



Report of: Ian Cameron (Director of Public Health, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 19th February 2018

Subject: Pharmacy Needs Assessment 2018-21

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Legislation changes

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of Pharmaceutical Needs Assessment (PNAs) to Health and Wellbeing Boards (HWBs), becoming effective from 1st April 2013.

A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services. Pharmaceutical services are provided by Pharmacies Dispensing Appliance Contractors, Distance selling pharmacies, Dispensing Doctors and Local Pharmaceutical Services.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need, as set out in the relevant PNA.

Therefore, the primary purposes of the PNA are:

- To enable NHS England to determine whether or not to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

- To identify any gaps, or potential gaps in community pharmacy coverage that may reduce access to pharmaceutical services for members of the public.

Pharmacy Needs Assessment process

The current PNA, which was approved by the Leeds Health and Wellbeing Board on 25th March 2015, expires on 31st March 2018 and an updated version to cover the next 3 years has been produced (attached as an appendix).

There has been a thorough process, consisting of desktop research, data collection via public and community pharmacy surveys, initial stakeholder consultation, data analysis and a further 60 day wider stakeholder consultation.

The 60 day consultation during which the draft PNA was on the Leeds Observatory site, invited comments from:

- All Elected Members
- All Leeds community pharmacists
- Neighbouring Health and Wellbeing Boards of Bradford District, Craven, Calderdale, Kirklees, Harrogate and Wakefield
- Third Sector representative of Leeds Health and Wellbeing Board
- Representatives of Leeds Clinical Commissioning Groups Partnership
- Leeds Local Medical Committee (LMC)
- Leeds Community Healthcare
- Leeds Teaching Hospital Trust
- Community Pharmacy West Yorkshire
- Local Professional Network (LPN) for Pharmacy
- Community Pharmacy North Yorkshire
- Community Pharmacy Humber
- Healthwatch Leeds
- Leeds prescribing GPs

A further Black and Minority Ethnic group (BAME) focus group, which also included individuals with other protected characteristics, was convened during this time to check whether this group's experience agreed with the findings of the draft PNA report. Amendments were made to the draft PNA report as a result of comments received during the 60 day consultation and the revised document is now presented as the final copy.

Once approved by the Health and Wellbeing Board, the completed PNA will be published and placed on the Leeds Observatory <http://observatory.leeds.gov.uk/> to replace the 2015-2018 version by the 1st April 2018.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the thorough processes undertaken to compile the PNA 2018-2021
- Note the findings and recommendations contained in the PNA 2018-2021
- Note that there are no current gaps in the provision of necessary services to meet the needs of the Leeds Health and Wellbeing Board area population– this includes

services inside the Leeds Health and Wellbeing Board (HWB) geographical area and services that sit outside the Leeds HWB area, yet service its population.

- Note that there are no current gaps in the provision of other relevant services to meet the needs of the population in the area of the Health and Wellbeing Board.
- Note that as of 1st January 2018, all areas of Leeds have a reasonable and adequate choice of pharmacies and pharmaceutical services in all areas of Leeds
- Note that the PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.
- Note the follow up actions that have been taken, or will be taken
- Approve the PNA document ready for publication and placing on the Leeds Observatory website <http://observatory.leeds.gov.uk/> by 1st April 2018

1. Purpose of this report

- 1.1 To inform the Health and Wellbeing Board that the new Pharmacy Needs Assessment 2018-2021 has now been produced after a thorough and robust process, including a number of consultation measures as described below.
- 1.2 To provide the Health and Wellbeing Board with a summary of the findings of the PNA.
- 1.3 To inform the Health and Wellbeing Board that Leeds has a good spread of pharmaceutical services, very good access to pharmaceutical services and no current gaps in the provision of necessary services to meet the needs of the Leeds Health and Wellbeing Board area population
- 1.4 To inform the Health and Wellbeing Board that there are no current gaps in the provision of other relevant services to meet the needs of the Leeds Health and Wellbeing Board area population
- 1.5 To inform the Health and Wellbeing Board that the PNA has not identified any future needs which cannot be met by pharmacies already on the pharmaceutical list, which would, within the next three years form part of related commissioning intentions.
- 1.6 To inform the Health and Wellbeing Board that the PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area and the risks to the health and wellbeing of people in the area, has not identified any needs, which are not already being met, or cannot be met by existing providers.
- 1.7 To inform the Health and Wellbeing Board that it is only required to consider a revised assessment if there is a significant change to the need for pharmaceutical services

2. Background information

- 2.1 Health and Wellbeing Boards are required to publish and keep up to date their local Pharmacy Needs Assessment. The current one, which took effect from 01 April 2015 expires on 31st March 2018 and a new one must be published.
- 2.2 The Leeds Health and Wellbeing Strategy aims to put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. The Leeds Health and Well Being Board is responsible for overseeing the achievement of this vision and as a key part of the local health infrastructure, community pharmacists are ideally placed to contribute.
- 2.3 A Pharmacy Needs Assessment project group has been working together since April 2017 to plan the PNA work and ensure collection and analysis of information which has now been used to produce the Pharmacy Needs Assessment 2018-2021.
- 2.4 There has been a thorough process, consisting of the following process:
 - Desktop research
 - Formation and meeting of a PNA project group which drove the PNA process
 - Data collection- Community pharmacy survey distributed to all community pharmacies on NHS England's Leeds provider list
 - Data collection- Public survey to all individuals listed on the Leeds City Council's Citizens Panel
 - Data and information gathering from commissioners of community pharmacist services
 - Stakeholder consultation on current services, gaps and future needs analysis
 - Data analysis
 - Compilation of draft report
 - Wider consultation on draft report and consideration/incorporation of comments and amendments. This took place during the statutory period of 60 days from 4th December 2017 to 2nd February 2018.
 - Focus group on 10th January 2018 to receive and incorporate further feedback from Black and Minority Ethnic (BAME) groups and other individuals with protected characteristics.

Public Survey

- 2.5 A questionnaire was developed and distributed electronically to 3,350 online residents and in paper format to 600 residents through the Leeds City Council's Citizens' Panel.
- 2.6 Additional measures were taken to try to capture the views of young people via Youth Clubs and the LCC Young People's Voice and Influence Team. Further engagement mechanisms were used in an effort to reach minority ethnic groups and other hard to reach groups through Healthwatch the LCC Communities Team and Leeds Gypsy Traveller Exchange (GATE). Tweets were also shared through various council twitter accounts including – @LeedsCC_News @HWBBBoardLeeds

@BetterLivesLds @OneYouLeeds and a range of others were tagged, to stimulate involvement.

- 2.7 In the live survey period between 22nd August and 29th September 2017, 1059 online and 365 paper responses were received. Although not all returns were via Citizen Panel, the majority were and an approximate response rate of 36% was achieved.

Views of Community Pharmacists

- 2.8 A total of 178 community pharmacies, who were on the NHS England Pharmaceutical list were sent a paper questionnaire and 154 responses (94 paper and 60 online responses) were received back during the survey period, which ran from 25th August 2017 to 22nd September 2017. This corresponds to an 87% response rate. A further two pharmacies were later identified as a result of cross checking of information, but as this was outside the survey period when the hyperlink was no longer available, self-reported information from these pharmacies is not included in the survey findings.

Stakeholder Views

- 2.9 Stakeholder views were sought from a number of local agencies and statutory organisations as shown below:
- Community Pharmacy West Yorkshire
 - Leeds CCG Partnership
 - Healthwatch Leeds
 - Leeds Local Medical Committee
 - Leeds Teaching Hospital Trust
 - Adult Social Care LCC
 - Children's Services LCC
 - The Third sector representatives on the HWB
 - Carers Leeds
 - Leeds Involving People
 - Tenfold
 - MESMAC
 - Local Professional Network (LPN) for Pharmacy
- 2.10 Stakeholders were asked to rate the availability, quality and accessibility of community pharmacies in Leeds and responses were received from Community Pharmacy West Yorkshire, Healthwatch, NHS Leeds Clinical Commissioning Groups Partnership, Leeds Involving People and LCC Adult Social Care. A further individual response was received on this format from Age UK because the person found it more accessible than the community questionnaire.
- 2.11 The Local Medical Committee (LMC) returned a paper response to the Leeds City Council address as requested, but unfortunately this failed to arrive so could not be used. However, an LMC representative stated that the LMC agreed with the response sent in by Community Pharmacy West Yorkshire, so this was used.

- 2.12 The stakeholders were asked to rate the availability, quality and accessibility of community pharmacies and on the whole this was rated as very good or good; there was one quality and accessibility rating as 'okay'.
- 2.13 Most stakeholders were not aware of any gaps in the service now and felt it unlikely that there would be any gaps in the next three years.

Wider consultation

- 2.14 The draft PNA was then open for further consultation with and took comments from community pharmacists, other stakeholders and Elected Members during the statutory period of 60 days, which ran from 4th December 2017 to 2nd February 2018. Comments were received from Community Pharmacy West Yorkshire, Leeds Community Healthcare NHS Trust, NHS England and two community pharmacies. These comments were considered by the PNA project group and incorporated into the final document.
- 2.15 A Black and Minority Ethnic (BAME) focus group was also facilitated during this time to receive and incorporate further feedback from hard to reach individuals. This had a balance of male and female contributors and a small number of people with other protected characteristics i.e. disabilities were also present. These groups had not been well represented in the community survey, despite additional measures being taken to engage them.

3. Main issues

- 3.1 As of 1st January 2018, the 181 pharmacies which were working within the national contract in Leeds in 2015 has reduced by one to 180. These provide a wide range of essential and advanced pharmaceutical services to meet the needs of the Leeds population with no gaps in provision detected.
- 3.2 There are now seven distance-selling pharmacists, an increase of five since the last PNA.
- 3.3 Although distance selling pharmacies cannot provide face to face essential services, they can provide other services face to face. The Leeds community can receive pharmaceutical services from these, as well as any other distance selling pharmacists outside Leeds. Therefore Leeds continues to have good coverage of pharmaceutical services.
- 3.4 Geographical service provision of community pharmacies is generally very good and 73% of Leeds residents responding to the PNA survey reported they can reach a pharmacy in up to 10 minutes.
- 3.5 27 pharmacies are contracted by NHS England to open for a minimum 100 hours per week. Of the 154 pharmacies which replied to the PNA survey, 22 (14%) confirmed their 100 hour status.

- 3.6 At the time of the PNA survey, of the 154 pharmacies that returned a survey questionnaire, 52 (34%) had achieved HLP Level 1 and 84 (55%) were working towards HLP status. By January 2018, 149 had reached HLP Level 1.
- 3.7 HLPs help reduce health inequalities by adhering to quality criteria around workforce development, engaging with the local community and adhering to principles of a health promoting environment, including staff attitudes and actions and confidentiality for service users.
- 3.8 The Leeds Outer areas have fewer community pharmacies within a one mile buffer zone of their population and fewer open for extended hours, but the Outer North area has seven dispensing GP practices and there are seven distance selling pharmacies across Leeds which are available to the whole of the Leeds population. This means that there is reasonable and adequate choice of pharmacies and pharmaceutical services in all areas of Leeds and no gaps in geographical provision.

Opening Hours

- 3.9 22 pharmacies are open before 8am and 23 after 10pm. A total of 126 pharmacies are open on Saturday with 111 of these also open in the afternoon; 15 are open on Saturday mornings only. 41 pharmacies are open on a Sunday.
- 3.10 Parts of the Outer areas are less well covered, and in Outer North East, no pharmacy is open after 8 pm or before 8 am, so citizens may on occasion need to travel to the nearest pharmacy in a neighbouring Community Committee area.
- 3.11 27 pharmacies are contracted by NHS England to open for a minimum of 100 hours per week, an increase from 21 in 2015. 91% of pharmacies responding to the survey replied that extended opening hours of GPs had had no impact on the services they provide.

Citizen satisfaction with service accessibility, availability and provision

- 3.12 Satisfaction with access to pharmaceutical services is high with 80% of the residents in the PNA public survey self-reporting that availability of pharmacies in their area was very good (42%) or good (38%).
- 3.13 Satisfaction with the quality of pharmacies is also high. Just over three-quarters (76%) of residents responding to the PNA survey said that the quality of pharmacies in their area was very good, or good and the vast majority (95%) of residents self-reported that they have a choice as to which pharmacy they can use.
- 3.14 95% of residents reported that they are happy with the services that their local or usual pharmacy provides
- 3.15 Mapping of service provision illustrates that the vast majority of the PNA survey respondents live within one mile of a pharmacy and 73% of Leeds residents who replied to the citizen's survey can reach a community pharmacy in up to ten minutes.

- 3.16 87% of residents have access to public transport which takes them to within walking distance of a pharmacy and 71% of pharmacies report a bus or other public transport stop less than two minutes (walking at a moderate pace) from the pharmacy.
- 3.17 The dispensing service is used most by citizens with 35% regularly and 39% sometimes using this service. Buying over the counter medicines is also well used with 16% of respondents regularly and 63% sometimes doing so.
- 3.18 The electronic prescriptions service is highly valued with 40% of people regularly and 10% sometimes using this service.
- 3.19 Only 5% of people regularly use pharmacies to dispose of old or unwanted medicines but 44% sometimes do so.
- 3.20 Similarly, lifestyle services are infrequently used by citizens with only 1.4% going to their pharmacists for this purpose.
- 3.21 3.1% regularly, or sometime use their pharmacy for advice around Chronic Obstructive Pulmonary Disease (COPD), less than 1% of the respondents used chlamydia screening regularly, or sometimes and 0.8% regularly and 1.8% sometimes use the emergency contraception service.

Vulnerable Groups

- 3.22 143 (93%) of the 154 pharmacies responding to the survey reported they are part of the Leeds Dementia Friendly Scheme.
- 3.23 122 (79%) pharmacies have unaided disabled access and 146 (95%) have floors that are accessible by wheelchair. 120 (78%) pharmacies have blue badge parking within 10 metres of the pharmacy and a smaller number have facilities and adaptations to help people with physical, visual or hearing impairments, as well as older and less mobile people, access their service.
- 3.24 The PNA found evidence that pharmacies are well respected and well used by some marginalised groups e.g. Gypsy Travellers. However, it is possible that some of our newly emerging communities may experience some limitations of access in terms of language and cultural barriers.
- 3.25 22% of pharmacies reported they have all their staff trained and 19% have some staff trained around Equality and Diversity. 58% of responding pharmacies reported having no staff with equality and diversity training. Continuing to develop, exercise and extend where appropriate their expertise around Equality and Diversity will ensure that pharmacy teams can continue to respond fully to meeting the needs of a changing and increasingly diverse population.

- 3.26 Support and action by other professionals and locality staff to promote the role of community pharmacy for self-help advice amongst newly emerging communities may also be helpful.
- 3.27 Community pharmacies are a valuable and trusted public health resource and the potential of their role as described in the Community Pharmacy Forward View (2016) will, over the next three years continue to develop, adapt and grow alongside the changing health landscape. Capacity continues to build as demonstrated by the increase to 149 HLPs within the Leeds Health and Wellbeing Board area within a very short period of time.
- 3.28 New Models of Care will further change the local health landscape, including reassessing the role and potential of the community pharmacy team. There is capacity for this enhanced role to be done through the existing contracts, to enable them to contribute more fully towards supporting the health of local people.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 There have been several opportunities for consultation, engagement and hearing citizen voice during the course of the work. The project group, which steered the project consisted of representatives from LCC Public Health, NHS England, Community Pharmacy West Yorkshire, Healthwatch Leeds and the NHS Leeds Clinical Commissioning Groups Partnership (Patient Safety and Medicines Optimisation Team).
- 4.1.2 An electronic and paper questionnaire was developed and distributed through the Leeds City Council's Citizens' Panel. 3,350 residents were invited to respond online while 600 residents were sent a paper questionnaire. Additional measures were taken to capture the views of young people – via youth clubs and LCC Young People's Voice, Influence and Change Team – and those of BME groups – through Healthwatch, the LCC Communities Team and Leeds Gypsy Traveller Exchange (GATE). Tweets were also shared through various council twitter accounts, including @LeedsCC_News @HWBBoardLeeds @BetterLivesLds @OneYouLeeds. A range of others were tagged to stimulate involvement.
- 4.1.3 This questionnaire invited citizens to provide their views and experience of using community pharmacies. This included access, availability (including out of hours), services used and general satisfaction with the pharmacies they used.
- 4.1.4 In the live survey period between 22nd August and 29th September 2017, 1059 online and 365 paper responses were received. Although not all returns were via Citizens Panel, the majority were and a response rate of 36% was achieved. Although an easy-read version of the questionnaire was considered, the cost was felt to be disproportionate to the potential benefits this would bring so this was not pursued. One request for an easy-read version of the questionnaire was received and it was agreed that this person could submit their views as free text.

- 4.1.5 During the same period, a total of 178 community pharmacies, who were on the NHS England Pharmaceutical list were sent a paper questionnaire, asking them questions about the services they provide, any further services they would provide if commissioned to do so, opening times and accessibility to premises, including public transport links/accessible parking nearby. 154 responses (94 paper and 60 online responses) were received back during the survey period, which ran from 25th August 2017 to 22nd September 2017. This corresponds to an 87% response rate. A further two pharmacies were later identified outside the survey period as a result of cross checking of information, but were not included in the survey.
- 4.1.6 The draft PNA was then opened for wider consultation with community pharmacists and other stakeholders during the statutory period of 60 days, which ran from 4th December 2017 to 2nd February 2018. Although this consultation was not specifically targeted at the public, the Leeds Observatory is open to public use and anyone could, if they wished examine the document and provide feedback. A BAME focus group was also convened on the evening of 10th January 2018 to receive and incorporate further feedback from individuals from this group and other individuals with protected characteristics. These groups had not been well represented in the main community survey, despite additional measures being taken to engage them.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Although additional measures were put in place to try to reach our diverse community, we were not successful in attracting a good response from some minority groups such as BAME and LGBT groups. Whilst the BAME focus group agreed in the main with the findings of the PNA and enjoyed similar easy access, some members of the group knew individuals who could and would only use pharmacies where staff could speak to them in their own language.
- 4.2.2 The survey found some evidence that newly emerging communities may not be utilising community pharmacists as much as they might, but improvements to increase their access could be achieved by current providers. Continuing to exercise and extend where appropriate their expertise around Equality and Diversity will ensure that they are able to respond fully to meeting the needs of a changing and increasingly diverse population.

4.3 Resources and value for money

- 4.3.1 This piece of work has been done in house by Public Health colleagues with the assistance of a small project group. The only additional funding has been spent on essential items such as printing and postage for paper surveys and for final layout of the document, prior to publication.

4.4 Legal Implications, access to information and call in

- 4.4.1 There are no access to information and call in implications arising from this report.

4.5 Risk management

- 4.5.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs). The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.
- 4.5.2 The NHS Act (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.
- 4.5.3 The Pharmacy Needs Assessment Project Group has worked to ensure that the 2018-2021 Pharmacy Needs Assessment is completed on time, to the required standard and compliance as in the above Acts.

5. Conclusions

- 5.1 The PNA 2018-2021 has now been compiled after a thorough and robust process, including a number of consultation measures. The Health and Wellbeing Board is asked to note the findings of the PNA.
- 5.2 Geographical service provision of pharmaceutical services in Leeds is generally very good. There is a good spread of pharmaceutical services, good access to pharmaceutical services and no current gaps in the provision of necessary services in the area of the Leeds Health and Wellbeing Board area population
- 5.3 There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.
- 5.4 As of 1st January 2018, all areas of Leeds have a reasonable choice of pharmaceutical services
- 5.5 Although some parts of the Outer areas are less well covered, there are seven dispensing GPs in the Outer North East area and seven distance selling pharmacies across Leeds, which are available to the wider Leeds population.
- 5.6 There is some evidence that newly emerging communities may not currently be utilising community pharmacists as much as they might, but existing providers should be encouraged that their services were shown to be accessible. Continuing to exercise and extend where appropriate their expertise around Equality and Diversity will ensure that they are able to respond fully to meeting the needs of a changing and increasingly diverse population. Community staff and Public Health locality teams could also promote the role of community pharmacy for self-help advice amongst newly emerging communities.
- 5.7 The PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.

6. Recommendations

6.1 The Health and Wellbeing Board is recommended to:

- Note the thorough processes undertaken to compile the PNA 2018-2021
- Note the findings and recommendations contained in the PNA 2018-2021
- Note that there are no current gaps in the provision of necessary services to meet the needs of the Leeds Health and Wellbeing Board area population.
- Note that there are no current gaps in the provision of other relevant services to meet the needs of the Leeds Health and Wellbeing Board area population.
- Note that the PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.
- Notes that as of 1st January 2018, all areas of Leeds have a reasonable choice of pharmaceutical services
- Notes the follow up actions that have been taken, since the submission of the update paper submitted on 23rd November 2017.
- Approve the PNA document ready for publication and placing on the Leeds Observatory website <http://observatory.leeds.gov.uk/> by 1st April 2018.

7. Background documents

7.1 N/A

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How does this help reduce health inequalities in Leeds?

In terms of reducing health inequalities, community pharmacies are an easily accessible place for highly vulnerable groups, who have limited access to other health and care services, to receive self-care advice. The Pharmaceutical Needs Assessment has found that Leeds has good coverage of community pharmacy, for the whole population, especially in deprived neighbourhoods and for many vulnerable groups. There is some on-going work needed to ensure other vulnerable groups can get the most out of this valuable on the doorstep resource.

There are no current gaps in the provision of necessary services in the area of the Leeds Health and Wellbeing Board and there are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board. There is some evidence that newly emerging communities may not currently be utilising community pharmacists as much as they might, but current providers could utilise Equality and Diversity training to improve their access. The PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.

How does this help create a high quality health and care system?

The Pharmaceutical Needs Assessment has taken the views from both the public and community pharmacists to gain a view from the public on their perceptions of current quality of service and community pharmacists in terms of services currently provided, access to facilities and premises suitability for future purpose. This survey showed that public satisfaction with the quality of pharmaceutical services is high and the majority of the Leeds population who responded to the survey have very good or good access to services near their home.

How does this help to have a financially sustainable health and care system?

The PNA enables a view of current community pharmaceutical provision to ensure it is meeting the needs of the population in the Leeds Health and Wellbeing area. It also enables a judgement on whether this provision will continue to be adequate for the next three years. It has anticipated community pharmacies role and integration into new models of care and the changing health landscape to ensure that it continues to play a key part in improving the public's health.

Future challenges or opportunities

Funding challenges have been present, but so far this has not shown in this work as currently impacting on the services provided. However, it is possible that this will begin to show before a new PNA is produced.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	

