

 the low tax borough	London Borough of Hammersmith & Fulham HEALTH & WELLBEING BOARD 24 March 2014
TITLE OF REPORT Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA) Update	
Report of the Interim Director of Public Health	
Open Report	
Classification - For Decision and Information Key Decision: Yes	
Wards Affected: All	
Accountable Executive Director: Interim Director of Public Health	
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1. EXECUTIVE SUMMARY

- 1.1. This report provides an update on progress with the 2013/14 JSNA work programme and describes the next steps for developing the 2014/15 work programme.
- 1.2. This report presents the ‘deep dive’ Physical Activity JSNA and Learning Disabilities JSNA for consideration and approval, and an initial draft of the Child Poverty JSNA for comment and feedback
- 1.3. This report outlines the responsibility of the Health and Wellbeing Board to prepare a Pharmaceutical Needs Assessment for 1 April 2015 and describes the proposed approach to be taken across the Tri-borough.

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board are requested to consider the progress being made against the 2013/14 JSNA programme and the approach to developing the 2014/15 work programme
- 2.2. Review and agree to publish the findings and recommendations of the Physical Activity JSNA
- 2.3. Review and agree to publish the Learning Disabilities JSNA
- 2.4. Agree the arrangements and timescales for the development of the Pharmaceutical Needs Assessment (PNA) for Hammersmith and Fulham by April 2015;
- 2.5. Note, and agree where necessary to, the provision of information required to support the development of the Pharmaceutical Needs Assessment

3. CURRENT JSNA WORK PROGRAMME

- 3.1 The JSNA Hammersmith and Fulham Highlights Report has now been completed and published on the JSNA website:
<http://www.jsna.info/download/get/hammersmith-and-fulham-jsna-highlights-report-2013-14/15.html>
- 3.2 The following deep dive JSNAs are complete and are presented for consideration and approval
 - Physical activity JSNA
 - Learning disabilities JSNA
- 3.3 An initial draft of the Child Poverty JSNA is presented here for consideration and comment

4. 2014/15 WORK PROGRAMME

- 4.1 The JSNA Steering Group met on the 21st January 2014 to review progress on the current work programme and proceed with planning for the year ahead.
- 4.2 The Steering Group discussed a number of areas of further development for the JSNA work programme, including the dissemination of JSNA findings and recommendations; identifying individuals and agencies

responsible for implementation of recommendations; follow-up and evaluation; and inclusion of economic analysis

- 4.3 The Group agreed to incorporate the Pharmaceutical Needs Assessment into the JSNA work programme.
- 4.4 An application for a JSNA on the 'Impact of Parental Mental Health on Children' was presented. The Group recommended that this links in with work currently being undertaken for the Westminster Health and Wellbeing Board, through a task and finish group.
- 4.5 The JSNA Steering Group also discussed the work programme for 2014/15. Currently the following work has been identified for 2014/15:
- JSNA Highlights reports and continued work to add supporting detail
 - Pharmaceutical Needs Assessment
 - Development work (including follow-up on JSNA findings and recommendations, review of JSNA website)
- 4.6 New applications currently being scoped for 'deep dive' JSNAs are:
- Impact of parental mental health on children
 - Older peoples accommodation needs
 - Dementia
- 4.7 The JSNA Steering Group is in the process of engaging commissioners to identify priority areas and information needs in order to inform the 2014/15 work programme. It is hoped that this will allow for a full outline of the 2014/15 work programme to be presented to the Hammersmith and Fulham Health and Wellbeing Board at their next meeting in May 2014.
- 4.8 Dan Lewer, the newly required Tri-Borough JSNA Programme Manager, will start on 7th April 2014.

5. PHYSICAL ACTIVITY JSNA

5.1 The Physical Activity 'deep dive' will inform local strategies and pathways designed to promote physical activity across the tri-borough area.

5.2 Overall, the findings highlight:

- the many benefits of physical activity for promoting physical and mental health and wellbeing as well as combating social isolation;
- that any amount or type of physical activity is better than none;
- the range of barriers which prevent uptake (but there are also some promising interventions).

5.3 The “deep dive” indicates that although the percentage of people meeting the DH recommended levels of physical activity are higher in the tri-borough compared to England and London, there is evidence of inequalities in physical activity levels. In particular, BME groups, women, people with long term conditions and those living in the most deprived areas have low participation rates. Nearly 250 premature deaths and 3000 new cases of diabetes could be prevented if all the tri-borough population met the recommended levels of physical activity. This would have represented a saving of over £5m for healthcare costs in 2010/11.

5.4 The “deep dive” makes the following recommendations:

- **Recommendation One: An asset mapping exercise should be undertaken in each of the boroughs to address specific or targeted needs** - In order to identify how existing community assets can be best utilised to improve participation in physical activity.
- **Recommendation Two: Consistent messaging is needed to promote physical activity promotion** - including the definition of physical activity, recommended levels and the promotion of physical activity as a part of everyday life.
- **Recommendation Three: Local authorities, the NHS, and the third sector should take a lead in promoting participation in physical activity across the tri-borough** - Physical activity messages should be embedded in all local statutory and voluntary sector strategies and policies that relate to health and wellbeing.
- **Recommendation Four: All Health and Social Care workers should be offered training on giving advice on physical activity** - to ensure consistency of messaging and to improve participation levels
- **Recommendation Five: A process should be established to capture data on levels of physical activity and physical education in schools in order to inform strategy development, target and evaluate interventions.**

- **Recommendation Six: Specific groups should be targeted around the promotion of physical activity, and access to opportunities for physical activity.**
- **Recommendation Seven: The implementation of the Lets Get Moving Physical Activity Care Pathway should be facilitated across the tri-borough.**

6. LEARNING DISABILITIES JSNA

- 6.1 The JSNA examines the current and future needs of the local population with learning disabilities, and highlights how local services are responding to these needs.
- 6.2 This report will be used to assess and develop local strategy around support for people with learning disabilities, alongside a range of other information, such as other specific needs assessments, strategies, action plans and routine monitoring.
- 6.3 The findings of the JSNA indicate that the poor outcomes, high health needs, and diagnostic ‘overshadowing’ compared to the general population reinforces the need for universal health checks among the population with learning disabilities to improve identification of conditions.

7. DRAFT CHILD POVERTY JSNA

- 7.1. Children who grow up in poverty face serious disadvantage and consequently struggle to thrive, learn and achieve, meaning the following generation may also live in poverty. Evidence has shown that the foundations for virtually every aspect of human development are laid in early childhood, and that this has a lifelong impact on health and wellbeing, from obesity, heart disease and mental health through to educational achievement and economic status.
- 7.2. The Child Poverty Act 2010 established a framework for local partners to cooperate to tackle child poverty, by publishing a JSNA and prepare a Child Poverty Strategy.
- 7.3. In 2013 the three Health and Wellbeing Boards agreed to commission a Tri-borough ‘deep dive’ JSNA on child poverty. Work has been led by the Tri-borough Public Health team and a Task and Finish Group

established, with input from Children's and other Council services and partners such as voluntary organisations.

7.4. The JSNA will:

- describe child poverty and the effect it has on children and families
- describe the level of child poverty across Tri-borough
- outline the drivers of child poverty
- identify examples of what is being done locally to alleviate the effects of child poverty
- provide recommendations for further action.

7.5. The priority areas for action and the recommendations are based on local engagement and supported by the evidence base.

7.6. Work on completing the JSNA has experienced some delay and although work is progressing and the draft is near completion some additional input is required from stakeholders. Further alterations may also be required following the Government's consultation on its' child poverty strategy <https://www.gov.uk/government/consultations/child-poverty-a-draft-strategy>

8. PHARMACEUTICAL NEEDS ASSESSMENT

8.1 Pharmaceutical Needs Assessments (PNAs) are a statement of the needs for pharmaceutical services of the population in a defined geographical area. PNAs are used by commissioners to make decisions on which funded services need to be provided by local community pharmacies. They are also an important tool in market entry decisions, in response to applications from businesses, including independent owners and large pharmacy companies. Applications can be keenly contested by applicants and existing contractors and so can be open to legal challenge. As such, it is important that the local PNA is robust.

8.2 The responsibility for producing and managing the content and update of PNAs transferred from PCTs to Health and Wellbeing Boards on 1st April 2013. Health and Wellbeing Boards are required to maintain and revise their PNA as necessary, either by issuing supplementary statements for minor changes and adjustments, or by carrying out a complete revision of the PNA if there are major changes locally. A new

PNA must be developed by the Health and Wellbeing Boards every 3 years.

- 8.3 Following this transfer of responsibilities, supplementary statements were published for Westminster, Hammersmith & Fulham and Kensington and Chelsea's PNA in September 2013 to ensure that the PNAs published online reflected current local circumstances.
- 8.4 All HWBs are required to publish a fully revised PNA by 1st April 2015.
- 8.5 When producing a full PNA, Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once during the process of developing the PNA. These bodies are:
- The Local Pharmaceutical Committee;
 - The Local Medical Committee;
 - Any persons on pharmaceutical lists and any dispensing doctors;
 - Any Local Pharmaceutical Services chemist in the area with whom the NHS Commissioning Board has made arrangements for the provision of any local pharmaceutical services;
 - Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
 - Any NHS trust or Foundation Trust;
 - The NHS Commissioning Board; and
 - Any neighbouring Health and Wellbeing Boards.
- 8.6 There is a minimum period of 60 days for consultation.

Proposed arrangements

- 8.7 Overall responsibility and accountability for the pharmaceutical needs assessment rests with individual Health and Wellbeing Boards. However, the process and key partners involved are very similar across the tri-borough area (London Borough of Hammersmith & Fulham; Royal Borough of Kensington and Chelsea; and Westminster City Council). We believe that it would be sensible for the three Health and Wellbeing Boards across this area to produce their individual PNAs through a jointly-agreed and combined approach.
- 8.8 To provide assurance to the three Health and Wellbeing Boards in Westminster, Hammersmith & Fulham and Kensington and Chelsea, it is proposed that:

- The Tri-borough JSNA Programme Manager should be responsible for the day to day management of the production of Pharmaceutical Needs Assessments for Westminster, Hammersmith & Fulham and Kensington and Chelsea. Until the JSNA programme manager starts in April, the Tri-borough Senior Policy Officer for Health and Wellbeing and the Tri-borough Health and Wellbeing Programme Manager will take responsibility for agreeing the process, timetable and roles/responsibilities with the Health and Wellbeing Boards.
- The Tri-borough JSNA Steering Group should retain overall accountability to the three Health and Wellbeing Boards for the production of the PNAs and should provide assurance to the Boards on progress and quality. However, a smaller PNA Task and Finish Group will be put in place to steer the work.

8.9 A draft timetable for producing the PNAs is attached at Appendix A.

8.10 The data required to produce the assessments is held by a number of organisations including:

- Local Authorities – Public Health department; Planning departments
- the Commissioning Support Unit – prescribing teams
- the Clinical Commissioning Groups
- NHS Choices
- NHE England
- Local Pharmacies (to be collected through a pharmacy questionnaire)

8.11 A full list of the data and information required, including the source organisation, is attached at Appendix B.

8.12 Health and Wellbeing Board member organisations are asked to agree to provide any data on this list where they are the named source organisation.

8.13 NHS England has provided each Health and Wellbeing Board with a “heat map” which provides an analysis of the current PNA held by the Board. The heat maps are not meant to be a definitive analysis of where the PNA is not fit for purpose, simply a guide to how they meet new legislative and regulatory requirements following the Health and Social Care Act 2012. The heat maps across the tri-borough area show that the Kensington and Chelsea PNA is more aligned with new legislative and regulatory requirements and, as such, this will be used as the base model. The PNA task and finish group will be responsible

for ensuring that all the legislative and regulatory requirements are fully met by the revised PNAs

8.14 The combined heat map for Westminster, Hammersmith and Fulham and Kensington and Chelsea is attached as Appendix C.

9. CONSULTATION

9.1. Consultation with key stakeholders is undertaken for each JSNA as an integral part of the JSNA Rolling Programme

10. EQUALITY IMPLICATIONS

10.1. JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life.

10.2. The “local area” is that of the borough, and the population living in or accessing services within the area, and those people residing out of the area for whom CCGs and the local authority are responsible for commissioning services

10.3. The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs, Travellers etc.)

11. LEGAL IMPLICATIONS

11.1. Each HWB is required to publish a PNA by virtue of section 128A of the National Health Service Act 2006 (pharmaceutical needs assessments) and the Health and Social Care Act 2012.

11.2. Failure to produce and maintain a robust pharmaceutical needs assessment could potentially lead to legal challenge, for example if a pharmacies application for a new pharmacy in an area is refused on the basis of need set out in an out of date or not fit for purpose PNA.

12. FINANCIAL AND RESOURCES IMPLICATION

12.1. Dependent on the findings of individual JSNA reports

12.2. Implications verified/completed by: (Name, title and telephone of Finance Officer)

13. RISK MANAGEMENT

- 13.1. Dependent on the findings of individual JSNA reports
- 13.2. Implications verified/completed by: (Name, title and telephone of Risk Officer)

14. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 14.1. Dependent on the findings of individual JSNA reports
- 14.2. Implications verified/completed by: (name, title and telephone of Procurement Officer)

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Physical Activity JSNA	Colin Brodie, Tel: 02076414632	Tri-Borough Public Health
2.	Physical Activity JSNA Summary and Recommendations	Colin Brodie, Tel: 02076414632	Tri-Borough Public Health
3.	Learning disabilities JSNA	Colin Brodie, Tel: 02076414632	Tri-Borough Public Health
4.	Draft Child Poverty JSNA	Colin Brodie, Tel: 02076414632	Tri-Borough Public Health

LIST OF APPENDICES:

Appendix A – PNA draft timetable

Appendix B – PNA Data Requirements

Appendix C – PNA Heat Maps for Triborough