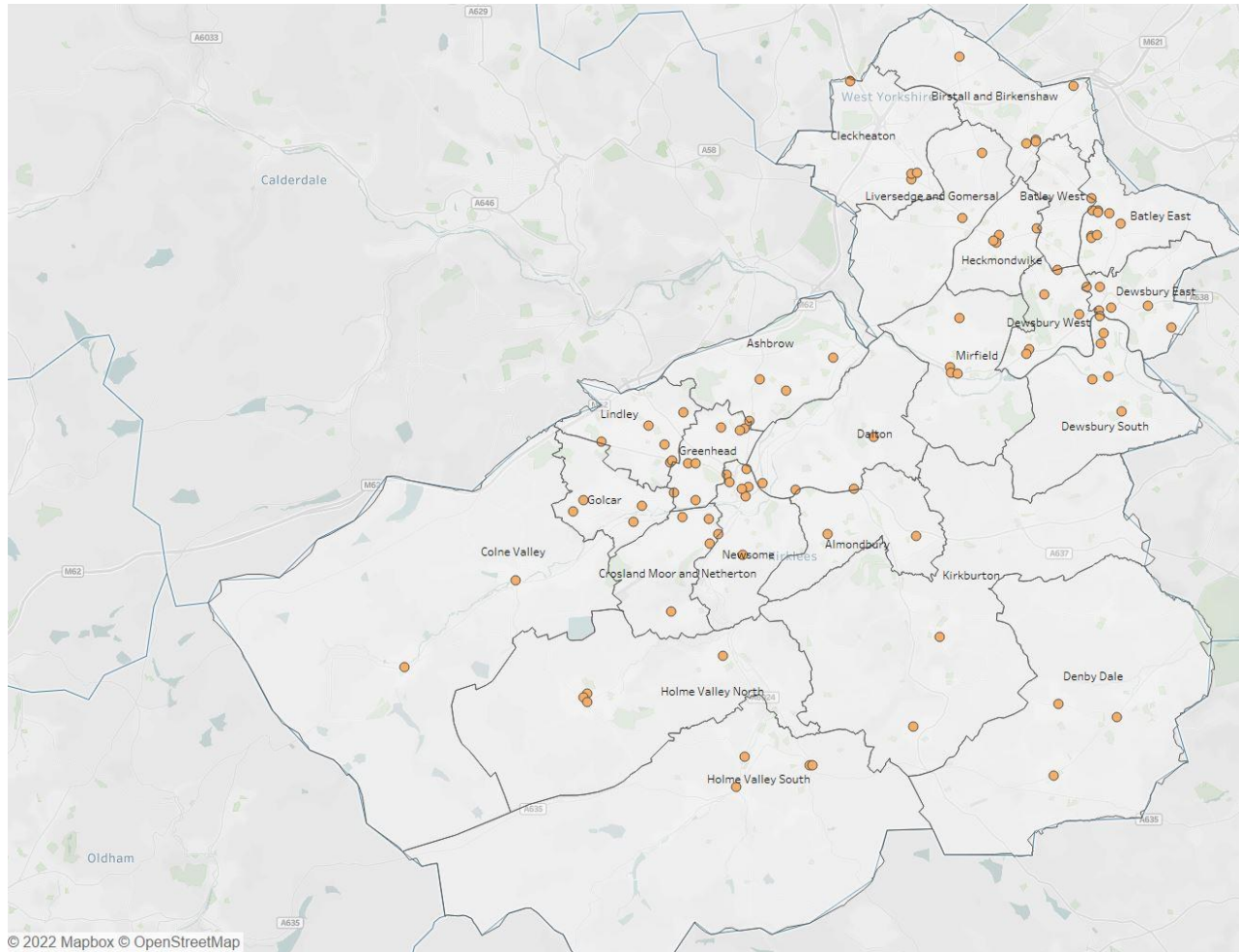
Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 23b: Community pharmacy locations (South Kirklees)



Kirklees Pharmaceutical Needs Assessment 2022-25

Figure 23c: Kirklees community pharmacy locations, with Ward boundaries



Note: See Figures 23a and 23b for pharmacy names
Maps in Appendix A19 last updated 07/09/22

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	22nd September 2022
TITLE OF PAPER:	Kirklees Joint Health and Wellbeing Strategy
1. Purpose of paper	<p>The purpose of this paper is to seek the Board’s approval of the refreshed Joint Health and Wellbeing Strategy (JHWS).</p>
2. Background	<p>The Board has a statutory responsibility to develop, publish and own the Joint Strategic Assessment and Joint Health and Wellbeing Strategy for Kirklees. Taken together these provide the overarching framework for planning, commissioning and delivery of services that impact on the health and wellbeing of the whole population, not just health and care services.</p> <p>The current Kirklees Joint Health and Wellbeing Strategy (link) was approved by the Board in 2014. In September 2020, the Board agreed that a new Joint Health and Wellbeing Strategy should be developed. A draft refreshed JHWS was presented to the Board in June 2022, prior to being shared with partners to gain their final comments and endorsement.</p> <p>2.1 Developing the Joint Health and Wellbeing Strategy and other top-level strategies</p> <p>The Kirklees Partnership has endorsed an approach to developing an inter-linked set of top-level strategies covering Health and Wellbeing, Economy, Environment and an Inclusive Communities Framework.</p> <p>The top-tier strategies will be supported by a range of strategies and plans covering specific issues/services. Work is underway to ensure there is a shared map of all the key partnership-based strategies and plans to support this.</p> <p>2.2 JHWS development process</p> <p>Following discussions with the Health and Wellbeing Board in Summer/Autumn 2021 a range of engagement activity was undertaken with local organisations, partnership groups, political groups, scrutiny and other bodies.</p> <p>The intention was always to put significant emphasis on what people who live, work and study on Kirklees are telling us. This has been done by collating</p> <ul style="list-style-type: none"> • Feedback local partner organisations have gathered from people who use or may use their services about what is important to them, their families and friends • 2021 Currently Living in Kirklees (CLiK) survey results (over six thousand residents took part) • The local area survey feedback (Place Standard) • Healthwatch Kirklees surveys for people who live, work and study in Kirklees about what is important and makes a difference to their (and their family’s and friends’) health and wellbeing. <p>In June 2022 the Board endorsed the draft refreshed Joint Health and Wellbeing Strategy, and encouraged Partners to comment on and endorse the JHWS prior to this final version being presented at this meeting for final approval.</p>

Several Partners have done this formally, including

- Kirklees Council at the Full Council meeting held on the 7th September
- Kirklees Integrated Care Board Committee at their meeting held on the 14th September

Others have managed this through discussions at appropriate internal and partnership meetings. The feedback that has been received has been used to help refine and improve the final version of the Strategy.

2.4 Developing the West Yorkshire and Kirklees place-based plan for health and care

The West Yorkshire Integrated Care Board has a duty to agree a plan to meet the health and healthcare needs of the population within West Yorkshire and this must have regard to place-based joint health and wellbeing strategies. The ICB will be co-producing a new five-year strategic plan for the Partnership which will set out the ambitions for the Integrated Care Board (ICB). There is a separate paper being presented at the Board meeting on how this will be developed.

Similarly, the ICB place committees are required to develop a Health and Care Plan. The Kirklees ICB Committee has approved the development of a Kirklees Health and Care Plan that will provide the detail of how the Kirklees Health and Care Partnership will

- contribute to delivering the JHWS
- respond to the emerging West Yorkshire ICP Strategic Plan and the anticipated refresh of the national strategic priorities.

2.3 Developing actions and links with other strategies and plans

Throughout the engagement phase lots of ideas for action have been identified and collated. Leads for each of the priorities are working on bringing those together with existing plans and ambitions. These are included in the JHWS being presented to the Board – see JHWS Appendix 1. These are intentionally a high-level set of actions, and these will evolve over the lifetime of the Strategy.

Alongside this the team working on the 4 top-tier strategies are

- Clarifying the interdependencies between the 4 top-tier strategies
- Pulling together the full range of strategies and plans across the partners that can support the implementation of the strategies.

2.4 Embedding the ways of working

The engagement activity has highlighted a range of issues about how we work with individuals, families, communities, and together as partners. These are all consistent with our existing commitments, for example, to place-based working and the wider shift to collaborative approaches such as personalisation and co-production (See JHWS Section 4).

This culture change will be as important as the focus on the priorities and factors and will require determined and consistent effort over the lifetime of the JHWS to embed these ways of working.

2.5 Tracking delivery and impact

Delivery of the Strategy will largely be through the wide range of partnership strategies and plans we are currently mapping. Plus individual organisations corporate plans. Each of these will have its own arrangements for tracking delivery and impact.

At a strategic level there are two strands to the proposed approach (See JHWS: How will we know if we are making a difference? p16)

a) Delivery

The delivery of the JHWS will be through:

- a) Action on the JHWS priorities: Mental Wellbeing; Health Places; Connected Care and Support
- b) Delivering key strategies and plans eg Kirklees Health and Care Plan, Children & Young Peoples Plan, Everybody Active Strategy, Loneliness Strategy, Ageing Well Strategy etc. Plus individual organisations corporate plans.
- c) Action by people who live, work or study in Kirklees.

The Board has previously set out its expectation that having set the strategic direction through the JHWS, partnerships and partners take responsibility for delivery and the Board receives regular updates on delivery and provides 'check and challenge' to the system.

The JHWS clarifies that this culture of 'check & challenge' needs to be against:

- The JHWS vision, values & ways of working
- Delivering on the 'I' statements
- Achieving the ambition, delivering the local partner actions and progress against the success indicators for each 3 JHWS priorities
- Consideration of 6 factors in delivering the 3 JHWS priorities and key strategies and plans
- Contributing to other top tier strategies, the 8 Kirklees Shared Outcomes and the West Yorkshire Health and Care Partnerships 10 ambitions.

b) Kirklees Shared Outcomes

The JHWS will focus on 4 of the 8 shared outcomes agreed across the Kirklees Partnership: Best start in life; as well as possible for as long as possible; live independently; shaped by people (a common outcome across all 4 top-tier strategies). The JWHS will also impact on, and by supported by, the other 4 outcomes: safe and cohesive communities; sustainable economic growth and clean & green.

Monitoring of progress towards the Kirklees Shared Outcomes will be done through a set of headline indicators. The indicators are currently being refined and updated.

2.6 Presenting the top tier strategies and the action to deliver them

The team working on the top-tier strategies are very aware that previously there has been no consistent core narrative or look and feel to our partnership strategies. This has not helped create the sense that the relationships and dependencies between the strategies are critical to achieving the Shared Outcomes.

The team has worked with the Council's Corporate Communications Team to develop a consistent look and feel, initially for the core texts. Building on that we want to explore more creative and engaging ways of sharing the strategies and crucially how these are being turned into action to improve people's lives.

<p>3. Proposal and next steps</p> <ul style="list-style-type: none"> • Further work on clarifying and strengthening the interdependencies between the 4 top-tier strategies. • Further develop work across partners to embed the ways of working set out in the JHWS. • Further develop the proposed approach to tracking delivery and impact of the JHWS, including updating the Indicator Framework. • Develop and disseminate supporting materials to communicate the JHWS key messages and embed the ways of working. • Development of the Kirklees Health and Care Plan.
<p>4. Financial Implications</p> <p>None at this stage.</p>
<p>5. Sign off</p> <p>Rachel Spencer-Henshall, Strategic Director of Corporate Strategy, Commissioning and Public Health, Kirklees Council</p>
<p>7. Recommendations</p> <p>The Kirklees Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Approve the draft refreshed Join Health and Wellbeing Strategy • Delegate authority to the Strategic Director of Corporate Strategy, Commissioning and Public Health to make any final minor amendments which may be necessary to take account of comments at the Board meeting.
<p>8. Contact Officer</p> <p>Emily Parry-Harries, Consultant in Public Health, Kirklees Council emily.parry-harries@kirklees.gov.uk</p> <p>Stacey Appleyard, Director - Healthwatch Kirklees stacey.appleyard@healthwatchkirklees.co.uk</p> <p>Phil Longworth, Senior Manager – Integrated Support, Kirklees Council phil.longworth@kirklees.gov.uk</p>



Joint Health and Wellbeing Strategy

2022

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1 INTRODUCTION

The Joint Health and Wellbeing Strategy (JHWS) 2022-2027 sets out the vision, values, ways of working and priorities for action the Kirklees Partnership will be focusing on to improve the health and wellbeing of people of all ages who live, work or study in Kirklees.

The JHWS is a high-level strategy – the detail is in the plans and strategies for specific issues that sit underneath it.

We have had a JHWS in place since 2014. A review of the progress against the outcomes and commitments it set out provided the starting point for this new version.

There are many aspects of the original JHWS that are still relevant. For example, focusing on the outcomes that are important to people, prevention and tackling the underlying causes of health and wellbeing issues; addressing inequalities in outcomes and access; personalisation of services; adopting strengths/asset-based approaches and working with people to find solutions. The original JHWS also identified specific issues for health and social care that still resonate: coordination of care, integration of systems and resources, a robust health and care workforce and the crucial role of informal carers.

But clearly there have been many changes since the previous JHWS was published. Some of the most notable, that were not reflected in the previous JHWS, being

- the Covid pandemic
- the 'cost of living crisis'
- recognition of the climate emergency
- changes to the partnership landscape, particularly the creation of the West Yorkshire, Kirklees and locality health and care partnership arrangements.

In addition, there is now much wider recognition of the importance of

- the impact of poverty and housing on health and wellbeing
- tackling inequalities and promoting inclusion
- recognising, understanding and working with the distinct communities that make up Kirklees
- working with communities and individuals and enabling more people to directly shape their local place, rather than just doing things to or for them
- the potential of digital technology for improving health and wellbeing.

However, it is important to remember that there are a very wide range of other things that make a difference to our health and wellbeing. We have updated the 'rainbow model of health and wellbeing' that was at the heart of the previous JHWS to reflect the changes in what we know are important influences on people's health and wellbeing.

The vision, values, ways of working, priorities and the factors that we need to take into consideration when planning and taking action to deliver these, have been identified by

- Analysis of the Kirklees Joint Strategic Assessment, the Director of Public Health's Annual Reports and other local and national intelligence
- Engagement with a wide range of local partners who are working on improving health and wellbeing
- What people who live, work or study in Kirklees have told us.

This information has been gathered from a wide range of sources, including:

- Feedback local partner organisations have gathered from people who use or may use their services about what is important to them, their families and friends
- The 2021 Currently Living in Kirklees (CLiK) survey results (over six thousand residents took part)
- Local area 'Place Standard' survey feedback
- And the 2021/2022 Healthwatch Kirklees surveys for people who live, work and study in Kirklees about what is important and makes a difference to their (and their family and friends') health and wellbeing.

The Joint Health and Wellbeing Strategy along with the other three Top Tier local strategies set out the Partnership's broader ambitions and priorities for Kirklees and are key to local accountability.

To deliver their ambitions all the top-tier strategies will be supported by a range of specific strategies and plans. For example, the Kirklees Health and Care Partnership's plans will have a key role in shaping the health and care services to deliver the JHWS.

We will work ever more closely with our wider partners, including the West Yorkshire Integrated Care System and West Yorkshire Mayoralty to deliver our ambitions.

KIRKLEES TOP TIER STRATEGIES

We have a shared vision for Kirklees. For it to be

a district that combines a strong, sustainable economy with a great quality of life – leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives.

This vision is supported by eight shared outcomes, and we recognise changes in any one of these outcomes impacts others. For example, a population that is healthier and well means a stronger workforce and a more sustainable economy, and a sustainable economy means more disposable income to help children to have the best start in life. The health and care sector is already a major employer in Kirklees and West Yorkshire – but we need to attract more people to work in the sector. There are countless other examples.

Likewise, we have a shared commitment to tackling inequalities, where outcomes for local places and communities are unfair and unequal.

Our top-tier strategies are partnership-led. They explain where we are at in Kirklees – what our opportunities and challenges are, what we most need to do to improve, and the role each of partners plays to make this happen.



These are the Joint Health and Wellbeing Strategy, Inclusive Economy Strategy, and Environment Strategy while the Inclusive Communities Framework provides an approach to working with communities for these strategies, supporting activity in all areas to contribute to more inclusive communities and a sense of belonging. Like our outcomes, success in one strategy depends on the others.

With a shared sense of purpose, we can bring our collective insight, expertise, and resources together to achieve greater impact and make our local places even better.

See Appendix for more details.

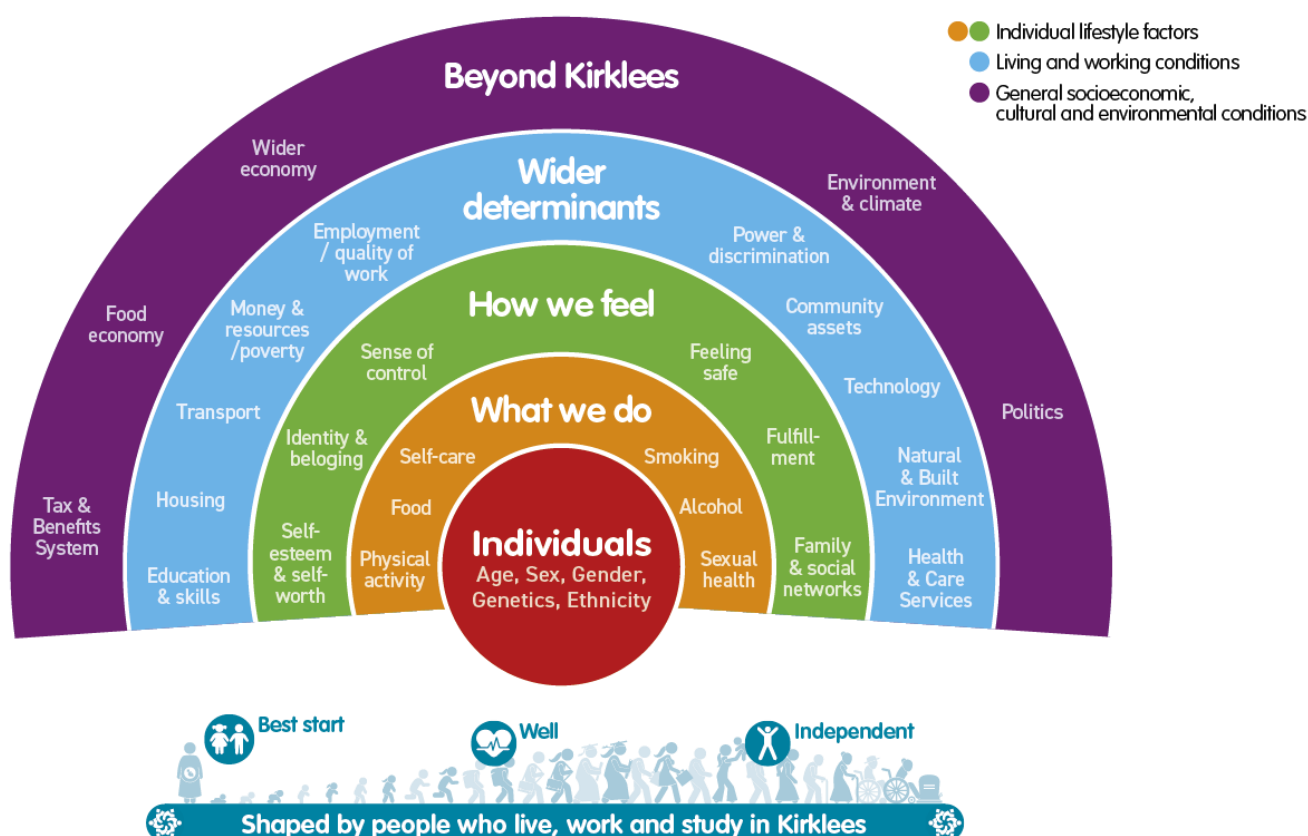
2 WHAT MAKES A DIFFERENCE TO OUR HEALTH AND WELLBEING?

THE RAINBOW MODEL

Health and wellbeing can be influenced by many different things. The 'rainbow model' shows that there is a relationship between a person and this wide range of factors. Everything from

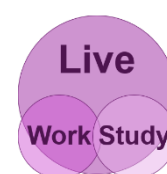
- what people do, their behaviour and choices, and
- how they feel, about themselves and the world around them
- to the broader social, economic, cultural and environmental conditions they live in.

These factors will be different for people at different stages of their 'life course' - as people are born, grow, live, work and age. A person's experience is also shaped by the distribution of money, power and resources. Many of these factors overlap and interact, and affect people in different ways, according to their age, gender, ethnicity, sexuality and disability.



When viewed this way we can see that acting on single factors in isolation is likely to provide only partial and incomplete response. Rather than acting on individual issues we need to adopt approaches that recognise and respond to this range of factors. So we can tackle the **'causes of causes' of poor health and wellbeing** e.g. unhealthy behaviours are not usually the origin of poor health, but the end point of a long chain of causes and consequences in people's lives.

Reflecting this wide range of issues that impact on people's health and wellbeing the JHWS needs to focus not just on the 430,000 people of all ages who live in Kirklees but also those people who work or study here too. This is also crucial as workplaces, schools, colleges and the University are all key partners in delivering the JHWS.



3 “I STATEMENTS” - WHAT LOCAL PEOPLE TOLD US WAS IMPORTANT TO THEM

Kirklees Healthwatch reviewed all the feedback that had been gathered from local people about their health and wellbeing recently. This included feedback gathered directly by Healthwatch and other local partners, including from a range of engagement activities run specifically for the refresh of the JHWS.

All the feedback was used to create a set of 'I statements'. The 'I Statements' set out citizen expectations, they set a standard for what 'good' looks and feels like. These should be used by those involved in implementing the JHWS and supporting plans to help meet these expectations.

- ✓ *I would like support to help me take control of my own mental health*
- ✓ *I would like all the different aspects of who I am and how this impacts on my health and wellbeing to be recognised and understood, and that I am seen as a whole person*
- ✓ *I would like safe accessible local places where I can meet friends and we can do activities together regardless of our age and abilities*
- ✓ *I would like services to improve the way they communicate with me and with each other, so I don't have to tell my story over and over*

See Appendix 2 for a full list of the I Statements.

4 VISION, VALUES AND WAYS OF WORKING

OUR VISION

People of all ages who live, work or study in Kirklees live their best lives with good health and wellbeing, free from inequality, stigma, discrimination and barriers, so they can do and enjoy the things that matter to them.

OUR VALUES

- We believe everyone has the right to good health and wellbeing
- We are committed to getting rid of health and wellbeing inequalities
- We value difference and promote fair access to opportunities and resources
- We are committed to addressing the wider factors that influence and impact on health and wellbeing
- We are committed to enabling communities and individuals to adapt and thrive

JHWS APPROACH (WAYS OF WORKING)

The original JHWS emphasised the importance 'working in a JHWS way'. These ways of working have been updated based on what local people and partners have told us are important. They set standards of behaviour we expect all those involved in delivering the JHWS to demonstrate:

1. We work with communities and individuals, and don't do things to them
2. We recognise that who you are, and where you live, work or study, impacts on your health, wellbeing and inequalities
3. We make the most of the diverse knowledge, experience and skills of our communities and colleagues
4. We develop and strengthen skills and resources in local communities and organisations
5. We have the courage to be creative and innovative
6. We make sure our work is intelligence, evidence and insight driven
7. We focus on prevention and early identification and intervention
8. We build and maintain strong relationships with effective working partnerships and systems
9. We provide high support and high challenge to partners and colleagues

The Kirklees Inclusive Communities Framework (ICF) provides a toolkit to help partnerships/organisations work better with communities. The ICF and JHWS share the same ethos of supporting and encouraging all partners to work in this way, helping to break down the barriers that continue to exist for some people.

SHAPED BY PEOPLE AND PLACED BASED WORKING

To achieve the vision and ambitions of this strategy we must work in partnership and share power with people who live, work or study in Kirklees.

We need to enable and encourage people to share their experiences, ideas and solutions. This means creating and participating in local spaces where these conversations can happen. We also need ways of gathering and using that insight – both to enable citizens to make the changes that they want to see, and to shape partner plans.

SHAPED BY PEOPLE

Shaped by People is a shared goal which describes how people in Kirklees want things to be in the future. It's about enabling more people to come together to make local places even better. People want to be able to directly shape what happens in their local place. This sense of personal agency in the places where we live, work and study is important for everyone's wellbeing. By enabling more of this to happen, we can grow healthier neighbourhoods together.

Our shared commitment to Shaped by People means that we will work to help more people feel inspired to take part, to give people confidence to act, to help people feel included, respected and listened to, and to help people get to know others in their communities well.

To ensure our work is shaped and powered by people who live, work and study in Kirklees, we will be guided by our Working Alongside shared values (see Kirklees Inclusive Communities Framework):

- Recognise everyone
- Involve others early
- Recognise we are coming from different places
- Work on mutual trust
- Grow mutual confidence
- Be flexible with each other
- Take courage from kindness
- Share with each other
- Be open and honest
- Listen with curiosity
- Be flexible in our approaches, and
- Learn by doing

PLACE BASED WORKING

To ensure we work effectively with and alongside people who live, work or study in our local places we will:

- Recognise the unique identities of our local places, their assets and aspirations
- Work in partnership with people at the most relevant level, e.g. Kirklees wide, towns, villages, neighbourhoods and smaller
- Recognise people who live, work or study in Kirklees are best placed to understand local priorities, strengths and challenges
- Place based leadership is crucial and can come from a range of sources such as local people, Councillors, clinicians, teachers, community and faith leaders etc
- Recognise people may need some support to make things happen
- Meet people and communities where they are on their journey (emotionally, mentally, physically and/or geographically)
- Put relationships first, working as connected people, not as organisations
- Think and act as people of Kirklees, strengthening everyone's stake in our local places

5 OUTCOMES, PRIORITIES AND KEY FACTORS

SHARED OUTCOMES

The JHWS will focus on 4 of the Kirklees Shared Outcomes for people of all ages who live, work or study in Kirklees across the life course:

- Best Start** Children have the best start in life
- Well** People in Kirklees are as well as possible for as long as possible
- Independent** People in Kirklees live independently and have control over their lives
- Shaped by People** We make our places what they are

Also recognising these outcomes are both influenced by the other 4 Shared Outcomes (Safe & Cohesive; Achievement; Economic; Clean & Green), and in delivering the JHWS we can make a significant contribution to the other 4 Shared Outcomes.

PRIORITIES

To achieve the 4 outcomes across the life course we will focus on 3 priorities

MENTAL WELLBEING

Our ambition is that everyone in Kirklees achieves good mental wellbeing and has a good quality of life with purpose and fulfilment throughout their lives.

HEALTHY PLACES

Our ambition is that the physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice.

CONNECTED CARE AND SUPPORT

Our ambition is that organisations and professionals across the health and care system work together to ensure people are able to access the right care/support for their needs, when they need it, making the best use of all available resources.

KEY FACTORS

The 'rainbow model' (see above) shows that there is a relationship between a person and a wide range of factors and that these factors will be different for people at different stages of their life.

Through the engagement activity to refresh the JHWS several factors emerged as ones which we need to pay particular attention to. Therefore, in delivering each JHWS priority and the supporting strategies and plans we will use the lens of the life course and these **6 key factors**:

POVERTY

<p>Poverty is the most significant factor impacting on the health and wellbeing of people who are experiencing it.</p> <p>There are many dimensions to poverty including income, food, fuel, credit/debt, financial literacy, digital, housing etc</p>	<p>✓ We want to ameliorate the impact and stigma around poverty by ensuring all plans consider the impact of poverty</p>
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INEQUALITIES & INCLUSION

<p>Inequalities are avoidable unfair differences in health and wellbeing between people of different social groups.</p> <p>Inclusion is what allows people to feel comfortable and confident to be themselves, living, working and studying in a way that suits them and delivers the outcomes we want to achieve. Inclusion helps ensure that everyone feels valued and adds value.</p>	<p>✓ We will put tackling inequalities and promoting inclusion at the heart of everything we do.</p>
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SHAPED BY PEOPLE

<p>We want everyone to be able to take part in making the places where they live, work or study better, through</p>	<ul style="list-style-type: none">✓ People taking pride in improving things and feeling inspired to take part, because they believe it's worthwhile and that something positive will come out of it.✓ People having the confidence to get involved and to tackle local issues together and getting the support they need to make things happen.✓ People feeling included, respected, listened to and able to contribute, and feeling self-worth from working together and helping each other.✓ People feeling connected to others and really getting to know people in their communities.
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DIGITAL

<p>Digital technologies have changed all our lives, and there is huge potential to harness this to improve health and wellbeing.</p>	<ul style="list-style-type: none">✓ We want people to have the option, and the skills and resources, to use digital tools to improve their health and wellbeing, and feel more in control of their own health and wellbeing✓ We will keep information safe, only sharing it to improve the support we offer to improve people’s health and wellbeing.✓ We will continue to offer non digital alternatives.
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HOUSING

<p>Where we live significantly affects our health and wellbeing – both by the physical nature of our accommodation and how secure and happy we feel in the place we call home.</p>	<ul style="list-style-type: none">✓ We want everyone to live in good housing that is affordable, warm, safe and stable, and that meets their diverse needs and helps them connect to community, work and services.
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CLIMATE EMERGENCY

<p>Local partners have declared a climate emergency because we must all take urgent action to improve and protect our environment.</p>	<p>We will focus on both</p> <ul style="list-style-type: none">✓ Mitigation by dramatically reducing carbon emissions, and✓ Adaptation to climate change to reduce the potential impacts of flooding, storms and higher temperature
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Vision

People who live, work or study in Kirklees live their best lives with good health and wellbeing, free from inequality, stigma, discrimination and barriers, so they can do and enjoy the things that matter to them.

Outcomes

The JHWS will focus on four outcomes for people who live, work and study in Kirklees across the life course.



Priorities

To achieve these four outcomes we will focus on three priorities.



Factors

In delivering each priority we will use the lens of the life course and the six key factors. The factors are the things that make a difference to our health and wellbeing, both positively and negatively.



6 KIRKLEES SHARED OUTCOMES, STRATEGIES AND PARTNERSHIPS

The shared outcomes were developed by the Kirklees Partnership to provide a common focus on the difference we want to make to people's lives, and the avoidable and unfair differences in those outcomes. There are a suite of indicators for each outcome.









Each top-tier strategy has

- specific outcomes that it is focussed on, but they will also contribute to the other outcomes
- a strategic partnership that is leading the delivery of the strategy

Joint Health and Wellbeing Strategy	Inclusive Communities Framework	Inclusive Economy Strategy	Environment Strategy
Health & Wellbeing Board	Communities Board	Economic Partnership	Environment Partnership
<ul style="list-style-type: none"> • Children have the best start in life • People in Kirklees are as well as possible for as long as possible • People in Kirklees live independently and have control over their lives 	<ul style="list-style-type: none"> • People in Kirklees live in cohesive communities, feel safe and are protected from harm 	<ul style="list-style-type: none"> • People in Kirklees have aspiration and achieve their ambitions through education, training, employment and lifelong learning • Kirklees has sustainable economic growth and provides good employment for and with communities and businesses 	<ul style="list-style-type: none"> • People in Kirklees experience a high quality, clean and green environment
<ul style="list-style-type: none"> • Shaped by People: We make our places what they are 	<ul style="list-style-type: none"> • Shaped by People: We make our places what they are 	<ul style="list-style-type: none"> • Shaped by People: We make our places what they are 	<ul style="list-style-type: none"> • Shaped by People: We make our places what they are

NB Shaped by People is a *foundational outcome* that should inform all our other shared outcomes, meaning that everything we do will be shaped by the people who live, work or study in Kirklees.

SHARED OUTCOMES - HEADLINE INDICATORS

<p>Children have the best start in life</p>	<ul style="list-style-type: none"> • Healthy birth weight • Healthy weight at age 5 • Children in poverty • Emotional wellbeing of 13/14 year olds 	
<p>People in Kirklees are as well as possible for as long as possible</p>	<ul style="list-style-type: none"> • Healthy life expectancy • Confidence managing health • Adults' emotional wellbeing 	
<p>People in Kirklees live independently and have control over their lives</p>	<ul style="list-style-type: none"> • Overall life satisfaction • Loneliness/isolation • Suitable housing • Proportion of people who live with social care support 	
<p>Shaped by people: We make our places what they are</p>	<ul style="list-style-type: none"> • People get involved in their community and something positive comes out of it • Local area is a place where people trust each other • People pull together to improve their local area • People can personally influence decisions affecting their local area 	
<p>People in Kirklees live in cohesive communities, feel safe and are protected from harm</p>	<ul style="list-style-type: none"> • Adults who say people get on well together • Adults who say they feel safe in their local area • Crime rate • Proportion of people who say that Anti Social Behaviour is a problem in their area 	
<p>People in Kirklees have aspiration and achieve their ambitions through education, training, employment and lifelong learning</p>	<ul style="list-style-type: none"> • School readiness at age 5 • Educational achievement at age 11 • People qualified to Level 2 • People qualified to Level 4 	
<p>Kirklees has sustainable economic growth and provides good employment for and with communities and businesses</p>	<ul style="list-style-type: none"> • Economic growth (productivity/GVA per head) • Gross disposable income per household • Average minimum travel time to nearest employment centre 	
<p>People in Kirklees experience a high quality, clean and green environment</p>	<ul style="list-style-type: none"> • Overall satisfaction with local area • CO2 emissions • Amount of household waste produced • Air quality/pollution • % premises with access to superfast broadband 	

The West Yorkshire Health and Care Partnership is a critical part of the new partnership landscape. The Partnership has '10 big ambitions' which will support the delivery of our Kirklees shared outcomes – and the work we do in Kirklees will support the delivery of these ambitions for West Yorkshire.

West Yorkshire Health and Care Partnership '10 big ambitions':

- 1) We will increase the years of life that people live in good health
- 2) We will reduce the gap in life expectancy between people with mental health, learning disability and autism and the rest of the population
- 3) We will address the health inequality gap for children living in households with the lowest incomes
- 4) We will increase our early diagnosis rate for cancer
- 5) We will reduce suicide
- 6) We will reduce anti-microbial resistance infections
- 7) We will reduce stillbirths, neonatal deaths, brain injuries and maternal morbidity and mortality
- 8) We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire
- 9) We aspire to become a global leader in responding to the climate emergency
- 10) We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

HOW WILL WE KNOW IF WE ARE MAKING A DIFFERENCE?

The JHWS is a high-level strategy – the detail is in the plans and strategies for specific issues that sit underneath it.

The delivery of the JHWS will be through

- a) Action on the JHWS priorities
Mental Wellbeing; Healthy Places; Connected Care and Support
- b) Delivering key partnership strategies and plans e.g. Kirklees Health and Care Plan, Children & Young Peoples Plan, Everybody Active Strategy, Loneliness Strategy, Ageing Well Strategy etc. Plus individual organisations corporate plans.
- c) Action by people who live, work or study in Kirklees

To embed the JHWS and turn the strategy into action we will promote a culture of 'check & challenge' against:

- The JHWS vision, values & ways of working
- Delivering on the 'I' statements
- Achieving the ambition, delivering the local partner actions and progress against the success indicators for each of the 3 JHWS priorities
- Consideration of the 6 factors in delivering the 3 JHWS priorities and key strategies and plans
- Contributing to other top tier strategies, the 8 Kirklees Shared Outcomes and the West Yorkshire Health and Care Partnerships 10 ambitions.

This 'check and challenge' will need to happen in 3 arenas

- In individual organisations and services
- In formal and informal partnerships
- In the statutory governance structures in Kirklees.
The Health and Wellbeing Board has overall responsibility for the JHWS and will hold partners and partnerships to account for their contribution to delivering the JHWS.

To support these processes, we are further developing the existing Kirklees Shared Outcomes Framework. The Framework has 3 levels:

- **The Kirklees Shared Outcomes and the headline indicators** (see Chapter 6)
These are well established and are used to inform the Kirklees Joint Strategic Assessment ([link](#)).
The Health and Wellbeing Board will monitor progress against these through the annual refresh of the Kirklees Joint Strategic Assessment.
- **System Performance Measures**
These are the next level of detail for specific outcomes and specific issues/populations. For example, each of the 3 JHWS priorities has identified a small number of 'success indicators' that they will use to monitor progress. Where appropriate these include the shared outcome headline indicators.
These will be monitored through the appropriate Partnership structures for the specific issue/population. The Health and Wellbeing Board will also receive regular updates from the relevant Partnerships structures, particularly focussed on the 3 JHWS priorities.

- **Organisation/Service Specific Measure**

There are a wealth of organisation and service specific performance measures, many are part of national outcomes frameworks and reporting structures. These are important in enabling organisations manage their services and are embedded in organisation/service performance monitoring systems.

The focus of the JHWS needs to be on the Kirklees shared outcomes and system performance measures described above.

7 APPENDICES

APPENDIX 1: JHWS priorities

Priority: Mental Wellbeing

Priority: Healthy Places

Priority: Connected Care & Support

APPENDIX 2: "I Statements" - What Local People Told Us Was Important to Them

APPENDIX 3: Linking the Top-Tier Strategies

PRIORITY: MENTAL WELLBEING

OUR AMBITION

Everyone in Kirklees achieves good mental wellbeing and has a good quality of life with purpose and fulfilment throughout their lives.

WHY IS THIS IMPORTANT

There is no health without mental health.

- People with good mental wellbeing are more likely to feel able to engage and contribute to their communities
- People with good mental wellbeing are more likely to be in work
- There is a reciprocal relationship between being lonely and the development of mental health problems.
- If more people in Kirklees are equipped to cope with the challenges of life; less people reach crisis point
- CLIK (Currently Living in Kirklees) survey (2021) showed that anxiety and depression are the two most common long term health conditions
- Children from the poorest households are more likely to have serious mental health difficulties than those from the wealthier households
- Around 1 in 8 children in Kirklees have some level of special educational need or disability (SEND)
- People with serious mental illness, die on average, 15 years earlier than those without serious mental illness
- Personal financial pressures increase stress and persistent stress can trigger or worsen mental wellbeing
- Financial instability and poverty can increase suicide risk

WHAT ARE LOCAL PARTNERS GOING TO DO

- We will work together to promote the protective factors for mental health for all ages: connection to others, learning, being in work, good housing, physical activity, giving back and purpose
- We will work together to raise awareness about mental wellbeing, create a positive culture, reduce stigma, and promote prevention, early intervention and recovery throughout all we do across Kirklees
- We will provide opportunities to increase protective factors for children's mental wellbeing; being active, eating well, connecting with peers and friends, learning a new hobby
- We will continue to develop partnership-based approaches to supporting children and adults who have special educational needs and disabilities to lead happy and fulfilled lives
- We will raise awareness of safe and anonymous spaces in Kirklees where young people can seek early help with their mental wellbeing
- Understand your responsibility around suicide prevention; undertake training to help reduce stigma and know what you can do to help
- We will recognise people as experts in their own mental wellbeing, work in partnership with them and support them to self-care
- We will work together so mental ill-health and physical ill-health are viewed equally

- ❑ We will have good data, and use it and personal stories to understand people of all ages who live, work or study in Kirklees to inform evidence-based approaches to tackling mental wellbeing
- ❑ We will work together so support and services provided are easily accessible to meet the needs of those that require them the most and, where possible, are available in local communities
- ❑ We will lead by example as good employers ensuring mental wellbeing is embedded within all organisational policies e.g. basic mental health training for staff and managers

WHAT CAN PEOPLE WHO LIVE, WORK OR STUDY DO

- Know how to keep yourself mentally well
- Be a champion for mental wellbeing in your workplace, community, or place of study
- Be resourceful; equip yourself with knowledge about what local services are available in Kirklees to help support your mental wellbeing, including crisis care
- Undertake training around mental health to be able to recognise poor mental health in yourself and others
- Access green spaces to improve wellbeing and contribute toward tackling climate emergency
- If you are an employer; know how to look after staff wellbeing, invest in training your staff and know what exists locally to help support your staff

I STATEMENTS

- ✓ I would like support to help me take control of my own mental health.
- ✓ I would like mental health care and support to be available within my local community.
- ✓ I would like mental health resources, including support and services, to be more focused on prevention.
- ✓ I would like to be knowledgeable about mental health conditions, including loneliness and healthy relationships, especially if they are affecting my family and friends so I can help them get care and support
- ✓ I would like easy access to stigma free mental health support within my school.

SUCCESS INDICATORS

- | | |
|--|--|
| ✓ % of people feeling happy | ✓ Self-harm rate |
| ✓ % of people feeling that life is worthwhile | ✓ Suicide rate |
| ✓ % of people feeling lonely* | Qualitative |
| ✓ Self-reported mental health | ✓ News stories |
| ○ Adults emotional wellbeing* | ✓ Testimonies with people with lived experience |
| ○ Emotional wellbeing of 13/14 year olds* | *bold = shared outcome headline indicator |

KEY DELIVERY PLANS/STRATEGIES

For example:

- | | |
|--|--|
| <ul style="list-style-type: none"> • All-age Mental Health Strategy • Kirklees Suicide Prevention Action Plan • Children & Young People Plan • SEND Strategy | <ul style="list-style-type: none"> • Autism Strategy • Loneliness Strategy • West Yorkshire ICS (Integrated Care System) strategies |
|--|--|

PRIORITY: HEALTHY PLACES

OUR AMBITION

The physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice

WHY IS THIS IMPORTANT

Built and natural environments impact on our health and wellbeing across our lives, influencing our physical and mental health. Physical and social environments that nurture good health can help to reduce health inequalities.

- Accessibility to open spaces, places for leisure, recreation and play, employment, education, services and goods, including healthy food options can support health and wellbeing and help reduce health inequalities
- People living in areas of greater deprivation are more likely to be exposed to harmful environmental factors, such as poor air quality, and less likely to have access to beneficial ones, such as greenspace
- People living closer to greenspace are likely to be more physically active than those who do not. Greenspaces support neighbourhood connectivity and social networks
- Just over half (51%) of adults aged 19+ and just over one third of children and young people in Kirklees are meeting their recommended minutes of activity per week, with residents living in the least deprived quintile (65%) most likely to be achieving this
- Active travel, such as walking and cycling, offers an important source of physical activity and a sustainable means of transport. Nearly two thirds of residents regularly walk as a means of getting around but only 7% regularly cycle
- Noise pollution is associated with poorer mental wellbeing and greater levels of stress, while air pollution in the UK is estimated to have an annual effect equivalent to 28-36,000 deaths
- Good quality housing is associated with improved physical and mental health
- 13% of Kirklees residents have respiratory problems (such as asthma or chronic obstructive pulmonary disease) which rises to 20% in social rented housing
- 5% of residents have no access to the internet at home, leaving them digitally excluded and unable to engage with education, work and services

WHAT ARE LOCAL PARTNERS GOING TO DO

- We will work with partners to ensure quality planning, design, construction and management of spaces, places and homes
- We will facilitate development and implement local plans that respects and creates safe and attractive places, thriving, cohesive communities and supports health and wellbeing for those that live, work or study in Kirklees
- We will develop and maintain a range of spaces and infrastructure that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing for people of all ages
- We will work with local communities to enable people to travel safely and actively to and from where they study, work and spend time
- We will implement identified measures which improve air quality and pollution
- We will work with communities to understand their local needs and offer a variety of opportunities to access physical activity, recreation, connection and culture and heritage activities

- ❑ We will support our communities to gain access to the internet from their homes

WHAT CAN PEOPLE WHO LIVE, WORK OR STUDY DO

- Identify local issues and opportunities and instigate change drawing support and action from Kirklees partners as required
- Actively participate in engagement activities to ensure their voices are heard
- Walk or cycle for short journeys, eg to school, and utilise public transport combinations for longer journeys
- Be active members of their local communities and respect and protect their local assets and greenspaces
- Support measures that reduce pollution and improve air quality
- Access places and green spaces that support wellbeing and physical health

I STATEMENTS

- ✓ I would like safe accessible local places where I can meet friends and we can do activities together regardless of our age and abilities.
- ✓ I would like to access affordable activities that I can do with my children that help us to be physically and mentally fit.
- ✓ I would like my local area to be disability friendly, making sure we are all included regardless of our abilities and needs.
- ✓ I would like green, natural, outdoor spaces in my local area that help me to be active and support my wellbeing.

SUCCESS INDICATORS

- **Overall satisfaction with local area***
- **Air quality/pollution (annual concentration of PM2.5)***
- **CO2 emissions***
- **Proportion of adults who say they feel safe in their local area***
- Increase in journeys taken on foot or by cycling
- **Housing suitability for household***
- Use of parks and greenspaces
- Increase access to the internet at home
- Increase in Kirklees children and adults meeting recommended activity levels per week
- Increase in schools implementing the Active Schools Framework

***bold** = shared outcome headline indicator

KEY DELIVERY PLANS/STRATEGIES

For example:

- Safer Communities
- Housing Strategy
- Local Plan
- Everybody Active Strategy
- Playable Spaces Strategy
- Walking & Cycling Framework
- Air Quality Strategy
- Culture & Heritage Strategies
- West Yorkshire and Kirklees Transport Strategies

PRIORITY: CONNECTED CARE & SUPPORT

OUR AMBITION

Organisations and professionals across the health and care system work together to ensure people are able to access the right care/support for their needs, when they need it, making the best use of all available resources.

WHY IS THIS IMPORTANT

- **Access:** Health and care systems which are easy to access and navigate, enable the best outcomes for people, reduce inequalities.
- **Life stages and transitions:** A connected care and support system is most important during the first 1000 days of life, key transition points eg being diagnosed with a long-term condition, and the last 1000 days of life.
- **Quality of experience:** When there is a coordinated systems approach people have a better experience of care across the life course (including at end of life), that is timely and where people don't need to retell their story.
- **Efficiency:** With people living longer and with more complex needs and technological advances, the system needs to respond in a coordinated way.
- **Resources:** Across the system there are significant and ongoing challenges in terms of funding, resources and workforce capacity (recruitment and retention). Alternative and more joined up ways of working are required to support a sustainable future.
- **Pressures:** The system is managing the ongoing legacy of Covid and other pressures including poverty and the cost-of-living crisis.
- **National Policy:** Policy is changing to facilitate partnership working locally, regionally and nationally.
- **Sustainability:** To deliver quality of care and the best outcomes, maximise opportunities and be sustainable, the system needs respond to the challenges, adapt and be creative.

WHAT ARE LOCAL PARTNERS GOING TO DO

- We will recognise that individuals are expert in their own health and care because you live it every day and work with you rather than do things to you.
- We will support you to take ownership and control of your own care and the management of long-term conditions.
- We will support you in connecting with local resources, groups and individuals.
- We recognise carers as a local asset and will create an environment where carers feel confident and supported to identify themselves
- We will work together to improve and deliver services which are more accessible, joined up using integrated care pathways and where appropriate in community settings
- We will improve the way we communicate with each other to prevent you needing to tell your story over and over again.
- We will take a neighbourhood approach where possible and involve wider partners, for example education services.
- We will reduce unintended and unnecessary duplication in services.
- We will develop a 'one workforce' approach for health and social care with partners locally and across West Yorkshire.

- ❑ We will maximise the use of digital technology, when it is right for the individual, to access care and support.
- ❑ We will share data to enable a joined-up approach to planning and delivering care and support.
- ❑ We will work with partners to ensure quality planning, design, construction and management of spaces, places and homes.
- ❑ We will take an integrated approach to monitoring and improving the quality of health and care services.
- ❑ We will work together across the West Yorkshire Health and Care Partnership to identify areas for improvement and sharing of learning on a larger scale, where it adds value.
- ❑ We will use the resources available to us responsibly taking into account the impact on the wider system.
- ❑ We will minimise the impact of the services we provide on the environment and adapt to changes in the climate.

WHAT CAN PEOPLE WHO LIVE, WORK OR STUDY DO

- Take ownership and control of your own care and the management of long-term conditions to help us make the best use of our resources.
- Access local resources, groups and individuals who may be able to support you in managing your own health and care.
- Use all options including digital technology to access care.
- Work with us to co-produce better health and care services for the future.

I STATEMENTS

- ✓ I would like all the different aspects of who I am and how this impacts on my health and wellbeing to be recognised and understood, and that I am seen as a whole person.
- ✓ I would like services to know that I am an expert in my own health and wellbeing because I live it every day.
- ✓ I would like services to improve the way they communicate with me and with each other, so I don't have to tell my story over and over.
- ✓ I would like information and support to help me manage my own health and remain as independent as possible for as long as possible.
- ✓ I would like dignity and choice throughout my life, including at the end of it.

SUCCESS INDICATORS

- **Healthy birth weight***
 - **Healthy life expectancy***
 - **Social care support***
 - Avoidable admissions
 - Length of (hospital) stay
 - Patient/user satisfaction
 - Choice and dignity at end of life
 - People's stories
 - Workforce sufficiency
- ***bold** = shared outcome headline indicator

KEY DELIVERY PLANS/STRATEGIES

For example:

- Kirklees Health and Care Plan
- SEND Strategy
- Vision for Adult Social Care
- Carers Strategy
- Ageing Well Strategy
- Dementia Strategy
- Primary Care Strategy
- West Yorkshire ICS (Integrated Care System) strategies...

APPENDIX 2: “I STATEMENTS” - WHAT LOCAL PEOPLE TOLD US WAS IMPORTANT TO THEM

MENTAL WELLBEING

- ✓ I would like support to help me take control of my own mental health.
- ✓ I would like to know what support and services I can access for my mental health, and how and when I can access them.
- ✓ I would like mental health care and support to be available within my local community.
- ✓ I would like mental health resources, including support and services, to be more focused on prevention.
- ✓ I would like children’s mental health support and services to have short waiting times, and to offer support for my family.
- ✓ I would like to be knowledgeable about mental health conditions, including loneliness and healthy relationships, especially if they are affecting my family and friends so I can help them get care and support.
- ✓ I would like easy access to stigma free mental health support within my school.
- ✓ I would like school lessons to cover issues that we face, including challenges associated with our identities, our personal circumstances, being LGBTQ+, bullying, self-harm and social media impacts.

SUPPORT

- ✓ I would like all the different aspects of who I am and how this impacts on my health and wellbeing to be recognised and understood, and that I am seen as a whole person.
- ✓ I would like services to know that I am an expert in my own health and wellbeing because I live it every day.
- ✓ I would like more people who look like me and share my culture/identity working in local health and care services.
- ✓ I would like care and support from services and organisations across Kirklees that make a difference to me if I am vulnerable/have additional needs no matter my age.
- ✓ If I am a refugee, migrant or an asylum seeker I would like health and care services to be safe, welcoming and accessible.
- ✓ I would like my family and carers to be recognised by care and support organisations and be informed about the range of support that is available to them and me.
- ✓ I would like to know how to access relevant information about local services and organisations that can support me if I am thinking about starting a family, if I have experienced the loss of a baby or if I am unable to start a family.
- ✓ I would like information and support to help me manage my own health and remain as independent as possible for as long as possible.
- ✓ I would like dignity and choice throughout my life, including at the end of it.
- ✓ I would like information and support about how to manage on my budget.

HEALTHY PLACES

- ✓ I would like safe accessible local places where I can meet friends and we can do activities together regardless of our age and abilities.
- ✓ I would like affordable ways to keep fit and be active that includes encouragement and support to improve my physical and mental health.
- ✓ I would like to access affordable activities that I can do with my children that help us to be physically and mentally fit.
- ✓ I would like to exercise at places that cater for young people and don't need parents to be there.
- ✓ I would like green, natural, outdoor spaces in my local area that help me to be active and support my wellbeing.
- ✓ I would like free local play and social spaces that are adaptable and suited to a wide age range and abilities and provide physical activity opportunities.
- ✓ I would like my local area to be disability friendly, making sure we are all included regardless of our abilities and needs.
- ✓ I would like opportunities to spend time with people in my local community, and to build relationships with local businesses and organisations.
- ✓ I would like reliable, affordable and safe public transport so I can easily get around.
- ✓ I would like our local areas to be well maintained, including the pavements.
- ✓ I would like local shops and facilities that are easily accessible however I travel there.
- ✓ I would like to have easy access to local places, including shops, regardless of my mobility.
- ✓ I would like publicly available toilets that are accessible and clean across Kirklees.

INTEGRATION

- ✓ I would like services to improve the way they communicate with me and with each other, so I don't have to tell my story over and over.
- ✓ I would like health and care services to work around my commitments such as work, education and family.
- ✓ I would like to be prioritised when contacting health and care services based on needs, risks and how vulnerable me and people I care for are.
- ✓ I would like, where it is appropriate, to choose the type of health and care appointment I can access, including self-referral, face to face, video, telephone and email.
- ✓ I would like to speak to health and care professionals who are knowledgeable, friendly, respectful and approachable.

APPENDIX 3: LINKING THE TOP-TIER STRATEGIES



To ensure that we are making the most of the inter-relationships between the top-tier strategies we are mapping the key contributions and impacts.

A map for each of the 6 interdependencies is being developed.

To support the roll out of the JHWS and the other 3 strategies we will have

- a 1-page summary of each of the top-tier strategies
- a map of top 4/5 interdependencies

For example, the key interdependencies between the JHWS and the Inclusive Economy Strategy will include

- Tackling poverty
- Learning and skills development
- Careers and local jobs (including in health and care)
- A good place to live and work
- Digital skills and tools

Kirklees Health and Wellbeing Board

22nd September 2022

Purpose

1. As part of our new statutory Integrated Care System (ICS) arrangements, we are required to refresh our Partnership's Five Year Strategy by March 2023. This paper sets out our approach to this work alongside the outcome of engagement and evidence gathering to date. In parallel, it also highlights the development of an approach to an improvement and delivery framework to both enact the strategy and to monitor progress and outcomes through the creation of a joint forward plan.
2. Health and Wellbeing Board Members are asked to:
 - consider the approach to refreshing the strategy, in line with our partnership principles and operating model;
 - support the proposition to refine the Partnerships' 10 Big Ambitions to reflect the citizen and partner insight; and
 - note the intention to build a delivery framework which aligns the strategy with the Joint Forward Plan, operational planning, Better Care Fund and Winter Planning and maintains an improvement ethos.

Background

3. In December 2019, the Partnership Board approved the Partnership's Five Year Strategy, [Better health and wellbeing for everyone](#). This document was the culmination of a long period of public and partnership engagement and set out the vision, ambitions and ways of working for the partnership. The strategy was built from our citizens and places and the priorities are embedded into our operating model through our programmes and places.
4. This strategy reflected what is important to us – including ambitions on inequality, race equality, climate, and fair economic growth, and the 'must dos' from NHS England in line with the [NHS Long Term Plan](#).
5. Since its publication, the context and focus for our work has changed significantly. While we have made good progress across a range of areas, the Covid-19 pandemic has meant that our partnership has necessarily needed to shift its focus away from our priorities to more immediate operational pressures. The scale of challenge has also increased in a number of areas, most notably the widening of inequalities.

6. In addition the publication of the white paper [Integrating care – next steps to building strong and effective integrated care systems](#) set out a move to new statutory arrangements for ICSs with the abolition of Clinical Commissioning Groups and the creation of Integrated Care Boards. More recently the publication of the [Joining up care for people, places and populations](#), the government's proposals for health and care integration published on 9 February 2022 has signalled the importance of integrated 'place' level working towards a common set of locally agreed outcomes.

Refreshing our five year strategy

7. As part of our move to the new statutory arrangements, the nationally set establishment timeline mandates requirement refreshing our five-year strategy by March 2023. We had already set out our intention to refresh our strategy post-pandemic, and the timeline afforded us with the opportunity to do this in a way which fits with the collaborative ethos of our partnership.
8. [Guidance on the preparation of Integrated Care Strategies](#) was published in July 2022, setting out the purpose of the strategy, Health and Wellbeing Boards (HWBBs) and subsidiarity, proposals for who to engage with in the production of the strategy and proposed content. The guidance broadly fits with our existing strategy and early feedback from engagement as part of our refresh process and aligns with the engagement that we have undertaken to date.
9. We continue to undertake this work in a manner which ensures that:
 - the strategy will be ours - it will articulate our collective ambitions for the citizens and population of WY and it will remain true to our model of distributed leadership, subsidiarity and democratic accountability and it will reflect the breadth of our partnership; and
 - we will continue to focus on collaboration to improve outcomes locally – working better together at every level and putting the citizen at the centre of all we do.
10. In line with our ethos of subsidiarity, our strategy will continue to be built from our neighbourhoods and places to ensure that our work is locally led. The place Health and Wellbeing Strategies will form the foundation of our overall Integrated Care Strategy. Working with our Local Authorities our places are all in the process of refreshing their Health and Wellbeing Strategies or have an intention to do so in the coming months. Discussions relating to the Integrated Care Strategy are already planned into HWBBs over the coming months. New draft guidance related to how HWBBs will work with Integrated Care Partnerships and the Integrated Care Board has recently been published alongside a refreshed set of principles for the role of Health Overview and Scrutiny Committees.

11. These will be an important starting point for our ICS strategy given they are locally informed and based on population need and citizen insight. The relationship between these strategies and the delegation and accountability of delivery is set out in paragraph 66 as reflected in our constitution.
12. Given the issues highlighted earlier in this paper and the likelihood of additional unknown pressures over the coming years, it will be important to ensure that we build enough flexibility in the strategy to allow for ‘course correction’ where needed. This will also be an important factor to be considered in the development of the associated improvement and delivery framework.
13. It will be equally important to also ensure that our strategy both reflects and addresses, key strategic risks for our partnership as highlighted in the Board Assurance Framework. In addition, this will need to be embedded in its delivery through the Joint Forward Plan.
14. In governance terms, we are working closely with place-based committees and HWBBs to ensure we are able to develop the strategy collaboratively and ensure collective ownership across the breadth of our partnership. We also continue to ensure that the Integrated Care Partnership has sufficient oversight of the development and delivery of the strategy.
15. Applying our leadership principles to this work creates a set of ‘tests’ for our strategy, as follows:

Leadership Principle	Tests for our strategy
<ul style="list-style-type: none"> • We will be ambitious for the populations we serve and the staff we employ. • The partnership belongs to commissioners, providers, local government, NHS and communities • We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict. • We will undertake shared analysis of problems and issues as the basis of taking action 	<ul style="list-style-type: none"> • Our strategy will be ambitious. It be founded on what citizens who live and work here tell us is important. • Our strategy will reflect the breadth of our partnership. It will focus on what is important to us, as well as meeting national requirements. It will build on our previous points of agreement and priorities. • We will have an integrated plan, reflecting the work pf place, provider collaboratives and system. • We will work to build a shared understanding of population health, inequality and need. This will be built from places. We will also build a clear approach for implementation.

<ul style="list-style-type: none"> • We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible 	<ul style="list-style-type: none"> • Plans will be built from places, and our shared ambitions will be defined in a way so that there is flexibility for local delivery.
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Process Architecture

16. We are using an inclusive approach to refreshing our strategy. There will be the opportunity for all members of the partnership and the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. It will be important to build in the opportunity for effective challenge and enabling diversity of thought and to be prepared to listen to suggested change, keeping open minds and hearts.
17. The refresh process is data and intelligence driven, supported by strong clinical evidence and clinical and professional leadership. It is also timely, both in terms of national and local requirements, system need and to ensure connectivity and alignment of supporting strategies and places in line with the political democratic process. The work is a collective responsibility to ensure that the strategy is co-owned, connected to real work and is delivered by a living system which is empowered to act.
18. We have developed a strategy design team providing a core function of designing, co-ordinating, developing and overseeing the strategy's delivery. It plays a key role in analysing data and intelligence, and providing the information through which to make sense of where we are and where we want to be. The group:
 - creates capacity in the system to design and lead change through the strategy;
 - represent the dynamics and culture of the Partnership;
 - develops change principles to enable the delivery of the strategy; and
 - will produce a strategy which connects ambition to delivery.
19. In tandem with this engagement and to support the discussions, a desktop review of data, evidence and existing policies and strategies is also being undertaken. This review takes in to account existing strategies and plans both within the architecture of our ICS system, but also from across our wider system, including the Mayoral pledges, the role of the West Yorkshire Combined Authority devolution deal and other policies and areas of work through which we come together in partnership.

What are our citizens telling us?

20. Listening to what our citizens are telling us is important to them is central to the development of our strategy. We have a long history of working with Healthwatch to support us with gathering this insight and they have developed a scope for this work which aims to:
- bring together insight, data and the voice of groups, citizens and communities from across WY into the strategy refresh, using a local involvement approach similar to the long-term plan engagement approach taken in 2019;
 - further understand what issues are important and how these are impacting on citizens' lives and to include and address these as part of the refresh – whilst looking at what Healthwatch already know through mapping reports and identifying gaps against the ambitions to address;
 - influence development of the improvement and delivery framework to ensure the issues raised are addressed as part of it; and
 - support the 10 principles of public involvement whilst following the NHS West Yorkshire Integrated Care Board's involvement framework approach, and new NHS England guidance on citizens' and communities' involvement.
21. It is important to ensure that we are not duplicating work which has already been undertaken and not asking the same questions of our citizens again. With that in mind, the work is taking place in two phases:
- **Phase 1** – Mapping existing insight from across WY: What we already know (end August 2022)
 - **Phase 2** (if required) – Involvement and Engagement work: Filling in the gaps in insight identified through the mapping process (September/October 2022)
22. The mapping from phase 1 is now broadly complete and the Healthwatch Insight report setting out the detail from this, ['What people across West Yorkshire are telling us about their experience of health and care services'](#) is to be considered in a paper alongside this report. The key headlines are however:
- **Access to GPs** remains one of the key areas that citizens are concerned about. Citizens see GPs as the front door to the wider health and care service and many feel let down when they can't access their GP in a way that works for them. There is a deep concern that this has a detrimental impact on their health and wellbeing. There was also concern raised about routine checks in terms of availability and choice in how they are conducted.
 - **Access to dentistry services** continues to be an issue raised for both children and adults. This is both in terms of being able to register with a NHS dentist and access to appointments and treatment when registered. It

was also raised that access to urgent dental care was not as responsive as needed. There was a strong message that the lack of dental treatment has had a significant impact on health and wellbeing

- Of **increasing** concern is the **cost of living crisis** which continues to escalate and impact on citizens' lives. This impacts significantly on the ability to travel to appointments and to make choices to access to private care where NHS care is not available. These challenges are having a particular impact on those who are living with social disadvantage, serious illness, addictions and carers. It is also having a significant effect on how citizens support their own personal health and wellbeing through activity such as exercise and leisure facilities and leading to difficult choices being made
 - **There** continues to be concern around accessing support for **mental health** in a timely manner, an issue which has increased with the impact of the pandemic. Of significant concern is access to support for our children and young people and the lack of support for children with autism and long waits for assessment. It was also highlighted that crisis services are not working in a which reflects the current need.
 - We know that the pandemic has led to significant **delays in treatment** and citizens are telling us that this is causing a deterioration in their physical, mental and emotional health. The impact of this is also extending to family members and carers. It was felt that better communication would help to mitigate some of this.
 - The choice people have in accessing care highlighted concerns about **digital exclusion** with many appointments and support moving to online. Many of our population do not have access to digital technology or have additional challenges in using it. This was particularly a challenge for citizens with learning disabilities.
 - Negative experiences of **quality of care** are starting to emerge in some care settings. Whilst it is acknowledged that this is in part due to challenges arising from the pandemic in terms of staff shortages, it is still important to be treated with care and compassion.
 - We have been hearing about citizens' experience of **hospital discharge**. Citizens told us about their experience of being discharged too early from hospital and not feeling prepared. It was also felt that carers needed to be far more involved in the discharge process to mitigate some of these issues. Better communication was again a theme in terms of how this could be better carried out.
23. The Healthwatch Insight Report sets out a set of recommendations from this initial mapping of insight, which will be incorporated into both the strategy refresh and the development of the Joint Forward Plan. The particular focus

around action to support communication, compassion and co-ordination provides a helpful framework through which to embed this work into this.

24. As we begin to prepare for the Joint Forward Plan consultation, there are a number of areas which we may want to do further desk top research, or a deeper dive into any further insight available to ascertain if new engagement activities in these areas is needed, for example around domestic abuse. We will work with our partners as we undertake this work, not least with our Local Authorities who may have much of this insight available as part of their ongoing work. The Joint Forward Plan guidance is expected in October 2022 and this will give further clarity.
25. Feedback is a key element of our involvement framework and we will ensure that this is given to those who have kindly provided their insight as part of this work. Illustrating not only how we have listened to the insight they have provided, but also what we intend to do for each of these areas and the impact we hope to make.

What are our partners telling us?

26. As set out in paragraphs 16 to 19, extensive engagement has been undertaken with partners throughout the strategy design phase, far exceeding the traditional engagement which may have usually happened. Each member of the group has connected with citizens, informal and formal groups to create a conversation around the refresh of the strategy. The insight gained from these conversations has aligned well to the citizens insight we have already received.
27. Access to services continues to be a concern for partners as well as citizens. There was a strong recognition that access to services has deteriorated significantly since 2019 (largely due to the Covid-19 pandemic) and there continues to be a need to focus on this in our refreshed strategy.
28. Poverty and the cost of living crisis has been the most consistent concern through the discussions held to date both in terms of the communities we serve and our own workforce. There was a strong desire to have a poverty informed strategy which commits to having no health and care worker living in poverty, improving advocacy support and tackling poverty through:
 - maximising the contribution that health and care services make to reducing poverty and its impacts;
 - working with WY partners (for example the West Yorkshire Combined Authority (WYCA) and the Police) to identify what WY level action needs to take place;
 - developing a WY narrative related to poverty and health (again working with WYCA); and
 - sharing, amplifying and adding value to action being taken in our five places.

29. There has also been a strong view expressed to continue to ensure that our strategy reflects our continued commitment to anti-racism. Our strategy will continue ensure that we act and show there is no place for racism across our region. We continue to be proud to stand alongside our colleagues and root out racism.
30. Becoming a trauma informed system continues to be a priority for our partners. Ensuring that we work together to prevent trauma and adversity and mitigate existing harm across the life course needs to be a central aim of our refreshed strategy.
31. Feedback expressed from partners expressed how we can further explore the use of creativity and how this can lead to system change and improvements in our health and care settings. We want to strive to be the first region in the country to develop a pioneering regional infrastructure for driving cultural and creative health – ensuring that:
 - all of our people can access creative opportunities, and this leads to healthier individuals and communities;
 - West Yorkshire is positioned as a national leader on Creativity and Health;
 - our arts and cultural sector is more supported and resilient with more diverse income sources;
 - West Yorkshire takes a creative approach to tackling health disparities in our communities; and
 - we increase the cultural distinctiveness and health of our places resulting in stronger, more resilient, more cohesive communities.
32. Our Voluntary Community and Social Enterprise (VCSE) colleagues articulated a strong need and ambition in relation to how we work together going forward and creating a sustainable health and care sector for our populations. As a result of their discussions, they have proposed a set of funding and commissioning principles across WY and place to support a sustainable VCSE, which are now being considered as part of the development of the finance strategy.
33. VCSE representation on all decision-making bodies was also suggested as key to the success in delivering the strategy, alongside shifting perception of VCSE colleagues amongst professionals. In terms of the digital strategy, the ability of the sector to contribute to integrated care is currently constrained by some of the digital capability, something which needs to be resolved.
34. Lastly, there was a desire to harness the significant role that volunteers have in our system. There are opportunities to further enhance this through the facilitation of volunteers to move around our system (and sectors) to be able to be deployed where there is the most need.

35. Working better together has been a common theme across the partner discussions and given our new statutory arrangements, we now have a unique opportunity to harness this and develop new ways of working. Some of the areas highlighted were in relation to how we make better connections across our partnership and share best practice, something which our Innovation Hub will be able to facilitate going forwards.
36. In addition, having an operating model which reflects what we need to deliver the integrated care strategy, particularly in terms of analytics and communications. This will allow us to be able to better build contribution into the 10 Big Ambitions into all our discussions and allow us to be able to measure the impact we are making.
37. A strong message was also voiced in relation to building resilience in our workforce, building a diverse leadership for the future and also building prevention into all of our decision making.

What are the data telling us?

38. As a partnership we collect, and have access to other sources of, substantial levels of data about WY's citizens and we have long since recognised the importance of this data. Much of this information begins with the data compiled as part of the Joint Strategic Needs Assessments at place. This together with the resources available via NHS England and the Office for Health Improvement and Disparities (OHID) (previously part of Public Health England), has enabled the partnership to understand the needs of WY's citizens, shape and prioritise effective responses to improve their health and care outcomes, and monitor the effectiveness of these responses.
39. In 2017 the Partnership in collaboration with NHS England and OHID analysts used data about the treatment and outcomes of citizens' circulation issues to identify the need to manage these more effectively within Primary Care, to reduce cardio-vascular incidents and deaths, and demand on acute services. Working with the Academic Health Science Network two projects were instigated, one to tackle atrial fibrillation, and the other to tackle high blood pressure, high cholesterol levels and complex diabetes. Both projects gained national interest, and the latter received the HSJ award for 'Cardiovascular Initiative of the Year' in 2020.
40. In 2020, again in collaboration with NHS England, the Partnership identified the need to improve the treatment and outcome of patients with respiratory issues. In partnership with NHS Wales and the Institute of Clinical Science and Technology, an improvement project was instigated to drive up care, standards and management of respiratory issues in primary care. The project's web platform provides an education programme for both asthma and chronic obstructive pulmonary disease and suggests quality improvement projects. Every three/four weeks there are learning sessions to drive up clinical

awareness and onboarding of more participants. All sessions are recorded and circulated through the WY primary care newsletter.

41. While Covid-19 has skewed the data available, it is still possible to use historical and current data to understand areas to review where there is variation between places in WY from national levels of achievement. A recent high-level review of data undertaken by NHS England for the partnership identified areas for action as set out in the following paragraphs.
42. In terms of life expectancy none of our places achieve the England average for women or men, the 'worst' of our places has a reduced life expectancy for women of 1.9 years and 2.4 years for men. Even more stark is how the difference in life expectancy between Index of Multiple Deprivation (IMD) 1 (those most deprived) and IMD5 (those least deprived) varies across our five places; for women it is at best 6.9 years and at worst 9 years, and for men 7.9 years and 10.2 years.
43. The review showed a continuing need to improve uptake of cancer screening services. If WY were as effective as similar localities in its screening programmes, over 3,000 more women aged 25-49 would have had cervical screening in 2020/21, and over 14,000 more women aged 50-70 would have undergone breast screening.
44. Our Cancer Alliance has used existing insight to explore the reasons for these variations; its review identified those in lower socio-economic groups, and/or from minority ethnic communities, and/or transient populations as most likely to not be screened. The Alliance is taking targeted action to increase uptake in these communities in response to this.
45. This action is in conjunction with public health and place leaders and includes using primary care network facilitators, social prescribers, community advocates and champions to promote the importance of screening, and thereby improve citizens' outcomes. There is a funding application to use app-based technology to break down barriers to screening access, shown to double uptake, and halve do not attend rates.
46. The NHS England review also highlighted variation in prescribing levels between our places, and with comparable health and social care economies. Work to reduce this variation is already underway and will benefit from the generalised activity to harmonise practice across the partnership.
47. Use of hospital services varies substantially between those citizens in IMD1 and IMD5. Use of emergency department services is 71% higher by those in IMD1 than IMD5, use of non-elective services 49% higher, while the use of elective services is 66% lower. Given that 36% of WY's citizens are in IMD1, the impact of the difference in usage of these services is likely significant both for citizens and the acute sector. Understanding the causes for these

differences and any impact might lead to improvement of outcomes for those in IMD1, and reduction of burden on the acute sector.

48. Also highlighted was the extent of 21+ day stays in one of our places, which have been a feature for some years. While the causes of this are still to be confirmed (although potentially the nature of specialised services in that place), such an issue will require a response from a range of partners across a place to resolve.
49. Those who experience most deprivation, are most likely to be disadvantaged by variations in services. Effective analysis of variation data and building improvement projects to tackle these variations give opportunity to improve health outcomes for WY's most deprived citizens while reducing variation in service delivery and outcomes more generally.
50. Despite the clear value in having a strong analytical offer within the partnership, a strategy for analytics is currently not in place. Further, whilst there is analytical capacity across the partnership, more work could be undertaken to ensure that it is effectively utilised or targeted to ensure focus upon opportunities to improve citizens' outcomes.
51. With recent changes within NHS England and OHID the level of analytical support to the partnership from these organisations has decreased. Therefore, given the existing limited analytical capacity in the core team of the partnership, consideration will need to be given to both strengthening an approach through the introduction of an analytics strategy and also increasing this resource to ensure that we can maintain our successful improvement ethos.

What does this mean for our strategy?

52. As a result of the data, evidence and insight received so far, there are a number of areas of focus for the refresh of our strategy. Firstly, it is intended that the refreshed strategy be a short document which provides a strategic overview of our purpose, vision, ambitions and ways of working as a partnership as set out in the next section. Much of the detail behind the ambitions will be contained within its delivery arm, the Joint Forward Plan.
53. In terms of our ambitions, it is proposed that we need to embed tackling poverty and the cost of living crisis throughout our 10 Big Ambitions. Our strategy has tackling inequalities at the heart of its purpose and work and tackling poverty is a key element of this work. There will also be some refinements to make to some of our ambitions, not least in strengthening our children's ambitions to include both poverty and improving access to services and in refining our climate change aspiration whilst retaining our WY ethos. Our supporting metrics will need to be refined to demonstrate the impact of this.

54. We will need to build access to services into all appropriate ambitions to ensure that we are re-committing to our citizens and retaining a focus on this in the delivery through our Joint Forward Plan. There will be an opportunity to better describe our aspirations with this in relation to dentistry, optometry, community pharmacy and specialised commissioning as we take on delegation for these services.
55. We need to ensure that our strategy takes a life course approach, from conception to end of life, treating the entirety with the respect and ambition that our citizens deserve. This may involve strengthening our approach to our ambition and commitment to end of life care. Personalised care and our approach to supporting our carers will also continue to need a strong emphasis.
56. In order to deliver our strategy, we will need to have strong enabling strategies in digital, people, finance, analytical, and equality, diversity and inclusion (EDI). They need to be developed/refreshed in a way which will enable delivery of the strategy both at WY and place levels. Representation from each of these areas has been built into the strategy design group in order to ensure connectivity.
57. Lastly, we need to reflect on our operating model to ensure that we have the resources and capacity across our WY, place and provider collaborative teams to enable delivery of the strategy. Analytics and communications were highlighted as areas which we need to provide more support and capacity to in order to develop and delivery our strategy in a way in which we are able to articulate the impact it is making for our citizens.
58. One of our important goals is to develop and deliver innovative ideas and solutions to improve the health and wellbeing of the 2.4million people living across our area and this will continue to be a priority in our strategy. To do this we have identified several key areas of work which through working together with organisations from industry, universities, and public and voluntary community partners, we can create a culture that uses 'innovation' to improve people lives. This helps to make sure people have the best start in life and every opportunity to live a long, happy, and healthy one.
59. By working together, we aim to inspire the growth of the area, both economically and socially, and help to alleviate some of the pressures that our services experience. Our partnership with South Yorkshire ICS and the Yorkshire and the Humber Academic Health Science Network (AHSN) to establish innovation hubs in the region is an important step to embed an innovation approach into our work going forward.
60. Our work with the WYCA and the Leeds City Region Enterprise Partnership (LEP) continues to be central to one our core purposes of supporting broader social and economic development. Representation on our strategy design group has subsequently led to comprehensive engagement about how we can work in partnership to improve outcomes in health and wellbeing through the

broader social determinants of health. Through our cross-sector partnership with the LEP, Local Authorities, Universities and health technology leaders, we will continue to lead the development of the national digital health industry through our strategy.

61. There will be a stronger coherence between our strategy and the WY Mayoral Pledges. There already exists a strong relationship between the two however, the current context further strengthens this, particularly in terms of a poverty informed strategy. We will continue to build on this partnership working through our Joint Forward Plan in Autumn 2022, including more detail around the bringing together of plans to help deliver the pledges.
62. The table below illustrates the refinements we intend to make to the strategy in the context of the four core purposes of an ICS. It is helpful to note however, that some of the ambitions highlighted below, will naturally connect to more than one core purpose.

ICS Mission	10 Big Ambitions refinement and delivery framework
<p>Improve outcomes in population health and healthcare</p>	<p>Ambition 1: We will increase the years of life that people live in good health in West Yorkshire</p> <p><i>We need to ensure that our strategy seeks to improve access to our health and care services for all of our population. This means a focus on GP and dentistry services, improving access to and reducing gaps in, mental health services and ensuring that we reduce the length of time citizens are waiting for elective care. Our strategy will seek to contribute to mitigating poverty in our population to ensure that people can access health and care services and enjoy improved health and wellbeing.</i></p> <p>Ambition 4: By 2024 we will have increased our early diagnosis rates for cancer</p> <p><i>Our strategy needs to continue to understand and address the reasons why citizens do not currently take up screening and ensure that services are targeted accordingly to address these who may find it difficult (either due to financial situations or other challenges to access).</i></p> <p>Ambition 5: We will reduce suicide by 10% across West Yorkshire by 2020/21 and achieve a 75% reduction in targeted areas by 2022</p> <p><i>We will strengthen this ambition to be clear on the collective contribution all parts of our system can have to reducing suicides. We will also refine the ambition to reflect the need to</i></p>

	<p><i>tackle the causes and impact of poverty given the significant contribution this has to mental health and wellbeing.</i></p> <p>Ambition 6: We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024</p> <p>Ambition 7: We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.</p> <p><i>Our strategy will refine this ambition to provide an additional focus on poverty to ensure that mothers have the financial ability to travel to appointments and that both they and their babies are able to experience good health and wellbeing, living in a warm home and access to support when needed.</i></p>
<p>Tackle inequalities in outcomes, experience and access</p>	<p>Ambition 2: We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.</p> <p><i>This ambition continues to be an important priority for our strategy and will be refined to add focus around improved access to services and support for young citizens with mental health conditions, learning disabilities and/or autism, particularly focusing on managing long term conditions and seamless transition to adulthood. It will be important to embed tackling poverty as part of this.</i></p> <p>Ambition 3: We will address the health inequality gap for children living in households with the lowest incomes.</p> <p><i>Our strategy will be strengthened through the refinement of this ambition to have a focus on tackling and mitigating the impacts of poverty on our children, young people and families. Ensuring that they continue to have the ability to have good health and wellbeing, access to education and a warm home and bed to sleep in.</i></p> <p>Ambition 8: We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and minority ethnic staff will become a thing of the past.</p> <p><i>Our strategy will be supported by a strong people plan and a WY EDI strategy which will tackle the poor experiences and inequalities which exist. The refresh of the strategy and the</i></p>

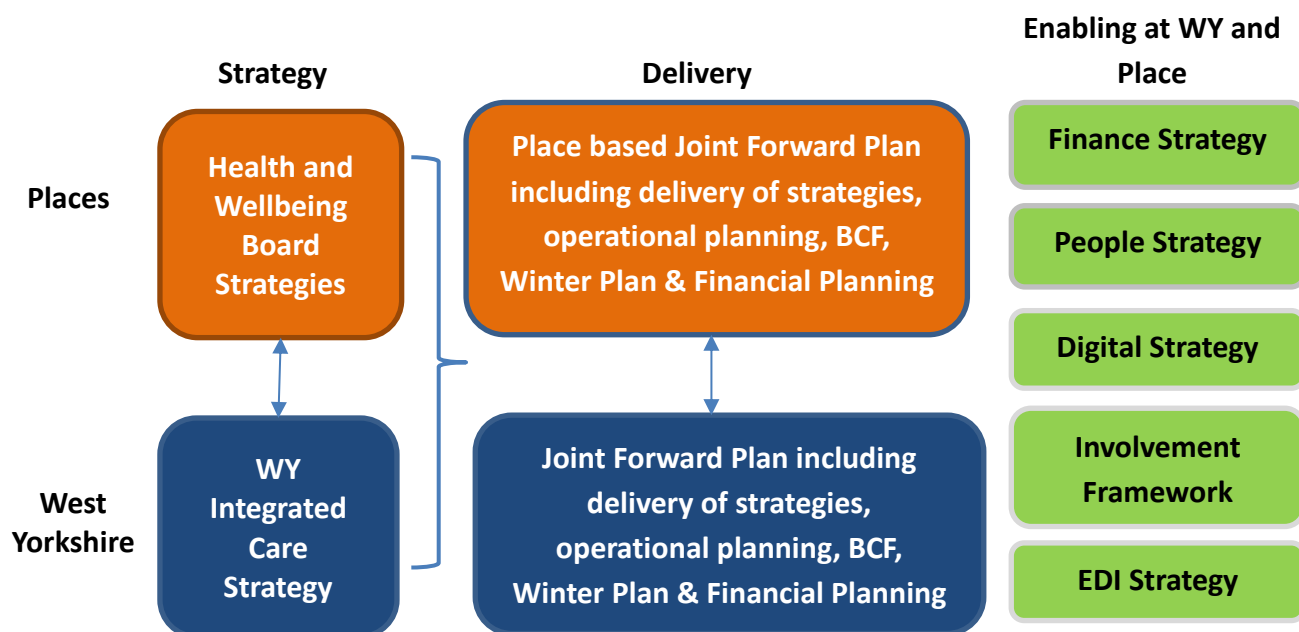
	<i>diverse range of experiences citizens have had illustrates the importance of the great work already undertaken on this to date and the need to continue our focus.</i>
Enhance productivity and value for money	<i>The delivery framework, including the system leadership and systems thinking way of working, will bring an embedded improvement ethos to our work which fosters innovation and inclusivity. Productivity and value for money will be a key product of this. In addition, the process of the strategy refresh has ensured that our enabling strategies will support delivery of the strategy in a way which also creates value for money and centres on using our resources wisely.</i>
Help the NHS support broader social and economic development.	<p>Ambition 9: We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.</p> <p><i>It is intended that this priority will be refined to retain the ambition that we seek to achieve, whilst reflecting the ethos of WY and ensuring there are measurable targets we can strive for over the life course of the strategy. Working in partnership with Local Authorities, WYCA, the LEP and our Universities we can ensure that our strategy is informed with research and innovation driven practice to meet our ambition.</i></p> <p>Ambition 10: We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.</p> <p><i>Our strategy will continue to have a focus on reducing health inequalities and improving skills. Working across the partnership through our enabling people plan to ensure that can build the skills we need and support citizens into work and staying in work. This ambition will also be strengthened to focus on how we support our workforce through the cost of living crisis, ensuring that they can continue to work and to have good health and wellbeing in work. Working in partnership with Local Authorities, WYCA and the LEP we will continue to innovate through our inclusive growth, industrial and health tech strategies to drive economic growth and improve health outcomes.</i></p>

63. The NHS West Yorkshire Integrated Care Board considered progress against the strategy refresh to date at a recent development session and were broadly supportive of the findings to date and proposed refinements outlined above.

Members were keen to work together to understand what the conditions for success in delivering the strategy might be and how they as a Board can influence this. In addition, they were keen to undertake some further work as a Board to better understand and plan for, prioritisation of delivery against different elements of the strategy, with a strong supporting financial strategy and a co-owned risk appetite.

Developing an improvement and delivery framework

64. Delivery of the ambitions set out in the strategy has been owned and co-ordinated within programmes across the ICS core team, working alongside places. We have used the annual planning cycle and our mutual assurance processes to help ensure alignment with place planning and delivery.
65. As part of our new statutory arrangements there is an opportunity to strengthen the approach we take to delivery so that we have greater confidence of delivery of these ambitions. This framework will address questions such as:
- Can we develop a clearer methodology on the actions to be taken at organisational, place and system level so that there is a constant focus on improving access experience and outcomes across health and care services?
 - How do we create clearer alignment between our strategic ambitions and financial and investment strategy?
 - How do we create space and focus in the annual planning process so that local ambitions carry as much weight as national requirements?
 - How do we strengthen our peer review and mutual accountability processes to have the right focus on these ambitions?
 - What are the data and intelligence requirements to be able to objectively measure progress at the appropriate geographical footprint?
 - How do we ensure coherence between the five year strategy and other supporting and enabling strategies, such as people, capital and digital?
66. With the new requirement to develop a five year joint forward plan (with two years operational detail) in autumn 2022, it is helpful to now revisit this work in this new context. Work is currently underway with representatives from across the Partnership to co-design a process in which we can ensure meaningful alignment of the Joint Forward Plan, operational planning, better care fund and winter planning to the integrated care strategy. This will require place based plans which reflect contribution to priorities at place, WY's ambitions and national must dos as outlined in the diagram below:



Timeline and Next Steps

67. Building from the foundations of an existing co-owned and co-designed five year strategy which was the culmination of extensive cross partnership engagement has meant that we are in a strong position as an ICS. The published guidance aligns well to this and the additional insight we have gained through our engagement process will lead to a citizen informed and co-produced strategy with clear ambitions for WY. We will continue this engagement over the coming months and also work to ensure that our refreshed strategy aligns with existing (and where appropriate, refreshed) finance, people, digital, EDI and involvement strategies. Ensuring that there is a strong relationship between the strategy and the organisational development plan for the partnership will be critical for its delivery.
68. The proposed high-level timelines are:
- **March 2022 onwards:** Continued engagement with system partners on priorities, review of the 10 Big Ambitions and **partnership wide engagement** to support the refresh of the strategy
 - **September 2022:** Co-design of a new WY process to align the development of the Joint Forward Plan, operational planning, Better Care Fund and winter planning to the five year strategy
 - **October 2022:** Publication of the national guidance for the development of the Joint Forward Plan
 - **September 2022 to early February 2023:** HWBBs to consider an early draft and subsequently final copy of the Integrated Care strategy
 - **December 2022:** Partnership Board to consider a draft copy of the five year strategy document alongside early thoughts on Joint Forward Plan.

- **February 2023:** Continued engagement on the Joint Forward Plan alongside assurance with NHS England
- **March 2023:** Partnership Board to approve the final version of the document and publication of both the Integrated Care Strategy and Joint Forward Plan.

Recommendations

69. Health and Wellbeing Board Members are asked to:

- consider the approach to refreshing the strategy, in line with our partnership principles and operating model;
- support the proposition to refine the Partnerships' 10 Big Ambitions to reflect the citizen and partner insight; and
- note the intention to build a delivery framework which aligns the strategy with the Joint Forward Plan, operational planning, Better Care Fund and Winter Planning and maintains an improvement ethos.