



HEALTH & WELLBEING BOARD ADDENDUM

4.00PM, TUESDAY, 13 JUNE 2017

**COUNCIL CHAMBER,
HOVE TOWN HALL**



ADDENDUM

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	(a) Petitions	
	Petition from Kim Walker concerning Breastfeeding.	
	(b) Public Questions	
	There are six public questions listed for the meeting on the 13 th June, 2017.	
	(c) Deputations	
	Deputation from Judith Ashton regarding the STP.	
9	PHARMACEUTICAL NEEDS ASSESSMENT 2017/18	7 – 14
	Report of the Executive Director for Adult and Social Care (copy attached).	



PUBLIC INVOLVEMENT

(A) PETITIONS

The following petition has been received for the Health & Wellbeing Board meeting to be held on the 13th June, 2017:

(i) Please Help Protect Our Breastfeeding Support

“My breastfeeding support worker is having her role removed by the NHS. Without her so many mums in the area will not receive the support needed and may fail to breastfeed their babies. Please sign this petition in the hopes that we can save Donna's breastfeeding support role.”

Lead petitioner: Kim Walker

Signed by 546 people

(B) WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

The following written questions have been received for the Health & Wellbeing Board meeting to be held on the 13th June, 2017:

PQ 1. Valerie Mainstone

"Will the Board prevail upon Sussex Community Foundation NHS Trust to re-instate the post of Breastfeeding Support Worker for Hangleton and Portslade while a full impact and equality assessment is conducted, including a meaningful consultation with the service users, and then brought to the Board?"

PQ 2. Mr. Kapp

“Will you please report on the number of vulnerable people who have been treated under the Better Care Fund (BCF) giving recovery rates and future plans to treat addicts and homeless people in the light of the Council's policy of ending the need for rough sleeping by 2020?”

Notes.



- 1 Our city has had a BCF allocation of about £20mpa since April 2015 to treat vulnerable people, personified as Rachel (65, depressed and in sheltered accommodation) and Dave (40, alcoholic and homeless)
- 2 he Council adopted the above policy In 2015, implying that they would instruct the NHS to treat the city's homeless effectively.
- 3 Most rough sleepers suffer from mental disorders and addiction, for which the BCF was intended to pay to provide effective treatment under the NHS.
- 4 I would like to see the treatment protocol for Rachel and Dave, who is commissioned to provide it, former outcomes, and future plans.

PQ 3. Sandy Gee

“What is the HWB doing to support the self-management of the large number of primary care patients with medically unexplained symptoms yet who tend to reject psychological therapy (CBT) due to their explanatory model being physical and the stigma of mental health services?”

There is a research-informed approach based on substantial evidence which has been designed with service users and piloted at the University of Hertfordshire. This service promotes self-care for this patient population with strikingly positive outcomes for patients, substantial increased GP capacity as well as huge savings in the NHS.

Would the HWB like to learn about this intervention? Presentations, the training of GPs and telephone consultation is available from: H.L.Payne@herts.ac.uk or info@pathways2wellbeing.com

(www.pathways2wellbeing.com is a university enterprise delivering courses for people affected by MUS in primary care. I Sandy Gee, the questioner, am an accredited and affiliated practitioner of this approach. Any questions can also be directed to me at wildbalance@gmail.com)

PQ 4. Ken Kirk

“Your honest opinions of the effects of a) poorer quality services after STP is imposed b) rationing of NHS services c) it being run for profit... would be appreciated.”

STP leaders lay great emphasis on the integration of healthcare with social care. No-one would argue with this, it's a sensible policy. But there are other STP issues that they are reluctant to acknowledge. Above all, we know that STP is a cost cutting exercise; we will bear our part in the £22 billion reduction in NHS funding, in addition to paying off £864 million deficit.

1. Reduced funding means –
 - a. Deskilling – e.g. Patients will be seen by less-qualified staff; a doctor will be two or three appointments down the line.
 - b. Fewer beds – we already have fewer hospital beds than most of Europe, now more reductions are proposed
 - c. Rationing – reductions in the numbers of operations.
 - d. Range of NHS services reduced – e.g. restrictions of hospital procedures to only those that are life-saving.



2. Privatisation. It's obvious from Hunt's and Stevens' statements that MCPs and ACOs will be run by private profit-making firms.

PQ 5. Pat Kehoe

“What impact assessments (ia) have been undertaken by Mr Persey, his department, council employees, Councillors or sub-contractors, of our STP/place-based plan relating to Brighton and Hove (B&H). A written ia report on its implications for health and care service changes/provision for B&H, including a financial breakdown of implementing these changes is essential. Consultation on same, with awareness of the impact of these changes to our health and social care provision, can then take place. Therefore, if not already available, when will a full ia report on these changes be available? A time-table of public consultations would also be appreciated.”

PQ 6. Madeleine Dickens

“Given Councillor Yates February statement refusing to cooperate with the STP Board how have the STP proposals relating to Primary and Social Care been passed into CCG operational plans for 2017-2019 with no public consultation no impact assessments? Given the council's crucial role in the provision of social care did the HWB or another council committee sign off on this?

Will the HWB agree to demand urgent answers from the CCG on these matters of crucial public interest citywide; and in particular ask for urgent clarification of the true level of cuts entailed in the main STP and the Place-based plan and their consequences?”

(C) DEPUTATIONS FROM MEMBERS OF THE PUBLIC

The following deputation has been received for the Health & Wellbeing Board meeting to be held on the 13th June, 2017:

Judith Aston (Spokesperson):

Written Summary for Deputation of Brighton & Hove City Council Health and Wellbeing Board, Tuesday, 13 June 2017.

'Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view'?

General Practice is in trouble. The workload is increasing, service demand is rising. GP numbers are falling, practices are closing and recruitment of partners and locums is becoming very difficult.

STPs plan to transfer more work from secondary care to GP and to reduce referrals and admissions.



At the same time a reorganisation is planned to more closely integrate social and health care. That last aim is admirable but it will require staff and time and money when STPs insist on repayments and savings.

It is difficult to see how General Practice can be sustained.

Indeed the chair of the RCGP has said that a number of STPs should be rejected for failing to address this sustainability.

We wondered what Brighton and Hove GPs thought about this footprint's STP and its effects.

We therefore sent out a survey for GPs to complete anonymously.

56 of 116 sent responded

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?			
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surry STP).			
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%
Q3 How do you think STPs will affect patient safety?			
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%
Q4 How do you imagine the STP will affect the service you will be able to offer patients?			
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse-50.91%	Don't know-36.36%
Q5 What effect will the STP have on GPs ability to have their list?			
It will be improved-0.0%	It will be unchanged-5.45%	It will be worse-43.64%	Don't know-50.91%
Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?			
It will be improved-7.14%	It will be unchanged-10.71%	It will be worse-42.86%	Don't know-39.29%
Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?			
It will be improved 12.50%	It will be unchanged 21.43%	It will be worse 33.93%	Don't know 32.14%

Signed by:

Jane Roderic-Evans
Stephen Garside
Felicity Beckett

Chris Tredgold
Elizabeth Williamson

6 June 2017

Attached: Summaries of GP comments to GP Survey Questions 8 and 9, June 2017



Deputation 5 (C) (i) – Supporting information:

Brighton and Hove GP Survey, June 2017 – Summary of answers to Q8.

Q 8. “If you were not guided or restricted by CCG advice based on NHS England’s priorities, what would be your suggestions for 3 actions which would help you continue providing adequate care in your practice?”

There were 140 suggestions.

19 ask for increased resources/adequate funding - for general practice and the NHS

19 ask for more recruitment of GPs - several for roving GPs to do home visits

14 ask for more recruitment of other health workers - pharmacists and nurses

14 ask for improvement in community social care services - with adequate funding and better collaborative working

14 ask for the maintenance of the partnership model by:

- resisting its break-up;
- making partnership more attractive financially (than locum payments)
- staying small and efficient – “that is what patients want”
- underwriting practice lease agreements
- keeping personal lists to maintain continuity

14 ask for less bureaucracy

- fewer meetings: fewer targets
- less micromanagement
- reduce/remove CQC; scrap QOF
- stop imposition of involvement in Extended Access.

10 ask for a better service from the hospital

- better communication; less dumping of problems
- more beds; shorter waits for appointments.

10 ask for better working

- longer appointments
- allow primary care to cap its activity with no financial penalty “there is a limit”; allow restrictions to list size.
- drop 7 day working – “concentrate on adequate resource for current opening hours”

7 ask for patients to be better educated/more self-reliant

3 ask for a change in the model of managing medical litigation

Then individual suggestions:

- Scrap EPIC; More EPIC shifts
- Raise public awareness – need for National debate about health care
- Tools to address psychosocial factors in patients’ presentations
- Debate role of GP – “can’t do everything”
- Stop fragmenting NHS and bringing in private providers
- Get rid of Conservative government
- Less moaning by a huge number of GPs (over 50) about how bad it is. It really puts off younger GPs. We run an excellent, growing business with increased profit each year ...that can be invested to improve efficiency.
- Sort out PCSE – practice managers leaving/going off with stress
- Fund Public Health
- Listen to GP



Brighton and Hove GP Survey, June 2017 – Summary of answers to Q9

Q 9 Any other comments?

There were 25.

4 are planning to retire as soon as they financially can do so

3 feel very under informed and consulted about STPs

2 feel the broad aims of the STP seem reasonable but that the projected efficiency savings completely unrealistic

2 feel that the NHS is being fragmented and privatized – there is a need to ‘be more public with our views to patients’

Individual comments:

- Our problem is not with CCG/NHS England, it with Jeremy Hunt and the Treasury
 - I would like District Nurses back in surgeries
 - In our local area, millions of pounds have been wasted on the ‘marketisation of the NHS’ with private companies running services (poorly).
 - Other HCPs struggle to manage the risk we carry and simply delegate cases back to the reduced number of GPs
 - Stop negative talk. Why would a dynamic 30yr old come into General practice, when the whole BMA/RCGPetc keep moaning about how bad it is?
 - Not a sufficient differential between what a Partner earns compared to a salaried doctor. If such a differential doesn’t exist we will soon be a salaried service as when the current partners retire the businesses will close and there won’t be a job for those new doctors unless a corporation takes over
 - We need to accept our working practices need to change
 - Stop trying to push us into meaningless clusters or random groups of practices
 - Let’s hope this survey helps prevent the destruction of family general practice.
 - Stop micromanaging the profession and trusting its integrity more.
 - All political parties appear to share the same ignorance.
 - Medical indemnity costs are rising – pressure should be put on the three companies to reduce their fees.
 - Primary Care is underrepresented in the development of the STP but that isn’t the major issue. Primary care is in trouble now with under funding and over regulation - the development of the STP is a continuum of the problem.
- All the questions insinuated in the survey as attributable to STPs have been happening for years – redirection of unfunded work from secondary care, need for different workforce in practices, loss of patient list. The STP formation is not going to stop – though it may change its name. We must fight the process and the political and media priorities over those of our patients.

CT/June 2017





Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Pharmaceutical Needs Assessment 2017/18

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 13th June 2017.
- 1.3 Nicola Rosenberg, Public Health Consultant
Nicola.rosenberg@brighton-hove.gov.uk
01273 - 6558

2. Summary

- 2.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to publish a revised Pharmaceutical Needs Assessment (PNA) every three years. The next Brighton & Hove PNA is due to be published in April 2018. In addition, as part of this process neighbouring Health and Wellbeing Boards are consulted on each other's Pharmaceutical Needs Assessment. The Health and Wellbeing Board is being asked to note the process for the Pharmaceutical Needs Assessment in Brighton and Hove and Brighton and Hove's response to East Sussex's PNA consultation. The closing date for the East Sussex submissions for consultation was 1st June 2017.

3. Decisions, recommendations and any options

- 3.1 That the Board That the Board notes the process for the Pharmaceutical Needs Assessment due to be published by April 2018
- 3.2 That the Board notes the response to the East Sussex's PNA consultation

4. Relevant information

- 4.1 The Pharmaceutical Needs Assessment (PNA) is a comprehensive statement of the need for pharmaceutical services of the population in its local authority area. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”) set out the legislative basis and requirements of the Health and Wellbeing Board for developing and updating the PNA as well as the responsibility of NHS England in relation to “market entry”.
 - 4.2 The provision of NHS Pharmaceutical Services is a controlled market. If someone (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, a GP) wants to provide NHS pharmaceutical services, they are required to apply to NHS England to be included on a pharmaceutical list. Since April 2013 pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system
 - 4.3 Under the Regulations, applications for inclusion on a pharmaceutical list must prove that they are able to meet a pharmaceutical need as set out in the relevant PNA. There are two exceptions, one for services provided by distance selling (e.g. internet pharmacies), and the second is an application for needs not foreseen in the PNA.
 - 4.4 NHS England will use the PNA when making decisions on applications. Such decisions are appealable and decisions made on appeal can be challenged through the courts.
 - 4.5 NHS England must maintain up to date lists of persons within an area offering a pharmaceutical service. NHS England must consult, giving 45 days for a response, the relevant Health and Wellbeing Board (HWB) when an application for a new pharmacy or change to an existing pharmacy is received within 2km of the area served by a Health and Wellbeing Board. A new regulation also requires a written response by the HWB to NHS England about whether they feel there would be a gap in provision if two or more pharmacies apply to consolidate onto one site.
 - 4.6 The Regulations set out the minimum information which must be included in the PNA, matters that must be considered when making the assessment and the process to be followed (including a statutory 60 day consultation period). HWBs through the PNA are required to conduct a public consultation and to consult with all neighbouring HWBs regarding the content of the PNA.
 - 4.7 HWBs are required to publish a revised PNA every three years. HWBs are required to publish a revised assessment as soon as is reasonably
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practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes whereby a supplementary statement could be published. In addition the Health and Wellbeing Board is required to maintain an up to date map of provision of NHS Pharmaceutical Services. In March 2015 the HWB delegated powers to the Director of Public Health to approve on its behalf any changes to local pharmacy provision sent to Brighton and Hove City Council by NHS England, in the form of a Supplementary Statement.

- 4.8 The Health and Wellbeing Board published its first PNA for Brighton and Hove in March 2015. A copy of the PNA can be found on the Brighton and Hove Connected website at <http://www.bhconnected.org.uk/content/needs-assessments>
- 4.9 In November 2015 the Director of Public Health approved the PNA Steering Group's recommendation and published a Supplementary Statement which states that a revised PNA was not required at that point (and would be a disproportionate response). A copy of the Supplementary Statement is available at: <http://www.bhconnected.org.uk/content/needs-assessments>
- 4.10 It is expected that a supplementary statement will be published in July 2017 following the planned closure of a pharmacy. It will also include any other changes including the opening of a new pharmacy and changes in ownership and opening hours of pharmacies across the city.
- 4.11 The HWB has previously instructed the Director of Public Health to produce a draft PNA for approval by the HWB by 1st April 2018. A PNA steering group oversees this process. The steering group is chaired by a Consultant in Public Health. Membership of the group includes representatives of BHCC Public Health Directorate, East Sussex Local Pharmaceutical Committee, NHS England, Brighton and Hove Clinical Commissioning Group and Healthwatch.
- 4.12 The aim of this PNA process in Brighton and Hove will be to identify the pharmaceutical needs of the local population by mapping current pharmaceutical services, identifying any gaps/unmet needs and in consultation with stakeholders making recommendations for future developments. It also aims to support efforts to reduce health inequalities and improve the health and wellbeing of local people.
- 4.13 The objectives of this PNA process will be to:

4.13.1 Compile a list of community pharmacies and the services currently commissioned and provided. These include: dispensing; electronic prescription service and electronic repeat dispensing service; medicines use reviews; new medicines service; advice on sexual health and Chlamydia screening; emergency hormonal contraception; stop smoking service; flu vaccination; support for drug users including needle exchange and supervised consumption of prescribed medicines; and healthy living pharmacies.

- List other services available in neighbouring HWB areas that might affect the need for services in Brighton & Hove.
- Examine the demographics of the local population and their public health needs in relation to current and future pharmaceutical service provision, including equalities groups.
- Identify service gaps that could be met by providing new pharmacy services or through more access to existing pharmacies.
- Produce maps relating to Brighton & Hove pharmaceutical service e.g. location of pharmacies, travel/walking times, opening hours, provision of locally commissioned services.
- Consider how pharmaceutical needs will be addressed in new models of care such as the Sussex and East Surrey Sustainability and Transformation Partnership, Caring Together and Clusters of GP Practices.
- Consult and engage with stakeholders, patients and the public throughout the process so that their opinions inform the PNA document.
- To facilitate a two month public consultation period after completion of assessment and before HWB board sign off and publication.

4.14 A draft PNA will be circulated to the HWB as part of the statutory consultation. A final version will be presented to the HWB for approval by 1 April 2018. The completion of the PNA is expected to adhere to the following timeline:

Key steps	Complete	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Engagement -Health & care Engagement Meeting attendance												
PPG Network meeting attendance												
Engagement with stakeholders												
Public survey												
Pharmacy survey												



GP survey													
Care Home Survey													
Data collection: PH Team, CCG, NHS England													
Compilation of health profile, demography and maps													
Analysis of survey results													
Identify and prioritise gaps in current service provision against the identified needs and priorities													
First draft of PNA													
Formal public consultation on draft PNA													
Analysis and preparation of consultation responses													
Amend PNA in light of consultation													
Consultation changes signed off by Steering group													
Final PNA report submitted to HWB for approval													
PNA published													

4.15 The Brighton & Hove HWB response to the East Sussex County Council (ESCC) consultation question for neighbouring Health and Wellbeing Boards ‘What do you think about our assessment of the needs of the population of East Sussex for pharmacy services?’ is as follows:

4.15.1. The ESCC PNA provides a comprehensive assessment of the needs of the population of East Sussex for pharmacy services. It includes all the important issues relating to pharmacy services, including maps of the provision of pharmacy services. Of particular interest to Brighton & Hove is the cross-boundary flow of patients from East Sussex to Brighton & Hove that may occur in the Newhaven and Peacehaven areas, as well as in the southern part of Lewes. It is noted that several hundred housing units are due to be built in the Newhaven and Peacehaven area by 2030, which may have some bearing for Brighton & Hove pharmacy services in future PNAs.

4.15.2. Brighton & Hove CCG is running the NHS National Urgent Medicine Supply Advanced Service (NUMSAS), which provides referral by NHS 111 for access to urgent medication out of hours. The aim is to reduce demand on the rest of the urgent care system; resolve problems leading to patients running out of their medicines and increase patients’ awareness of electronic repeat dispensing. As this



service is not currently available in East Sussex, there are instances of neighbouring East Sussex patients being referred to Brighton & Hove pharmacies out of hours for urgent medicines. This current impact on Brighton & Hove pharmacy services is not mentioned in the PNA. The recommendation to introduce NUMSAS to East Sussex is welcomed.

- 4.15.3. The Brighton & Hove Wellbeing Board agrees with the conclusions and recommendations made in ESCC PNA.

Community engagement and consultation

- 4.16 Community engagement is an important part of the PNA process. An online and hard copy survey will be used to gather information from the public on their experiences of using community pharmacies and to identify any gaps in service provision. To assist with this process the PNA survey has been promoted at the Health and Council Engagement Organisations' meeting and Brighton & Hove Patient Participation Groups' network meeting. The Communities and Equalities team has also been advising on how to make the survey accessible to community groups.
- 4.17 Online surveys will also be used to engage community pharmacies, GPs and care homes and collate their views on local pharmaceutical service provision.
- 4.18 A statutory 60 day period of formal consultation on the draft PNA report will take place between October and December 2017. This will engage with the public, the Local Pharmaceutical Committee, the Local Medical Committee, pharmaceutical service providers, Healthwatch and other patient, consumer and community groups, NHS Trusts and Foundation Trusts in Brighton & Hove; NHS England and neighbouring Health & Wellbeing Boards in East and West Sussex

Conclusion

- 4.19 The HWB is required to refresh the PNA every three years. The last PNA report was published in 2015.
- 4.20 The implementation programme for the 2018 PNA follows the same methodology that was successfully used for the 2015 PNA, and it is recommended that the implementation plan is noted.
- 4.21 East Sussex County Council has published its updated PNA for formal consultation as required by the Regulations. It is recommended that the HWB notes the response to this consultation.



5. Important considerations and implications

Legal

- 5.1 The statutory requirement for the HWB to publish a PNA is set out in this paper. The proposals set out in this paper are consistent with ensuring that the HWB is in a position to discharge its duties.

Lawyer Consulted:
2017

Elizabeth Culbert

Date: 5th June

Finance

- 5.2 The cost of producing the PNA including public involvement and consultation will be met by the ring-fenced Public Health Grant. There is £5000 budget allocated for the PNA in the Public Health Business Plan for 2017/18.

Finance Officer Consulted: David Ellis

Date: 01/06/17

Equalities

- 5.3 The PNA will have regard to the Equality Act 2010. Findings from equalities groups will be considered as part of the public survey engagement work. No separate formal EIA is being undertaken as equalities will be considered as part of the PNA itself.

Sustainability

- 5.4 Sustainability implications are not known at this stage of the PNA process

Health, social care, children's services and public health:

- 5.5 Publication of a PNA is a statutory requirement for the Brighton and Hove Health and Wellbeing Board. Part of the statutory requirement is consultation with neighbouring Health and Wellbeing Boards. The specified option detailed in this paper was approved, as an efficient and effective method to fulfil these duties for the previous PNA, by the HWB on 5th February 2014.

6. Supporting documents and information:

- 6.1 None



