



# HEALTH AND WELLBEING BOARD

**22 March 2022**

## SECOND DESPATCH

**Please find enclosed the following items:**

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# Public Document Pack Agenda Item A5

## London Borough of Islington Health and Wellbeing Board - Tuesday, 20 July 2021

Minutes of the inquorate meeting of the Health and Wellbeing Board held at Council Chamber, Town Hall, Upper Street, N1 2UD - Islington Town Hall on Tuesday, 20 July 2021 at 1.00 pm.

**Present:** Cllr Kaya Comer-Schwartz, Leader of the Council (Chair)  
Cllr Nurullah Turan, Executive Member for Health and Social Care  
Cllr Michelline Safi Ngongo, Executive Member for Children, Young People & Families  
Jonathan O'Sullivan, Acting Director of Public Health for Islington  
Jonathan Gardner, Strategy Director, The Whittington Hospital Trust (substituting for Angela Mc Nab)  
Katy Porter, Chief Executive, Manor Gardens Welfare Trust  
Stephen Taylor, Interim Director of Adult Social Care Transformation

**Also Present:** Clare Henderson, Director of Integration, Islington Directorate, North Central London CCG  
Darren Summers, Deputy CEO Camden and Islington NHS Foundation Trust

### **Councillor Kaya Comer-Schwartz in the Chair**

- 49 **WELCOME AND INTRODUCTIONS (ITEM NO. A1)**  
Councillor Comer-Schwartz welcomed everyone to the meeting and introductions were given.
- 50 **APOLOGIES FOR ABSENCE (ITEM NO. A2)**  
Apologies for absence were received from Dr Jo Sauvage, Cate Duffy, Angela McNab, Sarah McDonnell-Davies, Mike Clowes, Siobhan Harrington and Emma Whitby.
- 51 **DECLARATIONS OF INTEREST (ITEM NO. A3)**  
None.
- 52 **ORDER OF BUSINESS (ITEM NO. A4)**  
Agenda Item B2 was deferred to a future meeting. The order of business would be B1 and then B3.
- 53 **MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)**  
**RESOLVED:**  
As the meeting was inquorate, the minutes of the last meeting would be deferred to the next meeting.

54 **PROPOSED CHANGE TO HEALTH AND WELLBEING BOARD AGENDAS (ITEM NO. B1)**

Jonathan O' Sullivan, Acting Director of Public Health for Islington presented the report which set out proposals which sought to redevelop the workings of the board, with a greater thematic focus on collective problem-solving and action on health inequalities.

In the discussion the following main points were made:

- Routine reports being circulated in advance would mean questions could be submitted prior to the meetings.
- The Chair suggested that one of the thematic items should be related to children and young people as this was a key priority.
- Addressing the health inequalities angle through all thematic items would be helpful.
- Looking at themes through a geographical or community lens was suggested and the Chair suggested there could be guiding principles alongside the themes.
- It was suggested that the health and wellbeing and mental health of children and young people aged 17-18 who were transitioning to adulthood be included to identify any gaps.

**RESOLVED:**

That the decisions below be agreed in principle (as the meeting was inquorate) subject to ratification at the next meeting:-

- 1) That the proposed rebalancing of the Board's time towards thematic or deep dive looks into key health inequalities affecting people in the borough be agreed.
- 2) That there be three health inequalities themes identified each year with the Annual Public Health Report normally one of these three themes and one of the items related to Children and Young People.
- 3) That there be shorter time slots for routine reports received by the Board.
- 4) That future consideration be given to whether the proposed change in emphasis of the Board's time indicated a change in the core membership.

55 **NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP STRATEGIC REVIEW OF COMMUNITY AND MENTAL HEALTH SERVICES (ITEM NO. B2)**

**RESOLVED:**

That this item be deferred to a future meeting.

56 **REFRESH OF ISLINGTON'S JOINT HEALTH AND WELLBEING STRATEGY (ITEM NO. B3)**

Jonathan O'Sullivan, Acting Director of Public Health for Islington presented the refresh of Islington's Joint Health and Wellbeing Strategy.

In the presentation the following points were made:

- The strategy set out the strategic priorities for improving health and wellbeing and reducing health inequalities. The strategy had been

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developed in partnership using intelligence, insight, evidence and engagement with local communities, residents and patients to find out what would make the biggest difference and help Islington become a more equal borough.

- The strategy was not simply about adding 'years to life', but also 'life to years' and improving quality of life as well as life expectancy.
- The strategy recognised and gave synergy to, but did not seek to replicate other strategies and action plans on the wider determinants of health, e.g. better air quality and the environment, improving educational attainment, employment and wealth building in the borough.
- The Health and Wellbeing Board priorities (2017-2020) were: 1) ensuring every child had the best start in life; 2) preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities; and 3) improve mental health and wellbeing.
- Since 2011-13, life expectancy had increased in Islington for both men and women. Life expectancy at birth for men in Islington was now 79.7 years, an increase of 1.8 years since 2011. However, life expectancy for men in Islington remained lower than the London average (80.9) and was the sixth lowest amongst all London boroughs. For women in Islington, life expectancy was 83.4 years, which was lower than the London average (84.7), and was the second lowest amongst all London boroughs. Both male and female life expectancies in Islington were similar to national averages.
- In Islington, men and women spent on average the last 17.1 and 21.7 years of life in poor health respectively. For both men and women, there had been a much larger improvement in healthy life expectancy since 2011-13 compared to London and England. Although healthy life expectancy (HLE) for men and women remained lower in Islington, the borough was now statistically similar to London and England. For men there had been an 8.6% improvement in healthy life expectancy compared to 1.3% improvement in London and 0.3% improvement in England and for women there had been a 6.4% improvement in healthy life expectancy compared to improvement in 1% London and 0.1% improvement in England. These figures showed the work being done to improve quality of life was making a real difference.
- Whilst some of the impacts of Covid were short term, others were long term. Impacts included: the economic and social wellbeing of residents; longer waiting lists in the NHS; later diagnosis of many conditions e.g. cancer, diabetes, risk of stroke; mental health and wellbeing impacts; the impacts on children and young people; and the particular impacts on Black, Asian and other minority ethnic groups who had had a differential health, social and economic experience.
- The changing national strategic and organisational context for health and wellbeing included: 1) the Long term NHS Plan (2019) which was looking at secondary prevention and reductions in inequalities and variations in outcomes in relation to maternity, child health, long term

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conditions and mental health; 2) Integration and innovation: working together to improve health and social care for all (2021) which included major changes to achieve local place and person-based integration to meet the needs of residents and communities; 3) Population health management which involved using data and evidence to identify, monitor and address inequalities and improve outcomes; 4) Beyond the Data (the 'Fenton report') PHE (2020) / ONS (2020) was looking at the long term structural inequalities that had driven the disproportionate impacts of Covid on Black, Asian and other minority ethnic groups. There would be the systematic use of ethnicity data, design and actions to improve access, preventive and treatment programmes, experience and outcomes of people from these communities and to address the wider determinants of their inequalities and poorer outcomes.

- The changing local strategic and organisational context for health and wellbeing included: 1) the Corporate Plan was being refreshed. The overarching objectives were: Decent and genuinely affordable homes for all; Jobs and opportunity: A safer borough for all; A greener and cleaner Islington. All of these impacted on health and wellbeing. 2) As part of Fairer Together strengths-based approaches were being organised and integrated to meet the needs of residents, patients and communities, and make the borough a fairer place to live – across the life course 'Start Well, Live Well, Age Well'. 3) The Challenging Inequalities Strategy - utilised the council's position as a strategic leader, as an employer and as a service provider and commissioner to create positive change to make meaningful and tangible change for staff and residents. The initial focus was on race equality, and would be expanded – next to include disability.
- Unknown future funding and the impacts on resources were significant challenges.
- It was proposed that an officer task and finish group be established, with representatives from across the Health and Wellbeing Board member organisations, that would be responsible for delivering the refreshed strategy to the Board. The review process would cover: 1) the impact of the current Joint Health and Wellbeing Strategy, and what more there was to do; 2) the needs and assets of the local population including intelligence from the Joint Strategic Needs Assessment (JSNA), which gave an overview of local needs and priorities, and this, together with other insight and engagement work, would help to develop priority areas of focus for future years; 3) the current and future health landscape within the context of local financial and other challenges, the Fairer Together partnership and wider system transformation and integration with a focus on structural inequalities; 4) Engagement with local residents and stakeholders.
- The timetable would be between now and March 2022 with a proposal development session in the autumn to look at task and finish work and identify the approach and priorities to new strategy.

In the discussion the following main points were made:

- Members were supportive of the plans.

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- Members were pleased to see the progress made over last period.
- The strategy was being produced at a time of significant change in the NHS.
- The local partnership had to have real focus on place.
- Having a clear set of priorities was helpful in leveraging the support of partners.
- In areas which were receiving higher levels of funding, there was a need to ensure community based models were being developed to respond to local challenges.
- A locality profile had shown that in Islington health inequalities were not focused in certain locations in particular but were more focused around social housing.
- High levels of social housing in Islington, the rise in preventable cancer deaths, respiratory deaths and diabetes being a contributory factor of higher premature deaths were significant challenges. The over 60s population in Islington was the most deprived in whole country and 48% children and families in the borough were deprived and this presented further significant challenges.
- In relation to improvements in healthy life expectancy it was difficult to calculate causality. It could be useful to trial pieces of work where changes in the data could be identified to prove interventions. There was a need to identify if causality could be due to shifts in population. Some interventions had shown clear results e.g. work on reducing smoking.
- It would be useful to get an understanding from colleagues in education on the educational and social development impacts of Covid on children and young people who had been unable to attend school and college.
- It was suggested that stakeholder and resident engagement be undertaken concurrently to aid in the co-production of the strategy. Jonathan O'Sullivan stated that the timing of engagement work was a balancing act and much engagement had already been undertaken. It was important that this informed future engagement. As many people were on summer breaks, consultation in the autumn and winter could be most beneficial.
- A Covid survey of 1,000 people had been undertaken last autumn/winter. This would be repeated in autumn/winter this year and could feed into the consultation.
- Part of the strategy was defining what mattered to people in the borough and why investment and resources were required.
- Focusing on the broad determinants of health and building this into local services would keep more people well in the community and reduce the impact on acute care.
- It was important to look at work already done across the council and other forums and also consider work being done across London and in particularly neighbouring boroughs. The Children's Services Scrutiny Committee had undertaken a review on impacts of Covid and a group of councillors would be undertaking work on poverty and health inequalities over the next few years. Fairer Together work should also be considered.

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- Jonathan O'Sullivan asked for any volunteers for the task and finish group to contact him.

### **RESOLVED:**

That the approach to refreshing the Joint Health and Wellbeing Strategy as set out in the report be agreed in principle subject to being ratified at the next meeting.

MEETING CLOSED AT 1.45 pm

Chair





**Report of: Jonathan O'Sullivan, Director of Public Health**

<b>Health and Wellbeing Board</b>	<b>Date: 22 March 2022</b>	<b>Ward(s): All</b>
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## **SUBJECT: Pharmaceutical Needs Assessment 2022**

### **1. Synopsis**

- 1.1 This paper provides information on the process for conducting and publishing a new Pharmaceutical Needs Assessment (PNA) by 1 October 2022.
- 1.2 Since 1 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 pharmaceutical services for the population in its area. Data contained within the assessment will be used to plan pharmaceutical services in the borough to best meet local health needs.
- 1.3 As part of a North Central London (NCL) agreement, Enfield Council led on a joint procurement for the production of PNAs for all five local authorities. A Steering Group has been established to support the production of the PNAs, on behalf of the Health and Wellbeing Boards, and in line with the relevant regulations.
- 1.4 This will be the third PNA, with the first two published in 2015 and 2018.

### **2. Recommendations**

- 2.1 To formally delegate the approval of the draft and final PNA 2022 to the Director of Public Health.

### **3. Background**

- 3.1 The National Health Service (NHS) Act 2006 (under Section 128A) requires each Health and Wellbeing Board to assess the need for pharmaceutical services in its area and publish a statement of its assessment. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the minimum information that must be contained within a pharmaceutical needs assessment (PNA) and outlines the process that must be followed in its development.
- 3.2 The PNA is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision.
- 3.3 To prepare the PNA, data is gathered from pharmacy contractors, pharmacy users and other residents, and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.
- 3.4 The deadline for publishing the next PNA was extended to 1 October 2022, as a result of the ongoing response to the COVID-19 pandemic.
- 3.5 Following a NCL joint procurement process, led by Enfield Council, Soar Beyond Ltd has been commissioned to support the preparation of the draft PNA 2022 reports for each of the five London Boroughs, in line with the 2013 Regulations. Soar Beyond have extensive expertise in producing PNAs, having produced eight in 2015 and 12 in 2018.
- 3.6 The one-off cost for Islington is £36,200 and as a statutory responsibility, it is funded from the ring-fenced public health grant.
- 3.7 As part of the preparation, a PNA Steering Group has been set up with representatives from the following organisations:
- Clinical Commissioning Group / Medicine Management Team
  - Healthwatch
  - Local Authority Public Health team
  - Local Pharmaceutical Committee
- 3.8 The first PNA Steering Group meeting was held on 13 January 2022. At this meeting, the Terms of Reference (Appendix A) and Project Plan (Appendix B) were agreed.

### **4. Key Considerations and sustainability**

- 4.1 To ensure the 1 October 2022 deadline is met, it is proposed that the approval to publish the final PNA is delegated to the Director of Public Health. This approach is being proposed across all NCL boroughs and has been adopted by other Local Authorities.
- 4.2 PNAs are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical services provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area.
- 4.3 As part of the process, surveys will be undertaken with the public, commissioners and community pharmacy contractors in the borough. The aim of these surveys is to seek opinion

on current pharmaceutical services provided in the area. These surveys will be carried out and analysed by March 2022.

- 4.4 The PNA is currently being produced by Soar Beyond, and a draft version is due to be considered by the Steering Group in May 2022.
- 4.5 Subject to the approval of the Steering Group and the Director of Public Health, the draft PNA will be made available for the mandatory 60-day consultation period, from 6 June 2022 to 1 August 2022. The results of the consultation will be considered by the Steering Group before the end of August 2022, and a final PNA will be produced for publication.
- 4.6 The final PNA must be published no later than 1 October 2022.

## **5. Implications**

### **5.1 Financial Implications:**

The cost of the recommendations within this report are currently estimated to be £176,000 to NCL with a contribution of £36,200 from Islington.

Islington has already met £24,134 of these planned costs, leaving £12,066 remaining to be paid. This £12,066 is relatively small and can be absorbed within the wider PH budget or PH reserves.

The risk of overspend is expected to be minimal. Each Local Authority is required to approve (and pay for) any additional work in advance, prior to such work starting. No over or underspends are expected through this commissioned piece of work, as the costs that have been approved are based on the current specification.

### **5.2 Legal Implications:**

The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to Health and Wellbeing Board. The responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement.

Under Section 128A of the NHS Act 2006, each Health and Wellbeing must in accordance with regulations:

- (a) assess needs for pharmaceutical services in its area, and
- (b) publish a statement of its first assessment and of any revised assessment

### **5.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

There are no significant environmental impacts associated with the PNA. The questionnaires will be conducted primarily as an online survey, with printed copies created only on request. The final report will be available online, with printed versions only on request, as required by the regulations.

### **5.4 Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those

who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

As part of the production of the PNA, an Equality Impact Assessment is being drafted and the PNA will consider the equalities impact related to pharmacy services. In line with the specification, Soar Beyond must detail how the PNA will be carried out, including how the PNA has taken into account the different needs of different localities in Islington, as well as the different needs of people in its area who share a protected characteristic, and a report on the consultation that it has undertaken. The PNA will draw on multiple sources, including responses from a public questionnaire and the Serving the Local Community 2021 report, which provides qualitative insight on pharmacy perspectives on effective uptake implementation and delivery of population health.

## 6. Conclusion and reasons for recommendations

- 6.1 To meet the statutory requirement to publish the final PNA by 1 October 2022, this report recommends delegating approval of the final PNA to the Director of Public Health and for the final assessment provided for information to the Health and Wellbeing Board by October 2022

### Appendices

- Appendix A: PNA Steering Group
- Appendix B: PNA Project Plan

### Background papers:

- N/A

### Signed by:



Jonathan O'Sullivan, Director of Public Health      Date: 16/03/2022

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## Pharmaceutical Needs Assessment Terms of Reference

### Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment on behalf of the Health and Well Being Boards in North Central London, to ensure that it satisfies the relevant regulations including consultation requirements.

### Delegated Responsibility

Insert as agreed

### Accountability

The Steering Group is to report to the nominated Public Health Lead.

### Membership

Core members for each council:

- Consultant for Public Health / Nominated PH Lead
- NHS England representative.
- Local Pharmaceutical Committee representative.
- CCG representative.
- Health Watch representative (lay member).

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Consultant in Public Health / nominated PH lead per council will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance per council, one of which must be an LPC member from the respective council. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG Commissioning Managers
- NHS Trust Chief Pharmacists
- Local Medical Committee representative.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by North Central London Councils to support the development of the PNA. Other additional members may be co-opted if required.

### **Frequency of meetings**

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Wellbeing Board.

### **Responsibilities**

- Soar Beyond will provide a clear and concise PNA process that is recommended by the Department of Health and Social Care Pharmaceutical Needs Assessment Information pack for local authority health and wellbeing boards published on Oct 2021.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
  - Any Local Pharmaceutical Committee for its area.
  - Any Local Medical Committee for its area.
  - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area.
  - Any LPS Chemist in its area.
  - Any Local HealthWatch organisation for its area.
  - Any NHS Trust or NHS Foundation Trust in its area.
  - NHS England.
  - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health & Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by end 1st October 2022.





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