

Public Document Pack

Health & Wellbeing Board

Tuesday, 6th September, 2022

6.00 pm

Meeting Room A

Blackburn Town Hall

AGENDA

1. **Welcome and Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting**
Minutes 21st June 2022 **3 - 12**
4. **Public Questions**
5. **Public Health Annual Report**
For the Board to receive a presentation on the Public Health Annual Report.
6. **Joint Health and Wellbeing Strategy Development**
For the Board to receive an update on the Joint Health and Wellbeing Strategy Development.
7. **Pharmaceutical Needs Assessment Update**
For the Board to receive an update on Pharmaceutical Needs Assessment .

Item 7 Pharmaceutical Needs Assessment **13 - 18**
8. **Cost of Living Crisis - Feedback and Next Steps Following Health and Wellbeing Board Development Session**
For the Board to receive a presentation on the Cost of Living Crisis.
9. **Health Equity Commission Update**

For the Board to receive a presentation on the Health Equity Commission Update.

10. Integrated Care System Update

For the Board to receive an update on the Integrated Care System.

11. Any Other Business

For the Board to discuss any other business.

12. Proposed Items for Next Meeting

- Joint Health and Wellbeing Strategy.
- Age Well Update.
- Health and Wellbeing Board Terms of Reference.

13. Date and Time of Next Meeting

6th December 2022

Date Published: 26th August 2022
Denise Park, Chief Executive



BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD MINUTES OF A MEETING HELD ON TUESDAY, 21st JUNE 2022

PRESENT:

Councillors	Damian Talbot
	Mustafa Desai
	Derek Hardman
	Julie Gunn
Clinical Commissioning Group (CCG)	Roger Parr
Health Watch	Sarah Johns
Voluntary Sector	Angela Allen
	Dilwara Ali
Council	Jayne Ivory
	Abdul Razaq
	Laura Wharton
	Frances Riley
	Cath Taylor
	Katherine White

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Graham Burgess, Gwen Kinlock, Martin Hodgson, Vicky Shepard, Elise Carroll and Iona Lyell.

2. Declarations of Interest

There were no declarations of interest received.

3. Future Meetings of the Board

The Chair advised the Board that future meetings should have less items on the agenda and certain items considered in subgroups. Members discussed the arrangements for future meetings and agreed that in future, meetings should commence at 6pm.

RESOLVED - That the future arrangements for meetings of the Board be agreed.

4. Minutes of the meeting held on 28th March 2022

The minutes of the meeting held on 28th March 2022 were submitted for approval.

RESOLVED – That the minutes of the meeting held on 28th March 2022 be agreed as a

correct record.

5. Public Questions

The Chair informed the Board that no public questions had been received.

6. Health and Wellbeing Board – LGA Feedback and next steps

Abdul Razaq Director of Public Health was welcomed to the meeting by the Chair

The Board received a presentation on the Local Government Association Feedback and Next Steps. The purpose of the update was to provide Board members with an overview of the Health and Care Act 2022 and the National Integrated Care System Architecture.

The Board were informed that the Integrated Care Systems (ICS's) from July 2022 would have two statutory ICS, the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). The Board were informed that the ICB would have an independent Chair, and members would be selected from nominations made by the NHS trusts/foundations trusts, local authorities and general practices. The role of the ICB would be to allocate NHS budget and commissions' services as well as providing a five year system plan for health services. The ICP would have representatives from the local Authorities, ICB, Healthwatch and other Partners. The role of the ICP would be to plan to meet the wider health, public health and social care needs.

The Board were informed of the Partnership and delivery structures which had been separated in to four categories:

- Provider Collaborative – Geographical Footprint covering a population of 1-2 million
- Health and Wellbeing Boards/Place- based Partnerships – Geographical footprint covering 250-500,000
- Primary Care Networks - Geographical Footprint Covering 30-50,000

The Board were also briefed on the role of the Health and Wellbeing Boards and the positive feedback that has been received from Stakeholders.

The Board were informed that each ICB must review what has been done to implement any joint local health and wellbeing strategies and consult with relevant Health and Wellbeing Boards on this review. It must also review the extent to which it has exercised their functions consistently with NHSE's views about how powers in relation to information on inequalities. The annual report must cover information relating to mental health expenditure.

The board were informed of the Next Steps which included NHS and local government partners working towards a common understanding and focussing on the:

- Current and new responsibilities of the statutory Health and Wellbeing Board
- Accountabilities between NHS and NHS-local government interface and Health and Wellbeing Board
- Inter-dependencies between statutory ICB, ICP, place based partnerships and Health and Wellbeing Board
- Review the Health and Wellbeing Board membership, in light of changes to NHS organisational landscape and Health and Care Act 2022.
- Establish executive/officer group to drive progress between meetings.
- Update meeting format from September 2022

Member's discussed the implications of the changes of the work of the Health Wellbeing Board and the health provision in general.

Roger Parr had informed the Board that from 1st July 2022 the CCG will not exist, and that retention and redeployment is currently being finalised. Roger also informed the Board that the ICB will have specific objectives in the 2 year plan such as population health.

RESOLVED– That the Board note the update.

7. Health and Wellbeing Strategy Refresh

The Board was provided with a presentation on Joint Health and Wellbeing Strategy Review 2022. The Board were advised of the Requirement for all Health and Wellbeing Boards to have an overarching strategy setting out priorities to address the needs of the population.

The members were informed that the Joint Health and Wellbeing Strategy Review 2022 was a shared delivery plan of key priority actions with specific programme plans, timescales, accountabilities, outcomes.

The objectives of the review were:

- To check that we are focusing on the right things based on local need, intelligence from wider engagement and evidence of what worked
- Maximise opportunities for integration and transformation
- Understand and build on what has worked well
- Learn from things that haven't gone so well
- Strengthen the mechanisms for governance and delivery of agreed priorities

The Board had been provided an overview on the place-based prevention Framework which were separated in to three categories, Neighbourhood- Level, Integrated Approach and Residents at the Centre.

The Board were informed of the Priority Setting Principles 2018 which were as follows:

- Priorities to be set for the next 3 years (work plans can be changed more frequently)
- Reflect public health priorities nationally and regionally
- Relevant to Local population Need
- 'Upstream' focused – the cause of ill health
- Addresses health inequalities

The Next Steps involved the Board providing feedback in relation to Joint Health and Wellbeing Strategy Review.

RESOLVED – That the Board noted the presentation and agreed with the Health and

8. Mental Wellbeing and Inequalities Framework

The Board received a presentation in relation to the Mental Wellbeing and Inequalities Framework. The Board were briefed on what Blackburn with Darwen define Mental Wellbeing as. It was noted in the presentation that Mental Wellbeing is:

- Something that affects everyone.
- Recognised that you can have high or low wellbeing, with or without a mental illness.

The Board were informed that the aim of the Mental Wellbeing and Inequalities Framework was to address inequalities by providing a guide for policy makers, council and partner workers to ensure equity of services and resources reach an equal 'high standard' outcome for all residents. It was noted in the presentation that the aim is to:

- Raise the profile of Wellbeing as an important indicator of 'how we are doing?', establish improving wellbeing as a goal for all areas and working on wellbeing aspirations.
- Collect Wellbeing Data
- Encourage the measurement of wellbeing as a measure of the impact of an intervention
- Prioritise mental wellbeing within your policy
- Consider how your policy affects people with the lowest levels of mental wellbeing

The vision for the Mental Wellbeing Framework was for every person in Blackburn with Darwen to feel good and function well.

The Board were informed that people with the poorest personal wellbeing were most likely to have at least one of the following characteristics or circumstances:

- Self-report very poor or poor health - Blackburn with Darwen has 8,428 (5.7%) residents that report being in bad health and 2,335 (1.6%) residents that report being in very bad health.
- Be middle aged - 37,994 people in BwD (25%) are between 40 and 59 years old.
- Be single, separated, widowed or divorced - From 2011 Census, of people aged 16+, (113,122 people) 3,423 people were separated, 10,148 are divorced or formerly in a civil partnership and 7510 are widowed. From Census Data in 2011, there were 17,419 one person households. 6,229 were aged 65 and over.
- Have no or basic education - 10.1% of 16-64 years old have no qualifications in BwD. Nationally that figure is 6.4% and in the North West is 7.6%
- Be renting a house - 18.1% of households in Blackburn with Darwen are rented from other social providers and 14.1% are privately rented from a landlord or letting agency. Blackburn South East Ward has the highest proportion of households rented from the local authority at 19.8%.
- Be economically inactive with long term illness or disability - 27.7% of people aged 16-64 years old in BwD are economically inactive (24,700 people). Of these 23.3% of peoples are economically inactive due to long term sickness. (5,800)

In conclusion Francis did inform the Board that 'Wellbeing' by law will be the metric on the government success. The Board were advised that Blackburn with Darwen are ahead in utilising the Wellbeing Framework.

Dilwara and Jayne had agreed that the 'Trauma Informed Practice' could be an alternative to the framework and would like to compare the practices to ensure that the resources are implemented and targeted carefully.

Julie Gunn had thanked Francis for the work that has been put in to this framework and advised the Board that Children Services would be able to utilise this framework.

The members discussed if the framework would be able to be utilised in other departments, as well as incorporating a social aspect in to the mental wellbeing framework as activities like sports and outdoor activities could aid mental wellbeing. The chair agreed with the members and concluded that the group would be happy with the framework, however an appropriate measured approach would need to be taken in order to trial the framework in other departments.

RESOLVED – That the Board agree on the update on the framework

9. Start Well Annual Update

Jayne Ivory presented to the Board an update on the Start Well Strategy. The Board were informed of the Start Well Priorities. It was noted in the presentation that the Children's Partnership Board has adopted 4 broad priority areas:

1. Poverty & Neglect
2. Emotional Health & Wellbeing
3. Adverse Childhood Experiences / Trauma Informed Practice
4. 0-4 Start Well

The Board were provided an overview on the each of the priority areas. The presentation had reflected that 36.5% of children in Blackburn with Darwen are living in poverty, which is the 2nd highest in the North West, behind Oldham.

Jayne had provide an overview to the board of how the challenges are being addressed. The Board were advised that:

- A Child Poverty Strategy Group had been established in the end of January 2022. Blackburn Youth Forum is co-producing the development of a strategy. Current themes are the *cost of school uniforms* and *period poverty*.
- A Youth Forum 'Take Over' event will be taking place in November 2022 will focus on child poverty
- Support is being provided with the Council Tax Rebate scheme to ensure all families eligible receive the £150 rebate
- We are working with partners to have a standardised pathway for new parents to ensure access for baby equipment such as Moses Baskets and cots
- In development is a 'One Stop Shop' webpage for professionals on Public Health website to refer people who need support with food and bills

The Board had also been informed that neglect continues to be an issue for children and families in Blackburn with Darwen and remains one of the most prevalent reasons for children to be on a Child Protection Plan in the borough. As at 16th June 2022 Children Services is supporting:

776 children and young people (433 Families) of which:

- 153 children are subject to a Child Protection Plan - *Neglect cited as the reason for referral in 42% of cases*
- For comparison: *Dec 2020 - 37% of Child Protection plans had Neglect cited as the reason for referral*

The Board were informed that the challenges were being addressed as it was noted that, neglect awareness sessions have been delivered across the Community and Voluntary sector, there is mandatory training in Neglect and GCP2 for all new starters in Children's Social Care with a rolling programme in place for inductions and BwD has played a key role in the Born into Care research which will lead to a national framework of good practice.

The Board were provided with an overview in relation to Emotional Health and Wellbeing. It was noted that evidence from Public Health England has outlined the significant impact of COVID on children and young people's mental health, particularly vulnerable groups. There had been a negative impact on the mental health of children, young people and their parents/carers.

Jayne were also briefed the Board on how the challenges were being addressed and that a Strategic Forum has been established to lead on a 'Systems-Resilient Framework'

The Start Well 0-4 compared local indicators with England averages which showed that the health and wellbeing of children in Blackburn with Darwen was worse than England. The indicators had shown that:

- 13.5% of women smoke while pregnant
- The MMR immunisation level does not meet the recommended coverage
- 42.6% of 5 year olds have one or more decayed, missing or filled teeth
- Child obesity affects 11.0% of children in Reception & 22.7% of children in Year 6
- The numbers of eligible 2-year-olds taking up a funded early education place is lower than the national average. However, it has increased, and we are above our target of 60%

The Board were informed that the challenges are being addressed as Blackburn with Darwen has been identified as one of 75 authorities to benefit from government funding for Family Hubs & the Start for Life programme. The Board were informed of the next steps that would be taking places.

RESOLVED– That the Board note the presentation/update.

10. Child Death Overview Panel Annual Report

The Board received the annual report from the Child Death Overview Panel (CDOP) Annual Report 2020-21.

The Board looked at the work undertaken by the pan-Lancashire Child Death Overview Panel (CDOP) set out in the annual report 2020/21. The report includes key findings from child death data, progress made on last year's recommendations (2019/20), partnership achievements and recommendations for 2021/22.

The Board were informed that the independently chaired pan-Lancashire Child Death Overview Panel (CDOP) has a statutory responsibility to review the deaths of all children in Lancashire. Local authorities and Clinical Commissioning Groups are statutory partners and must support the review process in line with national guidance (Child Death Review Statutory and Operational Guidance, 2018). This includes requirements for individual professionals and organisations to contribute to standardised national practice and undertake learning to prevent future child deaths.

The board were informed that the CDOP annual report provided the mechanism for reporting and reports on both child death notifications for the previous year, and also the findings of the review panels. It was noted that the annual report is not for public distribution, and therefore has not been attached to the report as it contains small numbers which could potentially lead to a child death's being identifiable. A redacted version of the report is published on the [CSAP website](#).

The Board were informed that the Pan-Lancashire CDOP membership is made up of senior multi-agency professionals, from a range of organisations who can make a valuable contribution when undertaking a child death review. The Board had been provided an overview in relation to the progress on 2020/21 priorities and the CDOP key achievements 2020/21.

Between 1st April 2020 to 31st March 2021, CDOP received 83 child death notifications which met the criteria for review (11 Blackburn with Darwen (BwD), 9 Blackpool, and 63 Lancashire residents). There has been a downward trend in child death notifications over the last 10 years, with a notable reduction of child deaths in 2020/21, with 25 fewer deaths compared to the previous reporting year. This was in line with national trends, and may be due to social distancing and other public health measures put into place in response to the COVID-19 pandemic. The report had also noted that the Panel completed 80 reviews of child deaths during 2020/21. Eleven ongoing cases were subject to a Serious Case Review (SCR) or Child Safeguarding Practice Review (CSPR). Of the 80 cases reviewed, the highest proportion of deaths (64%) that occurred were in children under one year of age, with 20% aged 1-9 years, and 16% 10-17 year olds. 84% of the 80 cases had an ethnicity recorded. The ethnicity of the majority (69%) of child deaths reviewed across Lancashire were White-British. However, 11% of child deaths were children of South Asian heritage (including Asian/Asian British Pakistani (9%), Asian/Asian British Indian (2%), and Asian/Asian British Bangladeshi) which is a slight over representation for this ethnic group based on the 2011 Census for Lancashire's South Asian population (9%).

The annual report presented a summary of data specific to deaths of children in BwD which were reviewed in 2020/21. The Board were informed that some of the data contained small numbers and therefore some caution should be used within interpretation.

- 69% of deaths reviewed were completed within 12 months of the child's death
- 77% of deaths reviewed were expected, and 23% were unexpected
- Where ethnicity was recorded, 44% of deaths were of South Asian heritage – Asian/Asian British Pakistani (11%), Indian (22%) or Bangladeshi (11%). Based on

the 2011 Census, this is disproportionately high, compared to BwD's under 18 South Asian population (38%).

- For 31% of deaths reviewed, the ethnicity was either not known or not recorded.
- 54% of deaths reviewed were male.
- 31% of deaths reviewed had modifiable factors identified.
- There were four cases deemed to have modifiable factors, of which smoking and raised BMI were identified in three.
- The most common category of death 'chromosomal, genetic and congenital anomalies' (39%) and 'perinatal/ neonatal event' accounting for the second most common category (20%).

The Board were provided an overview of the strategy's and programs that are in place to deal with the challenges that are being faced within the borough and the statutory partners, Blackburn with Darwen make an annual contribution to funding the pan-Lancashire Children's Safeguarding Assurance Partnership of which CDOP forms part. In 2021/22 this figure was £166,817 (£50,000 from BwD CCG and £116,817 from BwD Borough Council).

The Board discussed how to mitigate cot deaths by providing safe cots when health visitors had visited families.

RESOLVED – That the Board note the update

11. Better Care Fund

The Board received an update on the Better Care fund 2021/22 Quarter 4 End of Year Position.

The Board were informed that in September 2021 the national Better Care Fund team published Better Care Fund planning requirements which included the requirement to complete new national BCF templates, ambitions for improving outcomes against national metrics and timescales to refresh the plans for a local Better Care Fund Plan for 2021/22.

The guidance outlined new financial and narrative documents to encapsulate local financial planning, delivery, and performance for the full financial year 2021/22. The templates were submitted in line with the deadline of 16th November and received regional and national approval in January 2022. The Better Care Fund Policy Framework and Planning Requirements for 2022/23 publication were still being developed by the national BCF team but have been delayed given the politically restricted period prior to the local elections. The new requirements for 2022/23 are due to be published by the next Health and Wellbeing Board meeting on 6th September 2022.

The Board were advised on the four metric targets that had been set for 2021/22. A summary of the metric targets for the end of year position is as follows:

- Metric 1: Residential Admissions - Long Term support needs of older people met by admission to residential and nursing care homes
- Metric 2: Reablement - Proportion of older people who were still at home 91 days after discharged from hospital into Reablement/rehab services
- Metric 3: Avoidable Admissions -Unplanned hospitalisation for chronic ambulatory care conditions
- Metric 4a: Length of Stay- reduce length of stay in hospital, measured by percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days

- Metric 4b: Discharge to normal place of residence - improving the proportion of people discharged home

The Board were informed that the CCG minimum pooled budget requirement for 2021/22 was £13,320,712 which was included in the total BCF budget of £15,450,455 for 2020/21. The outturn on BCF was £15,051,688 and after adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,703,165. Of which, £1,080,044 relates to a planned carry over for the ordinary BCF for full utilisation in 2022-23. The remaining balance of £1,623,121 is in respect of Disabled Facilities Grant (DFG). Closure of the Local Authority accounts, as host of the pooled budget, is anticipated based on the aforementioned BCF year-end position and subject to approval at the Council's Executive Board.

The Board were briefed that the underspend has been carried forward to be spent in 2022/23 under the pooled budget arrangements which allows planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG is demand led and take up rate can fluctuate impacting on timing of completion of works and discharge of expenditure, and normal activity on DFG continued to be impacted during the year due to the Covid-19 pandemic.

Q1 2022/23 Finance Update

The Board were informed of the plans for the BCF financial budget for Quarter 1 2022/23. The report noted that there was a continuation of the schemes and services funded through the Better Care Fund for 2022/23 with estimated inflation uplifts and some minor adjustments made which had been reported and approved via the Joint Commissioning Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen. The aforementioned planned carry forward of £1,080,044 for the ordinary BCF into 2022-23.

- The CCG minimum BCF pooled budget requirement for 2022/23 is £14,074,664 (the CCG Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2022/23 is £2,129,743.
- The iBCF allocation for 2022/23 is £8,349,595 which includes a nationally awarded uplift of £246,000.
- 2022/23 budget for the BCF and iBCF pool is £27,257,167 including carry forwards from 2021/22.

The 2022/23 BCF allocations as above plus carry forward amounts from 2021/22 are analysed as:

- Spend on Social Care - £4,539,178 (30%)
- Spend on Health Care - £5,124,002 (34%)
- Spend on Integration - £4,259,998 (28%)
- Contingency - £600,000 (4%)
- Resources still to be allocated - £631,531 (4%)

The Board discussed the underspent funding carried forward from the DFG's, and if the funding would be brought forward in the following years and the challenges with life expectancy for males within the borough and the implications that COVID 19 has had on the life expectancy.

RESOLVED – That the Board note the update.

12. Climate & Health needs Assessment/Climate Emergency Action Plan

The Chair informed the Board that unfortunately the Reporting Officer had had to submit their apologies for the meeting due to unforeseen circumstances. The Chair informed the Board that the report would be brought to a future meeting.

13. Other Businesses: Pharmaceutical Needs Assessment, Development Sessions

The Director of Public Health informed the Board that the Pharmaceutical Needs Assessment (PNA) would be brought in to future meetings. The Board were informed that the PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision to inform future service development, and should be updated every three years. The current PNA cycle was extended due to the Covid-19 pandemic and the updated PNA document was currently being finalised between the three Lancashire Upper Tier Local Authorities.

The draft PNA would be made available for public consultation for a 60 day period from July. Further details and access to the consultation would be shared with members of the Board for response and cascaded through their networks. The draft PNA will be presented to the HWB in September, providing more detail on the content of the PNA document and also to agree the process for its sign off prior to publication

RESOLVED – That the Pharmaceutical Needs Assessment be reported to the next meeting of the Board along with a report on the Health Implications of the Cost of Living Crisis.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

Agenda Item 7

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Abdul Razaq, Director of Public Health and Wellbeing
DATE:	6th September 2022

SUBJECT: Pharmaceutical Needs Assessment 2022 update and sign off

1. PURPOSE

The purpose of this paper is to update the Health and Wellbeing Board on the pan-Lancashire Pharmaceutical Needs Assessment (PNA) following a statutory period of consultation, seek approval for proposals to sign off the final document, and outline the process for future updates to the PNA.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is asked to

- Note the findings of the PNA 2022, including that there is currently no need for any additional pharmacies within Blackburn with Darwen, as current pharmaceutical service provision is deemed adequate across pan-Lancashire.
- Note the recommendations from the PNA 2022.
- Delegate responsibility for sign off of the final PNA document to the Chair of the Health and Wellbeing Board, to facilitate its publication by 1 October 2022.

3. BACKGROUND

Development of a Pharmaceutical Needs Assessment or PNA is a statutory responsibility of Health and Wellbeing Boards (HWBs). The 2022 PNA for Lancashire has been developed as a single set of documents covering the area of the three HWBs, managed by a steering group of Blackburn with Darwen, Blackpool and Lancashire County council officers, staff from NHS England and Community Pharmacy Lancashire. Due to the changes within Clinical Commissioning Groups and the Integrated Care Board, staff from these organisations did not attend the steering group meetings, but were engaged in the development of specific sections of the report. The 2022 PNA refers to Clinical Commissioning Groups (CCGs) as commissioners within the document, as they were a statutory commissioning body at the point in time the document was written (February 2022).

The PNA describes the needs of the citizens of the pan-Lancashire area for pharmacy services, and provides specific information for each of the HWB areas.

- pharmacies across pan-Lancashire and the services they currently provide
- maps of providers of pharmaceutical services across the pan-Lancashire area
- pharmaceutical contractors in neighbouring HWB areas
- potential gaps in provision and likely future needs for the population of pan-Lancashire
- opportunities for existing pharmacies to provide local public health services

The PNA is used to support NHS England / Improvement North (Lancashire and South Cumbria) in making decisions to approve/reject applications to join the pharmaceutical list (also known as market entry), as well as applications to change existing pharmaceutical services. When making the decision NHS E / I is required to refer to the local PNA. As these decisions may be appealed or challenged via the courts, it is important that PNAs, both in their content and in the process of their construction, comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, PNAs are updated every three years.

Due to the COVID pandemic response, legal regulations were changed to allow a change in the timescales and moved the requirement to publish a PNA from 1 April 2022 to 1 October 2022.

In undertaking the PNA, the pan-Lancashire steering group sought the views of stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A survey was administered as part of this PNA, targeting pharmacies, to collect information on the services they provide. In addition, a consultation with pharmacy users was undertaken by Healthwatch Blackburn with Darwen, Healthwatch Blackpool and Healthwatch Lancashire.

The draft full PNA 2022 report and appendices are published for reference here:

<https://www.lancashire.gov.uk/lancashire-insight/health-and-care/health/health-and-care-services/consultation-on-the-pan-lancashire-draft-pharmaceutical-needs-assessment-pna-2022/?ID=431>

The legislation specifies that the statutory consultation period for the PNA must run for a minimum of 60 days. The consultation for the pan-Lancashire PNA will run from 1 July 2022 to 1 September 2022. The following stakeholders were invited (via email) to respond to the consultation:

- persons on the pharmaceutical list (e.g. pharmacies)
- NHS trusts and NHS foundation trusts in the area
- NHS England
- Community Pharmacy Lancashire
- Lancashire and South Cumbria Local Professional Network (LPN) – Pharmacy
- eight local clinical commissioning groups (CCGs)
- Healthwatch Blackburn with Darwen, Healthwatch Blackpool and Healthwatch Lancashire (to circulate to networks)
- Blackburn with Darwen, Blackpool and Lancashire County Council health and wellbeing boards
- Neighbouring health and wellbeing boards

In addition to the direct email, the consultation was promoted via local authority Twitter accounts.

4. RATIONALE

From 1st April 2013 every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmacy services for its local population, known as the Pharmaceutical Needs Assessment (PNA).

A published PNA has a maximum lifetime of three years.

A pan-Lancashire steering group was set up to review and update the current PNAs published in spring 2018 for each of the three Health and Wellbeing Boards.

Key findings:

- There are 23 pharmaceutical service providers per 100,000 registered population in pan-Lancashire, with the England average being 21 per 100,000. For Blackburn with Darwen this is a rate of 31 per 100,000.
- There are 46 pharmacies in Blackburn with Darwen a reduction from 50 in 2018.
- Across the pan-Lancashire area there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20 minute drive.
- For Blackburn with Darwen 100% of the population are within a 20 minute drive of a pharmacy.
- The resident facing consultation pharmacy survey (47 responses from BwD from an overall 229 across pan-Lancashire) found that of the pan-Lancashire area, 84.6% of people consulted rated their overall experience of accessing pharmacy services as excellent or good.
- There is a wide range of both local authority and CCG commissioned services available within pharmacies across pan-Lancashire, although there is some degree of variation between both local authorities and individual CCGs. It should be noted that there are different operating models for services across the patch, involving non-pharmacy delivery. BwD BC commissioned services as follows:
 - needle and syringe exchange service
 - supervised consumption
 - stop smoking service/nicotine replacement therapy
 - emergency hormonal contraception
- The survey of pharmacies in the pan-Lancashire area (208 responses, 26 in Blackburn with Darwen) found that 84.6% delivered medicines free of charge on request (88.5% in Blackburn with Darwen) and more than 80% of pharmacies and dispensing surgeries in pan Lancashire have wheelchair access to their consultation area (Blackburn with Darwen 84.6%)
- There is currently no need for any further additional pharmacies as current pharmaceutical service provision is deemed adequate across pan-Lancashire. This will be monitored through the process for receiving notifications of pharmacy closures and consolidations from NHS E/I and the subsequent production of supplementary notices to the PNA.

A summary of all findings from the draft PNA can be found in the executive summary.

https://www.lancashire.gov.uk/media/936117/executive-summary-pna-2022_draft-3.pdf

Recommendations from the PNA 2022 are:

- Despite the modest decline in overall provision of pharmaceutical service across Blackburn with Darwen, Blackpool and Lancashire County Council compared to 2018, the level of current provision is nevertheless deemed to remain adequate, although this is a trend that needs to continue to be carefully monitored.
- At present there is no need for additional pharmaceutical contracts, but should current provision significantly change in advance of the next PNA, particularly because of any new housing developments or any further future closure of existing pharmacy provision, then that position should be reconsidered.
- Although there is a wide range of both local authority and CCG commissioned services across Lancashire, it is recommended that all procurement rules and requirements are adhered to, and that all suitable options and models of delivery are considered when commissioning community-based services.
- It is recommended that NHSE/I, the respective local authorities and CCGs continue to work with both Lancashire Pharmaceutical Committee and Community Pharmacy Lancashire to explore how widening the role of community pharmacies further would benefit our local residents. As part of this, it is recommended that any development in commissioned services for community pharmacies utilise the best possible evidence and to also evaluate

any new services, ideally using an evaluation framework that is planned before implementation.

- The full range of services pharmacies provide may not always be fully known to citizens. There is an opportunity for all pharmacies, and social and healthcare agencies, to further publicise and promote pharmacy services.
- From the feedback collected, it appears that overall, patients are satisfied with the service that their pharmacy provides. All pharmacies and healthcare agencies should be encouraged to publicise and promote pharmacy services and specifically to make more readily available and accessible information about out-of-hours provision that might be required for urgent/emergency care needs.
- This newly revised 2022 PNA should form a pivotal role for any future development of pharmacy provision and in particular to help identify any need for additional pharmacies should current provision significantly change between now and the next planned PNA in three years' time

PNA 2022 sign off for publication:

A summary of responses to the draft PNA 2022 formal consultation (from 01 July 2022 to 01 September 2022) will be provided verbally at the health and wellbeing board meeting on 6th September 2022.

Due to the scheduling of meetings and the legal requirement to publish the document before 1 October 2022 it is proposed that sign off of the final document with amendments following the consultation, is delegated to the Chair of the Health and Wellbeing Board.

6. POLICY IMPLICATIONS

There are no direct policy implications.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications.

8. LEGAL IMPLICATIONS

The statutory responsibility for PNAs transferred from PCTs to the Health and Well-being Boards on the 1 April 2013, as a result of the changes introduced by the Health and Social Care Act 2012. At the same time, the responsibility for pharmaceutical market entry decisions transferred from PCTs to NHS E / I. In particular, the Health and Well-being Board had a duty to deliver a Pharmaceutical Needs Assessment before April 2015 under Section 128A of National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). Thereafter this assessment needs to be delivered every 3 years. The regulations setting out the responsibilities are contained in Part 2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('the Regulations').

The PNA assists in the commissioning of pharmaceutical services for local priorities and will be used by NHS E / I when making decisions on applications to open new pharmacies. These decisions may be appealed by pharmacies and challenged via the courts. Therefore it is vital to comply with regulations and that systems are put in place to keep the PNA up to date. The

Regulations prescribe the matters which the Health and Well-being Board must have regard to when undertaking the PNA.

Regulation 8 sets out consultation requirements.

9. RESOURCE IMPLICATIONS

The resources for producing the PNA have been incorporated into existing Public Health activity and therefore there are no additional resource implications.

10. EQUALITY AND HEALTH IMPLICATIONS

The PNA aims to

- Identify gaps in provision or accessibility, including by area or population group
- Help support a healthier population

An equality impact assessment has been undertaken by Lancashire County Council. This will be finalised once the formal consultation has ended.

11. CONSULTATIONS

A formal (minimum 60-day) public consultation was undertaken to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback was gathered and logged and all necessary changes will be made to the PNA document.

VERSION:	2
CONTACT OFFICER:	Catherine Taylor, Consultant in Public Health Elise Carroll, Public Health Intelligence Specialist
DATE:	28 th July 2022
BACKGROUND PAPER:	Draft full PNA 2022 https://www.lancashire.gov.uk/lancashire-insight/health-and-care/health/health-and-care-services/consultation-on-the-pan-lancashire-draft-pharmaceutical-needs-assessment-pna-2022/ PNA executive summary https://www.lancashire.gov.uk/media/936117/executive-summary-pna-2022_draft-3.pdf

