

REPORT TO: Health and Wellbeing Board
DATE: 7 July 2021
REPORTING OFFICER: Director of Public Health.
SUBJECT: Pharmaceutical Needs Assessment
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA), including risks associated with it and proposed local governance.

2.0 RECOMMENDATION: That:

- i) **A Board level sponsor for the PNA be nominated**
- ii) **The financial risks associated with the PNA be logged through Halton Borough Council's risk assessment and register process**
- iii) **The Board note the establishment of a local steering group to oversee the PNA development process in line with the national regulations. This group will report back to the Board on the draft before the statutory consultation begins and make amends to the final version of the PNA following the 60-day statutory consultation.**

3.0 SUPPORTING INFORMATION

3.1 The pharmaceutical needs assessment (PNA) is a statutory document that states the pharmacy needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services. First detailed in the NHS Act 2006 where PCTs were divested with the responsibility for producing the PNA, since 1 April 2013 this responsibility now sits with Health & Wellbeing Boards.

3.2 Background to the PNA

A PNA details the current pharmaceutical service provision available in the area and where there may need to be changes to this in the

future because of changes to the health needs or geographical location of the local population. It covers a 3-year period. Any changes to community pharmacy provision within the lifetime of the PNA can be detailed in supplementary statements to keep the document up-to-date.

NOTE: Due to Covid-19 the current PNA time period was extended by the Department of Health & Social Care, initially for 1 year and more recently for another 6 months. The current 2018-21 PNA remains live. The next PNA must be published by 1 October 2022.

The PNA enables all commissioners of community pharmacy services to make sure that any new contracts granted and pharmaceutical services commissioned are based on the information provided in the document. It means that anyone wishing to open a new pharmacy in the area needs to include in their application their plans to meet the needs of local people as identified in the PNA.

When making decisions about provision against levels of need, pharmacy provision is not taken in isolation. In some cases pharmacies are the sole provider of the service but in others there is a mix of provision.

The next PNA will be Halton's fourth document. The steering group has recently been re-established to oversee the next version of the PNA, chaired by a consultant in public health.

3.3 Changes effective from 1 April 2013

From April 1st 2013 health and wellbeing boards (HWBs) have had a statutory responsibility to publish and keep up to date the PNA. Health & Wellbeing Boards are also responsible for producing the Joint Strategic Needs Assessment (JSNA). Giving local authorities the responsibility for conducting both PNA and JSNA strengthens the links between the two documents and there may be opportunities, for combined working on both documents.

The responsibility for making decisions on pharmacy applications based on the PNA passed to NHS England from this date. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, stipulate both the process for developing the PNA and minimum content. This includes a statutory 60 day consultation period.

3.5 Commissioning arrangements

NHS England are mandated under the same regulations to use the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises.

Public health teams and clinical commissioning groups should also use the PNA to inform their commissioning decisions on locally-commissioned services from community pharmacies. Robust, up-to-date evidence is important to ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

3.6 Proposed arrangements for producing Halton's next PNA

It is proposed to use the current framework developed across Merseyside to produce the next Halton PNA, with some minor amends. This will ensure that although each local authority PNA will be developed locally and differ according to the local area and population, it will continue to be in the same format which will make it easier to use and review. The amends reflect the need to continue to include the minimum dataset required for a PNA as set out in national guidance whilst recognising reduced capacity due to ongoing Covid-19 surveillance and activity.

A Cheshire and Merseyside group of local authority PNA leads, the NHS England pharmacy contracts team and representatives from the Local Pharmaceutical Committees have met to agree the common elements of the PNA, both content and information gathering exercises. This will avoid duplication of effort and enable easy sharing of information, especially in relation to the requirement to consider cross-border provision as part of the PNA. Amends to the framework have been agreed with this group.

The Health & Wellbeing Board is asked to nominate a board-level sponsor with responsibility for the PNA, with the management of the PNA being passed to the local steering group led by public health. For previous PNAs this has been the Director of Public Health.

The steering group will oversee the operational development and consultation for the PNA, reporting report back to the Health & Wellbeing Board for approval at strategic stages of the process, in line with the regulations.

It is important to ensure that all information within the PNA is accurate and up to date, and this can be achieved by ensuring that all relevant stakeholders are represented on the steering group. The membership includes:

- Public health teams,
- NHS England area team,
- Clinical Commissioning Group (CCG)
- Local pharmaceutical committee (LPC),
- representation from the local community (Halton & St Helens CVA),
- Healthwatch,

- an elected representative from the Health & Wellbeing Board.

There are several key points in the PNA development at which a report must be submitted to the Board:

- once the draft is completed this will be submitted to Board for approval to publish it for the statutory 60-day consultation period.
- Following the consultation period we are required to provide a response to each point that is fed back through the consultation process, making any necessary amends to the PNA document.

The PNA must be published by 1 October 2022 at the latest on a publically accessible website. The JSNA is published on Halton Borough Council website so the PNA will be made available alongside the JSNA.

3.7 Resources

This is a large piece of work which will extend over a considerable period of time. Typically to write the document and undergo the 60-day statutory consultation PNAs have taken 12-15 months to complete. As well as information gathering from the organisations commissioning services from pharmacies as to current and future needs, there needs to be extensive work done by public health teams mapping the health and social needs of the local population compared to provision of pharmaceutical services. Work also needs to be done looking at future changes that could impact upon pharmaceutical need such as a new housing estate, closure of a local industry, firm plans for health arising from JSNA. The local population will also need to be consulted as to their views on current provision of pharmaceutical services and aspirations for future pharmaceutical services.

Unlike previous PNAs which drew heavily on continuously updated JSNAs, Covid-19 surveillance met JSNA development was halted. Work is underway to start to refresh key elements of the JSNA. Some of this will be occurring simultaneously to the PNA which puts additional pressures on the Public Health Intelligence Team responsible for overseeing both whilst maintaining a focus on Covid-19 surveillance. The amends to the framework, agreed with NHS England and the LPCs across Cheshire & Merseyside reflect this circumstance.

3.8 Proposed next steps

- Nominate board level sponsor for PNA
- Steering group to:
- Start to populate the PNA with information already available such as JSNA
- Start to gather information about community pharmacy

- providers to update the current PNA
- Ask the local community for feedback on current pharmacy services and aspirations for future pharmacy services
 - Speak to local authority planners and healthcare commissioners to determine future planning of housing, industry and healthcare.

4.0 POLICY IMPLICATIONS

- 4.1 The health needs identified in the JSNA should be used to develop the PNA.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such it should continue to be used in the development of other policies, strategies and commissioning plans and reviews such as those of Halton Clinical Commissioning Group.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 Any legal challenges to decisions based on information in the PNA may open the Health & Wellbeing Board up to Judicial Review. This can have significant financial implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health of Children and Young People is a key priority in Halton and this should be reflected in the PNA, detailing service provision that is appropriate to this age group.

6.2 Employment, Learning & Skills in Halton

Not applicable

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Not applicable

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. Pharmacies provide a vital primary health care service to residents across the borough, are located within the heart of communities and offer open access to trained health professionals for advice on a wide range of issues.

7.0 RISK ANALYSIS

- 7.1 Failure to comply with the regulatory duties fully may lead to a legal challenge, for example, where a party believes that they have been disadvantaged following the refusal by NHS England over their application to open new premises based on information contained in the PNA.
- 7.2 The risk of challenge to the Health & Wellbeing Board who produced that PNA is significant and Boards should add the PNA to the risk register.
- 7.3 The development process, including the use of national guidance, involvement of local expertise throughout and statutory consultation, that has been detailed above will mitigate against this risk. HBC Solicitors will be consulted at key stages in the PNA development to further ensure any potential risks are identified and mitigated.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 The PNA seeks to provide intelligence on which to base decisions about service provision that are based on levels of need across the borough. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer

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