

<b>Report to Health &amp; Wellbeing Board</b> Report of Director of Public Health	<b>Item: 5</b> <b>Reference number HWB/006/13</b>
<b>Date of meeting</b> 16 July 2013 <b>Date of report</b> 3 July 2013	<b>County Divisions affected by the decision</b>  All divisions
<b>JOINT STRATEGIC NEEDS ASSESSMENT AND PHARMACEUTICAL NEEDS ASSESSMENT</b>	
<b>Report by</b> Director of Public Health <b>Enquiries to</b> Duncan Wood, Head of Research & Analysis, ECC, 01245 430051	

## 1. Purpose of report

1.1 The purpose of this report is to seek the Board's agreement to:

- revising the Joint Strategic Needs Assessment (JSNA) overview reports between now and September, with final versions being published in December; and
- arrangements for producing a Pharmaceutical Needs Assessment (PNA) by March 2015.

1.2 It is proposed that the overview reports for the JSNA will be for:

1. County level
2. City, borough and district level
3. CCG level

## 2. Recommendations

- 2.1 Agree the production of the Joint Strategic Needs Assessment reports at
- (a) County Level
  - (b) City, Borough and District Level
  - (c) Clinical Commissioning Group level
- in accordance with the work programme at Annexe A.
- 2.2 Note the Board's legal duty to produce a single requirement for a single Pharmaceutical Needs Assessment by 31 March 2015.

### **3. Background and proposal**

#### **JSNA - Background**

3.1 This report sets out the arrangements for refreshing the strategic JSNA reports – initially by the end of September to support strategic planning, with final copy published in December 2013.

3.2 There are three types of strategic JSNA report:

- A countywide overview
- 12 city, borough or district overviews
- 5 clinical commissioning group overviews

#### General approach

3.3 The general approach to this task is to produce reports that:

- Are as brief as possible and focused on key issues
- Look at future as well as present need
- Integrate a range of 'voice' data with statistical data
- Consider assets as well as needs
- Distinguish demand from need
- Review evidence of what works and what doesn't
- Consider the impact (of each specific issue) on the whole health and wellbeing system in Essex
- Help policy makers determine priorities

#### Alignment with the Joint Health & Wellbeing Strategy

3.4 The JSNA reports will be based on the framework provided by the Joint Health and Wellbeing Strategy (ie, three priorities and five cross cutting themes).

3.5 Given that the role of the JSNA is to provide the evidence from which the Strategy is developed, new or emerging data – which may not conveniently fit within these eight topics - will still be included so that it can inform the review of the Strategy itself.

3.6 In addition, the district and CCG overviews will contain the latest performance data for the Strategy's priority indicators so that they can provide a baseline figure against which partners can develop targets and track progress.

#### Topic reports

3.7 In addition to work on the strategic reports, there is a programme of work on special topic reports. This is shown in Annex A for interest.

## **JSNA - Proposal**

3.8 The proposals for the three sets of reports are as follows.

### Countywide overview

3.9 The JSNA planning group proposes to refresh the data and analysis of last year's report, but show this material against the priorities and underpinning themes of the Joint Health & Wellbeing Strategy for Essex published in 2012.

3.10 We will review the potential indicators identified in the section 'Measuring Success'. A key improvement for this year will be to make effective use of performance and cost data in improving the analysis.

3.11 Any newly identified issues will be examined in the report.

3.12 The JSNA countywide report will be used as the basis for the JHWBS progress reports that will set the scene for the in-depth reviews of the Strategy's priorities and themes. The programme of in-depth reviews is being developed with partners so that it will be properly meshed with current partnership activity.

3.13 The outcome of these reviews will then be used to provide feedback to the final version of the JSNA which will be presented to the HWB for sign off at the same time as the Strategy is considered for its annual review.

### District overviews

3.14 The district overviews produced in 2012 will be refreshed.

3.15 Public health improvement officers will hold discussions with district councils and their local partnership boards to identify high priority issues and commission more in-depth analysis of these top issues.

### CCG overviews

3.16 The reports produced in 2011-12 will be refreshed.

3.17 CCGs have been engaged in planning this development and additional key information synthesis will include:

- Qualitative data with triangulation of locally collated information from different sources (e.g. national NHS survey, local focus groups, etc)
- Detailed analysis on children and young people's needs

- Information relating to CCG-specific nationally defined outcomes and wider health determinants

3.18 However, late publication of some national datasets may impact on our ability to ascertain needs within the local timescale.

## **PNA - Background**

3.19 As a result of the Health & Social Care Act 2012, the Health & Wellbeing Board is now responsible for producing a Pharmaceutical Needs Assessment. This was previously the responsibility of primary care trusts.

3.20 The last PNAs in Essex were produced in December 2011 and PCTs were expected to refresh them once every three years. However, new Ministerial Regulations give Health & Wellbeing Boards until March 2015 to produce their first PNA.

3.21 Government Guidance on PNAs says that:

“The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people’s plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs). HWBs may therefore wish to note that PNAs, as a separate statutory requirement, cannot be subsumed as part of these other documents but can be annexed to them.”

3.22 Regulations are much more prescriptive for the PNA than for the JSNA and state that the PNA must include:

- A statement of the pharmaceutical services that the HWB has identified as services that are provided within or outside its area and which are necessary to meet the need for pharmaceutical services in its area
- A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied need or will need (in specified future circumstances) to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided within or outside of its area which although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area; or nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

- A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; or would have the same effect in specified future circumstances
- A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- An explanation of how the assessment has been carried out, and in particular (a) how it has determined what are the localities in its area; (b) how it has taken into account (where applicable) (i) the different needs of different localities in its area, and (ii) the different needs of people in its area who share a protected characteristic; and (c) a report on the consultation that it has undertaken.
- A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB

## **PNA – Proposal**

3.23 The volume of work involved in producing a PNA is considerable, as it has to take account of the economic implications for pharmacy providers as well as the need for pharmaceutical services, and in view of this the Board is asked to agree to the following arrangements:

- Production of a single countywide PNA that nevertheless looks in detail at need and provision locally for pharmaceutical provision
- A consolidation and revision of the PNAs previously produced by the PCTs, with full professional and public consultation as part of this work
- A deadline of having the PNA completed and fully signed off by 31 March 2015

3.24 A project plan has already been drawn up showing in detail how the PNA can be produced based on these assumptions.

## **4. Policy context**

### **JSNA**

4.1 Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies was issued by the Government in March 2013. In introducing the Guidance, the Department of Health states that the purpose of JSNAs and JHWSs is to improve the health and wellbeing outcomes of the local community and reduce inequalities for all ages.

4.2 The Guidance says:

“JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or the NHS CB. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities’ health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.”

## **PNA**

- 4.3 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.

## **5. Financial Implications**

This work should entail no additional costs beyond ordinary operating costs of the relevant stakeholders.

## **6. Legal Implications**

The County Council and the Clinical Commissioning Groups are under a statutory duty to produce a Joint Strategic Needs Assessment through the Health & Wellbeing Board. However, there should be no further legal implications for the Council or the Board of undertaking this work. The Pharmaceutical Needs Assessment will be taken into consideration by the NHS Commissioning Boards when authorising applications from pharmacists to be added to the NHS list.

The Board is under a legal duty to produce a Pharmaceutical Needs Assessment that complies with Regulations in terms of its contents and the way in which it has been produced (eg that appropriate consultations have been undertaken).

## **7. Staffing and other resource implications**

These reports will be produced using existing staff and other resources in the Research and Analysis Unit, Public Health Intelligence Team [need to say who ‘the usual contributors’ are].

## **8. Equality and Diversity implications**

- 8.1. In making this decision the Board must have regard to the public sector equality duty (PSED) under s.149 of the Equalities Act 2010, ie have due regard to the need to: A. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. B. Advance equality of opportunity between people who share a protected characteristic and those who do not. C. Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.2. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.3. The PSED is a relevant factor in making this decision but does not impose a duty to achieve the outcomes in s.149, is only one factor that needs to be considered, and may be balanced against other relevant factors.
- 8.4. This decision was screened for Equality and Diversity issues, and it is considered that the recommendation draw up these documents in this way will not have a disproportionately adverse impact on a protected characteristic. Therefore a Section 2 Equality Impact Assessment is not considered necessary.
- 8.5. A core purpose of the JSNA is to explore inequalities in health and other circumstances and to review evidence of what works in reducing these inequalities. These inequalities may be defined geographically, socio-economically or in terms of protected characteristics, though data may not always be available in respect of every characteristic. Every effort will be made to break data down to support analysis of inequalities.
- 8.6. The PNA has to have regard to differing needs of localities and of people with protected characteristics.

## **9. Background papers**

- 9.1. Annex A gives the current JSNA workplan.
- 9.2. Existing JSNA reports can be seen on Essex Insight:  
<http://www.essexinsight.org.uk/grouppage.aspx?groupid=19>
- 9.3. The March 2013 Statutory Guidance on JSNAs can be seen here:  
<http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>
- 9.4. Further information on pharmaceutical needs assessments can be found here:

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>