



Health and Wellbeing Board

Date:	Wednesday, 15 March 2017
Time:	4.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. DECLARATIONS OF INTEREST

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

2. APOLOGIES FOR ABSENCE

3. MINUTES (Pages 1 - 18)

To approve the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 16 November, 2016 and 23 January, 2017.

4. COMMUNITY PHARMACIES SCRUTINY REPORT (Pages 19 - 50)

5. NHSE QUARTERLY UPDATE REPORT (Pages 51 - 56)

6. TRIAGE BENEFITS AND THE TCAP PROCESS

Verbal presentation - Martin Earl & Hayley Sherwen

7. LIVERPOOL CITY REGION HOUSING ASSOCIATION REPORT & PRESENTATION (Pages 57 - 60)

Report and Presentation – Brian Simpson/Nick Atkin.

8. CHILDREN'S SERVICES UPDATE

Presentation – Julia Hassall, Director for Children.

9. BCF - UPDATE

Report to be tabled.

10. HEALTHY WIRRAL FRAMEWORK UPDATE

Verbal report – Fiona Johnstone, Director for Health and Wellbeing.

11. DATE OF NEXT MEETING

The provisional date set for the next formal meeting of the Board is Wednesday 19 July, 2017 in Committee Room 2.

HEALTH AND WELLBEING BOARD

Wednesday, 16 November 2016

<u>Present:</u>	Councillor	P Davies (Chair)
	Councillors	P Gilchrist Chris Jones T Smith
	Ms N Allen	NHS England
	Mr P Byrne	Mersey Fire and Rescue
	Ms S Edwards	deputy for Sheena Cumiskey, Cheshire and Wirral NHS Partnership Trust
	Mr P Garrigan	Mersey Fire and Rescue
	Ms J Hassall	Director of Children's Services
	Mr G Hodgkinson	Director of Adult Social Services
	Ms J Holmes	Chief Operating Officer, WUTH
	Ms F Johnstone	Director of Public Health
	Ms V McGee	Director of Integration and Partnerships Wirral Community NHS Trust
	Ms A Roberts	Community Action Wirral
	Ms C Sutton	Senior Contract Manager, NHS England North
	Ms J Webster	Head of Public Health
	Dr S Wells	Chair, CCG.

41 DECLARATIONS OF INTEREST

Members were asked if they had any pecuniary or non-pecuniary interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

Councillor Phil Davies declared a non-pecuniary interest by virtue of being a member of the Improvement Board.

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust and also a member of the Improvement Board.

Councillor Chris Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

Ms A Roberts declared a non-pecuniary interest by virtue of being a member of the Improvement Board.

Councillor Tony Smith declared a non-pecuniary interest by virtue of being a member of the Improvement Board.

Dr Sue Wells declared a non-pecuniary interest by virtue of being a partner in a GP Practice.

42 **APOLOGIES FOR ABSENCE**

Apologies were received from David Allison, CEO Wirral University Hospital Trust, James Berry, Mersey Fire and Rescue, Andrew Cannell, CEO, Clatterbridge Cancer Centre, Sheena Cumiskey, Cheshire and Wirral NHS Partnership Trust, Phil Davies, Chair, Healthwatch, Wirral Jon Develing, Accountable Officer, Wirral CCG, Clare Fish, Executive Director for Strategy, Councillor Jeff Green Chief Superintendent Ian Hassall, Merseyside Police and Gary Oakford, Mersey Fire and Rescue.

43 **MINUTES**

Resolved - That the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 13 July, 2016 be approved as a correct record.

44 **SUSTAINABILITY AND TRANSFORMATION PLAN (STP)**

The Chair explained to the Health and Wellbeing Board that as this report was being published at 4.00pm today members clearly had not had the opportunity to read this and therefore it was unreasonable for the Board to discuss this item. Dr Sue Wells confirmed that the report would be available on the CCG Website. The Chair informed members that discussion on this item would therefore be deferred to a special meeting of the Board at a date to be arranged.

Resolved – That discussion of the Sustainability and Transformation Plan be deferred to the next special meeting of the Board at a date to be arranged.

45 **HEALTHY WIRRAL LOCAL DELIVERY SERVICES PLAN (LDSP) (UPDATE)**

The Director for Health & Care, Graham Hodgkinson, provided the Board with an update on the Cheshire and Wirral Local Delivery System Plan (LDS). The LDS covered a wide geographical area and had built on existing improvement programmes including Healthy Wirral, Caring Together, The West Cheshire Way and Connecting Care. Members were informed that increased demand on health services coupled with an ageing population meant that if this work was not furthered there would be a £314m financial gap by 2020.

The development of the Local Delivery System Plan had provided the opportunity to consolidate these improvements. Knowledge of local challenges had been used to identify four priorities to make health and care system sustainable in the near, medium and long term.

With regard to managing care in the most appropriate setting it was reported that there would be a significant focus on prevention to help people live healthier lives and thereby reduce demand on health and care services. This

would involve building on work already progressed to develop strategies to improve the management of care in areas including Alcohol related harm, Hypertension, Respiratory and Diabetes. This would enable closer working with other health and social care partners as Accountable Care Systems were developed which would allow better use of resources.

It was reported that the priority of reducing variation across the system recognised that there was variation in how different health providers applied some policies and clinical pathways. This would mean that hospitals and other care providers would develop standardised care pathways and common approaches to areas such as Infection Prevention and Control and Referral Management. In order to do this I. T. platforms would be developed to support these improvements and to improve the management of patient pathways in a more consistent way.

It was recognised that back office functions were vital to support organisations in achieving their goals and historically many of these functions had existed in isolation although some work had been progressed to share functions such as payroll. There would be an opportunity to further improve efficiency and productivity by developing collaborative working across major support functions and in some cases developing joint teams to support a wider group of health providers. This would enable the use of expertise that had to date not been shared outside individual organisations and the shared purchasing power that collaboration presented the enablement of a better deal from some suppliers to be utilised.

Graham Hodgkinson also outlined the changes on collaborative working. A major part of this priority would be to enable healthcare providers to access shared care records in a local setting to improve patient care and experience. It was reported that this work was already well progressed and would be furthered to better utilise the use of data to support people who were at risk of developing long term conditions.

It was also reported that would also be closer working together more as a system and the ways in which leaders, both clinical and non-clinical could work effectively to progress priorities and to achieve a sustainable health and care system for Cheshire and Wirral would be looked at. With regard to engaging with communities and staff whilst many local health systems had already begun to engage with their communities about the challenges faced by the NHS, the development of the LDS plan had enabled this engagement to be widened in an open and transparent manner. There was a commitment to engaging and communicating with communities and staff throughout and this would provide the opportunity for people to have their say on the priorities outlined as the service moved forward in partnership.

With regard to Cheshire and Wirral approach four priorities had been identified that would make the health and care system sustainable in the near, medium and long-term. To transform services, the need to reduce demand, reduce unwarranted variation and reduce cost had been recognised. It was concluded that for this to be comprehensively addressed the areas that had the greatest impact to the system must be prioritised

Resolved – That the report be noted.

46 A & E DELIVERY BOARD (WUTH)

The Board gave consideration to a report of David Allison, CEO and Janelle Holmes, Chief Operating Officer, WUTH that provided members with an update on the formation of the Wirral Health Economy A&E Delivery Board. The report confirmed the Terms of Reference including Health Economy Partners roles in sustained delivery of A&E performance and contained recommendations for both reporting and ongoing visibility across the Health economy for services which impacted on emergency patient flows. It further provided an update on the health economy assessment of its state of readiness to deliver the national service improvements outlined in the A&E Rapid Implementation guidance.

It was reported that earlier in the year following continued poor performance nationally against the 4 hour standard of 95% of patients to be seen, treated and either admitted or discharged from A&E a directive had been issued by NHS England supported by NHS Improvement to establish both local (Wirral) and system wide (Wirral & West Cheshire) A&E delivery boards. These were to replace the previous CCG led System Resilience Groups (SRG) and be chaired by the provider organisation focused specifically on improving performance against the 4 hour standard. The expectation was that the members of the group would be at executive / senior management level with the authority to make decisions on behalf of their organisation at the Board.

It was reported that whilst accountability for the delivery of the 4 hour standard sat within A&E and therefore the acute provider it was recognized that reliability of delivery was based on whole health economy patient flow and as such needed to be owned by all health and social care commissioners and providers. This was because any changes to capacity or demand across the health & social care economy had a direct impact on patient flow into ED, through the hospital and back home. Because of this accepted interdependency it was critical that there was a clear line of sight & transparency of all services which supported urgent care and patient flow across the whole system.

On the 29th September 2016 the inaugural meeting of the Board had been held. At the meeting the Terms of Reference attached to the report as (Appendix1) had been agreed by all health & social care partners.

The Board were informed that as part of the refresh two pieces of work were expected from each health economy and reported nationally these were:

- To undertake a baseline assessment of current service provision across all points of delivery against nationally agreed best practice outlined in the 'A&E Rapid Implementation Guidance' (Appendix 2)
- To align health economy escalation plans and expected response using the nationally agreed OPEL system (Appendix3)

The self-assessment for the Wirral Health Economy had been undertaken in partnership with all health economy providers including the North West Ambulance Service (NWAS). The results were detailed in (Appendix 4) of the report.

It was noted that as a health economy Wirral already had an overarching action plan to improve patient flow & ED performance developed & monitored by the Urgent Care Recovery Group.

The key service improvement actions required as a result of the assessment were therefore included in the health economy plan.

It was also reported that health economy partners were in the process of reviewing & aligning the new OPEL system to the existing system so that at any given time the health economy had a OPEL score (1 -4) but more importantly that the expected actions to support de-escalation were undertaken by each partner. It was highlighted that to recognise that some of these expected actions might/would have a resource implication for partner's e.g. opening additional capacity.

With regard to the next steps it was noted that in recognising the agency interdependencies it was equally important that the A&E delivery board had a full overview of the systems in place across Wirral which supported patient flow. This needed to include:

- What services had been commissioned and their current capacity to include Primary, community, secondary & adult social care. The agreed contracts & provision including the services commissioned within the 'Better Care Fund'.
- Performance against agreed KPI's or improvement KPI's for the commissioned services.
- Where new services had been commissioned to support patient flow through the 'better care fund' that there was defined tracking of expected outcomes to monitor return on investment.
- Any proposed changes to capacity (decommissioning of services)
- Any unplanned changes to capacity (loss of a care provision)

This would enable the system to understand the impact on performance of any changes to current capacity and demand and support the decision making process for any future investments in services

Janelle Holmes, Chief Operating Officer noted that the Wirral A&E Delivery Board reported directly through to the Wirral & West Cheshire A&E Delivery Board. However, each provider would need to agree how the reporting from the Board was fed into their existing governance arrangements.

It was recommended that the outputs from the Wirral A&E Delivery Board were reported to the Wirral Health & Wellbeing Board going forward so that there was clear line of sight at Health Economy level.

Val McGee commented that a lot of work had been undertaken in preparation around rapid community service, signposting, triage and a single point of contact outside of hospital.

Dr Sue Wells commented that everyone must work together and it was in everyone's interests as long term hospital stays could result in patients becoming reconditioned. There were a number of clinical reasons demonstrating that care in the community or in the patient's own home was a better option so it was important to get this right.

Councillor Chris Jones questioned how this would work if patients were not able to get an appointment at their GP practice. Janelle Holmes explained that there would be urgent access back to GP practices and alternative ways of dealing with this.

Resolved - That;

- 1. the progress to date on the establishment of the Wirral A&E Delivery Board be noted.**
- 2. Board members provide any feedback on the Terms of Reference.**
- 3. the interdependencies of all health economy partners to the reliable delivery of the 4 Hour standard be recognised.**
- 4. the new national escalation system (OPEL) actions may result in a resource implication for providers be understood.**
- 5. the Wirral ED Delivery Board update as a standing item on the Health & Wellbeing Board.**

47 **OFSTED REPORT**

Julia Hassall, Director of Children's Services, provided the Board with a presentation that outlined the Ofsted Inspection of services for children in Wirral. The Ofsted inspection had taken 4 weeks, involved 12/13 inspectors and looked at 1000 pieces of information. It was reported that Ofsted had made 26 recommendations which must be delivered at pace for the Council to improve. These related to the Council's own work, the contributions of partners, and the LSCB. A 3 month action plan had been developed from the Improvement Plan which set out the difference in practice the service would be making over November 2016 – January 2017. This would be updated on a rolling basis to maintain pace and keep a sharp focus on the impact of the actions of the service on the experiences of children, young people and their families and staff.

The presentation set out the vision – 'Happy, Safe, Achieving – Only the best for our children.' Following the recommendations made in the report the presentation outlined the way forward by working together with partners to achieve the targeted outcomes in the Children's Improvement Plan under the headings of Practice, People and Performance. It was reported that the service had listened to children views and by aiming to create and sustain a good environment for excellent social work was targeted to develop plans which were promised to children to make a difference. This would be achieved in ways that involved children where everyone was accountable for doing the best for them.

Julia Hassall concluded the presentation by outlining the implications for the Health and Wellbeing Board that included the provision of leadership, insight and effective governance for a whole-system focus on improving health and wellbeing of the most vulnerable children and families.

Resolved – That;

- 1. the presentation be noted.**
- 2. regular progress reports, relevant to the Health and Wellbeing Board, be reported back to future meetings.**

48 **MERSEY FIRE AND RESCUE REPORT**

Phil Garrigan, Deputy Chief Fire Officer, attended the meeting and provided the Board with a presentation that requested members to note the development of the Safe and Well visit by Merseyside Fire and Rescue Authority (MFRA) and endorse the proposal to pilot the scheme across Merseyside utilising its prevention teams in order to demonstrate (with evaluation) the impact of such activity on health outcomes. Appendix A of the report outlined the Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association Chief Fire Officers Association and Age UK.

It was reported that the focus of the service had now changed to one that was preventative. The Fire and Rescue service had unique access to homes and had therefore an opportunity to broaden their approach. Extensive work had been undertaken to identify what the Health Inequalities were and there was now a real opportunity to pilot the scheme in Wirral and to feedback and evaluate outcomes utilising all resources. The proposed areas of work were outlined to members and following on from a Home Fire Safety Check staff could progress to a 'Safe and Well' visit. On Merseyside these key deliverables had been identified as;

- Falls Reduction
- Bowel Cancer Screening
- Alcohol Reduction
- Smoking Cessation
- Hyper tension (under consideration)

MFRA hoped to demonstrate through the pilot scheme the tangible positive outcomes of Safe and Well visits to Health Partners. Following the pilot schemes evaluation, MFRS would seek to explore a longer term commissioning model enabling Health Partners to access circa 240,000/300,000 p.a. Safe and Well interventions (60k visits x 4/5 Health interventions per visit).

Future proposals could include the extension of the programme across the whole service as Fire fighters undertake the vast majority of HFSC's across the Merseyside area.

It was reported that the proposal would utilise the unique access that the service had into people's homes in order to tackle the health inequality that existed whilst maintaining focus on fire prevention in the homes of the most vulnerable. A copy of the MFRS Safe and Well form was attached as an appendix to the report.

Members of the Board welcomed the initiative and commented that the MFRS had a privileged position of being trusted and could access people's homes.

Resolved – That;

- 1. Phil Garrigan, Deputy Chief Fire Officer, be thanked for the report.**
- 2. the Health and Wellbeing Board endorse the proposal to pilot the scheme across Merseyside utilising its prevention teams in order to demonstrate (with evaluation) the impact of such activity on health outcomes.**

49 **ALL DAY HEALTH CENTRE GP SERVICES**

Carla Sutton, Senior Contract Manager, NHS England North (Cheshire & Merseyside) presented the Board with a report that outlined changes to GP provision at the All Day Health Centres, and the development of a proposal to provide a fairer, more equitable access to primary medical care services, outside of normal core hours.

After a review of GP Services by NHS England on how patients accessed care had been considered by an Urgent Care Review by NHS Wirral, it had been recognised that the All Day Health Centre was predominately accessed by patients using the services whilst also being registered at other Wirral Practices.

Discussions between NHS England North (Cheshire & Merseyside) and NHS Wirral CCG in the last two years had led to the development of a proposal to provide a fairer, more equitable access for GP services over seven days per week and outside of normal core hours at a large scale in multiple hubs in key locations, to all Wirral residents, away from the main Hospital site.

It was reported that this action had been responsive to the GP Five Year Forward View (October 2014) focus of improving access to GP services, and this drive had been given further direction within the General Practice Forward View (Chapter 5, April 2016) in which CCGs were required to Commission routine appointments at evening and weekends to meet demand, plus additional investment for improved IT access to patient records

The report provided details of the proposed Pilot Service Model and the proposed delivery sites. With regard to the Patient List it was noted that The All Day Health Centre had a very low registered practice list (approximately 600 patients, in comparison to the average practice size of 6000 patients). The patients were generally evenly spread across Wirral.

It was noted that without the funding for the wider GP service, maintaining the registered list would not be a viable option as a stand-alone service. A patient engagement exercise had commenced with the registered patient list regarding the list dispersal and would continue over the next ten weeks.

A dedicated team would communicate directly with the registered patients by

- writing to all patients on the registered list
- offering direction and support to find new GP practices closer to the patient home address
- dedicated phone line and email address to help answer queries (including translation services)
- hosting two engagement 'drop in' sessions at the All Day Health Centre site
- the team would review the registered list for any patient identified as vulnerable or requiring additional support in finding a new practice (patients with on-going treatment, children on 'at risk' registers etc.)
- helping patients with particular needs or requests find a suitable practice (for example patients looking for evening appointments will be directed to appropriate practices)

In the majority of cases patients would be able to secure registration at practice closer to their home address, which would also result in less travel. It was noted that Wirral was fortunate to be able to offer good choice of GP practice to Wirral residents.

Resolved – That the content of the report, the transfer of resources and the on-going development of a Wirral Wide service within primary care be noted.

50 CRISIS CARE CONCORDAT - ONE YEAR ON

Suzanne Edwards, CWP Wirral Acting Service Director, attended the meeting and provided the Board with a presentation on 'Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis' – One year on!'. This set out how partners could work together to deliver high quality response when people, of all ages, with mental health problems urgently needed help. The Concordat provided;

- Access to support before crisis point
- Urgent and Emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well and preventing future crisis

- Expected that in every locality in England, local partnerships of health, criminal justice and local authority would agree to commit to Mental Health Crisis Declarations.

The Board were informed of the Crisis Care principles, the benefits of the Concordat, Wirral's Declaration and Wirral's Action Plan. The report detailed what was already being done and the achievements one year on. It also set out the challenges to the Concordat including resources, workface, skills and expectations and gave details of monitoring and implementation.

Resolved – That;

1. **the report be noted.**
2. **Suzanne Edwards be thanked for the report.**

51 **NHS ENGLAND QUARTERLY ACCOUNTABILITY REPORT**

Nicola Allen, Head of Medical, NHS England attended the meeting and presented the Board with the NHS England Quarterly Accountability Report. The aim of the report was to update the Board regarding the activities and responsibilities of NHS England. The report outlined the national and regional context together with specific updates on priorities that the Local NHS England Teams were responsible for progressing.

With regard to strategy and planning it was reported that the 2017-2019 NHS Operational Planning and Contracting guidance had been issued on 22 September 2016. Operational plans would describe the organisational level approach to delivering the STP for the next two years and would be accompanied by a two year contract. The 'nine must dos' carried over from last year were set out in the report.

The report outlined the GP Forward View that had been developed and published in April 2016. This was a 5 year plan to stabilise, develop and transform Primary Medical Care which would benefit from a £2.4bn investment in Primary Medical Care between 2016/17 and 2020/21. Across the GP Forward View there were in excess of 80 commitments to deliver with 56 having significant elements of regional or local delivery. The main themes of the document in meeting the five year forward view challenge were set out in the report.

With regard to Delivery and Assurance the report provided an update on the CCG Improvement and Assessment Framework, the revised assurance framework for CCGs from 2016/17 onwards. There was an increased focus on clinical priorities within the Five year forward view

In relation to Operational Resilience five A&E Delivery Boards have been established across Cheshire & Merseyside with executive membership and leadership for each. . Each A&E Delivery Board had submitted plans for Winter that had been reviewed jointly with NHS Improvement. A further

assessment would take place but there remained a substantial risk to the A&E 4-hour standard.

The report updated the Board on Health Outcomes Mental Health and noted that further to the Mental Health Taskforce Report published earlier this year NHS England had published The Mental Health Five Year Forward View Dashboard on 27th October 2016. The dashboard would be updated quarterly and can be accessed through the NHS England website.

With regard to CAMHs it was reported that NHS England had identified an additional £25 million which could be made available for CCGs in 2016/17. It is expected that these funds will support CCGs to accelerate their plans and undertake additional activities this year to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay for those in inpatient care.

The report also provided details of Right Care and reported that NHS England was investing in this programme to enable every health economy in England to embed the NHS RightCare approach at the heart of their transformation programmes.

The programme was committed to improving people's health and outcomes. It ensured that the right person had the right care, in the right place, at the right time, making the best use of available resources. Further details of the programme were outlined in the report.

There were four CCGs engaged in the Wave one roll-out of RightCare nationally, one of these was NHS Wirral CCG.

Resolved – That;

- 1. The report be noted.**
- 2. Nicola Allen be thanked for the report.**

52 DATE OF NEXT FORMAL BOARD MEETING

The date of the next formal Board meeting would be Wednesday 15 March, 2016 at 4:00pm in Committee Room 1 Town Hall, Wallasey. A date would also be arranged for a special meeting of the Health and Wellbeing Board to discuss the Sustainability Transformation Plan.

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HEALTH AND WELLBEING BOARD

Monday, 23 January 2017

Present:

Councillor Phil Davies (Chair)

Ms N Allen	Head of Medical, NHS England
Mr D Allison	CEO Wirral University Hospital Trust
Mr A Crawshaw	Director of Operations & Delivery, NHS England
Mr P Davies,	Chair, Healthwatch
Mr J Develing	Accountable Officer, Wirral CCG
Ms S Edwards,	Service Director- Wirral NHS Community Trust
Councillor P Gilchrist	Wirral Council
Councillor Jeff Green	Wirral Council
Mr M Greatrex	Deputy CEO Wirral NHS Trust (dep for K Howell)
Ms F Johnstone	Director of Policy, Performance and Public Health
Councillor C Jones	Wirral Council
Mr G Hodgkinson	Director for Health & Care
Dr S Wells	Chair Wirral CCG

53 DECLARATIONS OF INTEREST

Members were asked if they had any pecuniary or non-pecuniary interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust.

Councillor Jeff Green by declared a non-pecuniary interest during the discussion by virtue of being a Board Member of Magenta Living (formerly Wirral Partnership Homes).

Councillor Chris Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

54 APOLOGIES FOR ABSENCE

Apologies for absence were received from Chief Superintendent Ian Hassall, Merseyside Police, Julia Hassall, Director of Children's Services, Annette Roberts, Wirral Community Action, Val McGee, Director of Integration and Partnerships, Wirral Community Trust (Deputy for Karen Howell), Gary Oakford, Merseyside Police, Councillor Tony Smith and Julie Webster, Head of Public Health.

Further to Minute 44, Health & Wellbeing Board, 16 November, 2016 the Chair opened the meeting and informed attendees that the NHS Wirral CCG report had been published at 3.00pm immediately prior to the last meeting of the Health and Wellbeing Board and Members had not been in a position to give due consideration of the report. The Special Meeting of the Health and Wellbeing Board had therefore been arranged to consider the report and he noted that a debate had subsequently been held at full Council. Members agreed with the Chairs proposal that Members combine consideration of the agenda items 3, 4 and 5 which would be presented by Jon Develing, Accountable Officer, Wirral CCG.

Further to Minute 44, Health & Wellbeing Board, 16 November, 2016 the Chair opened the meeting and informed attendees that the NHS Wirral CCG report had been published at 3.00pm immediately prior to the last meeting of the Health and Wellbeing Board and Members had not been in a position to give due consideration of the report. The Special Meeting of the Health and Wellbeing Board had therefore been arranged to consider the report and he noted that a debate had subsequently been held at full Council. Members agreed with the Chairs proposal that Members combine consideration of the agenda items 3, 4 and 5 which would be presented by Jon Develing, Accountable Officer, Wirral CCG.

Jon Develing introduced the report 'NHS Wirral CCG STP Report' and summarised the highlights that were relevant to Wirral residents in particular. He expressed his appreciation of the levels of anxiety surrounding the STP and the concern about the lack of engagement with elected members. Mr Develing apologised for the way the report had been developed and published. He said it was important, however, to ground the report in the considerable achievements that had been made in Wirral through the Healthy Wirral Plan that had previously endorsed by the Health and Well-being Board.

The Board was informed that the Cheshire and Wirral Local Delivery System Plan (LDS) covered a wide geographical area and built on existing improvement programmes including Healthy Wirral, Caring Together, The West Cheshire Way and Connecting Care. It was clear however that increased demand on health services coupled with an ageing population meant that should no further action be taken there would be an estimated financial gap of circa £314m by 2020. The development of the Local Delivery System Plan across Cheshire & Wirral had provided the opportunity to share best practice and consolidate learning so as to explore rapid adoption of those initiatives that have had the most impact.

Mr Develing highlighted the four key priorities

- 1) Managing care in the most appropriate setting including a significant focus on prevention to help people live healthier lives and thereby reduce demand on health and care services. This would involve building on work

already progressed to develop strategies to improve the management of care in areas including Alcohol related harm, Hypertension, Respiratory and Diabetes

2) Driving out variation in practice through standardising care pathways admission to hospital rates and unwarranted variation in lengths of stay and prescribing rates.

3) Looking how systems can become more efficient with the use of back office functions and in making back office functions more effective. Also by exploring different ways of working and new governance arrangements with a particular emphasis on accountable care.

It was emphasised that the STP was a planning footprint and not a statutory entity. Consequently, with regard to accountability, individual NHS organisations would remain responsible for ensuring their legal duties to involve were met during the design, delivery and implementation process of specific proposals. It was noted that CCGs had a statutory duty to consult on any significant service change.

Mr Develing informed the Board that a full engagement plan was being developed for the next phase of public and stakeholder engagement for the STP, with NHS and local authority representatives involved in shaping an overarching plan for Cheshire & Merseyside. He emphasised that the STP was the sum of its parts and that it must be driven bottom up from local plans so as to truly reflect the needs and diversity of needs of respective populations. It was further noted that whilst there was a direct correlation between that developed locally (Healthy Wirral) and that within the STP, this was not as clear as it could be and any future Cheshire & Merseyside level plans would need to better reflect this relationship and it was important that the work of Healthy Wirral was acknowledged. Copies of the Cheshire & Merseyside Sustainability and Transformation Plan and the Cheshire & Merseyside Sustainability and Transformation Plan Summary were included as agenda items 4 and 5 respectively.

Following the presentation the Chair opened the meeting for comments and questions and indicated that he was highly critical of both the lack of consultation with elected Members and the fact that courtesy had not even been afforded to share this with the Leader of the Council. There had consequently been no opportunity to input to any extent and Members had been expected to react to a document that they had not even had sight of. It was understandable that there were concerns that there was a hidden agenda. Members were not therefore prepared to endorse the Plan until some meaningful engagement had taken place. He concluded that credibility had been seriously damaged by the lack of endorsement by elected Members of the Council and called for more information. He commented that engagement was needed urgently as there was concern that the STP had become a 'toxic brand' and there were fears that it would therefore become difficult to make progress on these Plans.

Councillor Jeff Green questioned whether there was a proposal to downgrade services at Arrowe Park Hospital, whether there were plans to relocate services to Liverpool and whether there were plans to move elective surgery to Clatterbridge Hospital. Mr Develing responded that there no plans to downgrade services at APH, no plans to move any Wirral services to Liverpool and it was correct that some elective surgery could move to Clatterbridge in order to better utilise resources. Councillor Green further commented that whilst it was recognised that the NHS was 'in a bind' as better outcomes was an indication of success. People were living longer and thus demands on procedures cost money and the desire to put the document in place was understood. He cautioned however that it would not be useful if this became a proxy for a political fight with the Government.

Councillor Phil Davies indicated that he welcomed the report as a starting point for discussion and engagement and thanked the partners for their input. Councillor Phil Gilchrist raised concerns whether the Plan was all about rationing and Mr Develing responded that Wirral had an ageing population and demand was exceeding the ability to meet demands. It was not clinically sustainable given the numbers of GPs, Registrars and Nurses coming forward into the service. It was therefore important that options such as a shared service with the Countess of Chester for example in the field of Ophthalmology or the best use of the Clatterbridge site for Orthopaedics be looked at so that services could become clinically sustainable.

David Allison, CEO Wirral University Hospital Trust, commented that it was worth remembering that the Trust was one of the largest employers at 5,500 employees and was in the upper quartile nationally. There was increasing demand on non-elective (not planned) care and in January 2017 compared to December 2016 there was a 45% increase in the number of patients going through resuscitation and a 13% increase in Ambulance attendances. In the week prior to the meeting there had been 102 patients who could be cared for outside hospital and there was never a better time for close integrated care with health and social care. The Trust was looking at a substantial deficit and there would be a significant financial challenge even if savings were enacted. There was therefore no option to do nothing. Wirral had 94,000 patients and the Countess of Chester had 74,000 so there would be no move away from the two strategic sites. Areas that had to be considered would be areas that would avoid the duplication of any services e.g. ENT. Orthopaedics and Ophthalmology and the vision for Clatterbridge would be an integrated campus. Areas that would be looked at would include the back/middle office. In response to a question from Cllr Phil Gilchrist Mr Allison said there were no plans for a larger hospital at APH – it was a 1970's build and it was recognised that in the long term the options of replacing assets would have to be looked. APH was not however a single asset and it would be about replacing parts of it and keeping assets up to date which would be a preferred option than having to consider a complete rebuild in 12-15 years' time.

Members discussed the Plan and contributed to the discussion including comments from Councillor Chris Jones who reflected on the good work around Healthy Wirral and acknowledged the integration involved whilst also commenting that as a Council Wirral was willing to be involved. Dr Sue Wells commented on the finite resources of manpower and finance and stressed that collaboration and integration was most important and agreed that there had never been a time when there had been so much working together between health and social care. Graham Hodgkinson agreed that what was needed was a system that was not 'hospital-centric' and it was vital that Health was looked at in a broader place based agenda that would sit within the Partnership's 20:20 vision that would enable everyone to live healthier lives.

Councillor Phil Davies thanked Jon Develing and all the partners for their contributions.

Resolved – That;

- 1. the Health and Wellbeing Board thanks Mr Jon Develing for his attendance and presenting of the key points of the Sustainability and Transformation Plan (STP).**
- 2. the Health and Wellbeing Board notes the contents of the Cheshire & Merseyside Sustainability & Transformation Plan.**
- 3. the Health and Wellbeing Board asks for further reports with engagement with the public and stakeholders.**
- 4. the Health & Wellbeing Board reaffirms support for the priorities set out in the Healthy Wirral Plan.**

56 **CHESHIRE & MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN**

Discussed under agenda item 3, minute no 55 refers.

57 **CHESHIRE & MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN SUMMARY**

Discussed under agenda item 3, minute no 55 refers.

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Wirral Health & Wellbeing Board
Wednesday 15th March 2017

REPORT TITLE:	Community Pharmacy Scrutiny Review
REPORT OF:	The Chair and members of the People Overview & Scrutiny Committee

REPORT SUMMARY

The Government set out initial proposals for community pharmacy in 2016/17 and beyond in an open letter to the Pharmaceutical Services Negotiating Committee (PSNC) and other stakeholders on 17th December 2015. The proposals included revised contractual and funding arrangements. A period of formal consultation ended on 24th May 2016, although confidential discussions continued beyond that date.

Following a Notice of Motion to Council in July 2016, this issue was referred to the People Overview & Scrutiny Committee for further consideration. On the advice of NHS England, it was not practical to commence a detailed scrutiny review immediately as the Government had not, at that time, made a formal response to the consultation nor provided detailed proposals regarding the future contractual and financial arrangements for community pharmacies.

Once the Government’s final proposals were made public in October 2016, a task & finish group met in November to consider the potential impact of the changes to Wirral. The attached report documents the findings of the members and the conclusions which have been drawn. On 1st February 2017, the report was approved by the People Overview & Scrutiny Committee and was referred to Wirral Health & Wellbeing Board for further consideration. Members of the Health & Wellbeing Board are requested to consider the report and reflect on the recommendations arising from this review.

RECOMMENDATION/S

- (1) Members are requested to note the report and recommendations of the Community Pharmacy scrutiny review, making any appropriate comments.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The subject of the Scrutiny Review report has a potential impact on the health and wellbeing of residents in the borough.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

New contractual and funding arrangements for community pharmacies were published by the Department of Health on 21st October 2016. In order to consider the potential impact of the changes on Wirral, an Evidence Day was held on 16th November 2016, including representatives from NHS England, Wirral Clinical Commissioning Group (CCG), Community Pharmacy Cheshire & Wirral Local Pharmacy Committee and Public Health (Wirral Borough Council). The members of the task & finish group were Councillors Moira McLaughlin (Chair), Tom Anderson, Angela Davies, Phil Gilchrist, Treena Johnson, Chris Meaden, Tony Norbury and Tom Usher.

Members agreed that the objectives of the review were:

- To understand the rationale behind the current provision of community pharmacies in Wirral.
- To review the implications for Wirral of the Government proposals for changes to the contractual framework and funding of community pharmacies.
- To ascertain whether action or intervention by the various partners will be necessary to mitigate the impact on services

The attached report documents the conclusions and recommendations which the members have formed, as well as a summary of the evidence base on which those recommendations are based. Members of the People Overview & Scrutiny Committee have, on 1st February 2017, approved the report and requested that it be referred to both the Cabinet of Wirral Borough Council and to Wirral Health & Wellbeing Board for noting and any comment.

4.0 FINANCIAL IMPLICATIONS

Not applicable

5.0 LEGAL IMPLICATIONS

Not applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Not applicable

7.0 RELEVANT RISKS

Not applicable

8.0 ENGAGEMENT/CONSULTATION

Not applicable

9.0 EQUALITY IMPLICATIONS

There are no equality issues arising directly from this report

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APPENDICES

Appendix 1: Community Pharmacy scrutiny report

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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**COMMUNITY PHARMACIES
SCRUTINY REVIEW**

A report produced by
THE PEOPLE OVERVIEW & SCRUTINY COMMITTEE

January 2017
FINAL REPORT

WIRRAL BOROUGH COUNCIL
COMMUNITY PHARMACIES
SCRUTINY REVIEW
FINAL REPORT

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1. INTRODUCTION AND ORIGINAL BRIEF

The Government set out initial proposals for community pharmacy in 2016/17 and beyond in an open letter to the Pharmaceutical Services Negotiating Committee (PSNC) and other stakeholders on 17th December 2015. The proposals included revised contractual and funding arrangements. A period of formal consultation ended on 24th May 2016, although confidential discussions continued beyond that date.

The following Notice of Motion was moved at Council on 11th July 2016:

SECURING LOCAL PHARMACY SERVICES

Proposed by Councillor Phil Gilchrist

Seconded by Councillor Dave Mitchell

“Council notes that the Department of Health undertook a consultation on the future of Community Pharmacies which concluded in May 2016.

Council recognises that this has created uncertainty about the range of accessible pharmacy services, with the delivery of a petition to 10 Downing Street bearing 1.8 million signatures raising concerns.

Council is concerned that the potential changes in the funding of pharmacy services may have an adverse impact on the availability of local services, with an impact on GP workload and pressures on hospital services. This would have an adverse impact on the Wirral Plan and undermine the objectives of Healthy Wirral.

Council therefore requests that the Cabinet:

- 1. ensure that this Council and its partners work with health providers so as to ensure that there is no reduction in the provision of services to Wirral’s residents;*
- 2. ensure that the Health and Wellbeing Board is kept informed of the emerging arrangements so that the impact of any efficiency savings can be monitored and assessed”.*

A subsequent amendment was also moved and approved:

Proposed by Councillor Janette Williamson

Seconded by Councillor Moira McLaughlin

Add the following:

“Council notes that there are potential changes to the funding of pharmacy services following on from the completion of the consultation currently underway by the Department of Health and is uncertain how this will impact on the objectives of Healthy Wirral. We therefore request that this matter be referred to the People Overview and Scrutiny Committee for further scrutiny to ensure better informed decision making”.

In response, the People Overview & Scrutiny Committee agreed to form a task and finish group to undertake a review. On the advice of NHS England, it was not practical to commence the review immediately as the Government had not, at that time, made a formal response to the consultation nor provided detailed proposals regarding the future contractual and financial arrangements for community pharmacies. Following a period of negotiation with the PSNC, the Government imposed a settlement. New arrangements were published by the Department of Health on 21st October 2016. As a result, an Evidence Day was held on 16th November 2016, including representatives from NHS England, Wirral Clinical Commissioning Group (CCG), Community Pharmacy Cheshire & Wirral Local Pharmacy Committee and Public Health (Wirral Borough Council). The scope for the review, agreed by the members of the task & finish group is attached as Appendix 1 to this report. The objectives of the review were:

- To understand the rationale behind the current provision of community pharmacies in Wirral.
- To review the implications for Wirral of the Government proposals for changes to the contractual framework and funding of community pharmacies.

- To ascertain whether action or intervention by the various partners will be necessary to mitigate the impact on services

The methodology for the review, including the contributors to the Evidence Day is shown as Appendix 2.

An Executive Summary of the findings follows, together with the recommendations arising from this Review. The Report then sets out contextual information relating to the pharmacy sector, both nationally and locally. This is followed by a description of the Government's revised contractual and funding arrangements for community pharmacies followed by the key findings of the Review along with the evidence gathered in support of the recommendations proposed by the Scrutiny Panel Members.

2. EXECUTIVE SUMMARY AND RECOMMENDATIONS

From April 2013, local Health & Wellbeing Boards became responsible for the publication and update of the local Pharmaceutical Needs Assessment (PNA), which provides a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs including areas of deprivation. Updated every three years, Wirral's current PNA was produced in 2015 and concluded that the borough is well served in terms of spread of pharmacies. There was one pharmacy for every 3,402 residents, which compared extremely favourably to the national average of one pharmacy for every 5,000 resident population. With a rate of 29 per 100,000 population, Wirral also had a higher ratio of pharmacies than its geographical neighbours including West Cheshire (at 24 per 100,000), Warrington (at 22 per 100,000) and Knowsley (at 25 per 100,000). Wirral's current provision is 94 pharmacies across the borough. The provision includes nine which operate '100 hour contracts' plus one operator of a distance selling contract. The distribution of pharmacies in the borough, as at October 2016, is shown on the map in section 4.4 of this report (page 11).

The Department of Health issued reforms to the contractual and funding arrangements for community pharmacies in October 2016. As agreement could not be found with the PSNC after detailed negotiation, the Government announced that the proposed reforms will be implemented. The Pharmacy Funding Settlement will result in national spending of £2.687 billion (a 4% reduction) in 2016/17 and £2.592 billion (a further 3.4% reduction in 2017/18). The funding changes will result in a simplification of the fees structure, including consolidation of fees into a single activity fee and phasing out of establishment fees. At the same time, the Pharmacy Access Scheme (PhAS) will be introduced to support access where pharmacies are sparsely spread and patients depend on them the most. However, key among the criteria for eligibility to the new access scheme is that a pharmacy must be more than one mile from the next nearest pharmacy. Initial indications are that, at a national level, 1356 pharmacies will receive funding from the PhAS on the basis of these criteria. However, only four of these are in Wirral.

Although a national impact assessment has been undertaken by the Department of Health, Members were informed that, at this stage, no local impact assessments have taken place nor have any been requested. All contributors at the Evidence Day agreed that, at this stage, it is not possible to give an indication as to whether the funding changes will lead to a reduction in the number of pharmacies in Wirral. Although it is recognised that the funding changes are causing considerable concern to local pharmacy providers, it is particularly difficult to estimate the financial impact of the funding changes on businesses (and the market as a whole) as the services provided by pharmacies are not all related to the NHS; this particularly being the case where a pharmacy is co-located as part of a larger store. The impact on individual pharmacies will vary depending on their business model. Members are also very much aware of the role of pharmacy in the community as a much needed social and economic asset. This was demonstrated in the Local Government Association response to the Government consultation in early 2016 and also a report produced on behalf of the Pharmaceutical Services Negotiating committee (PSNC) by Price Waterhouse Cooper.

The Panel members have, therefore, concluded that the most appropriate action is to request Wirral's Health & Wellbeing Board to keep an on-going brief over future developments in the local pharmacy market. It is suggested that, if pharmacy closures (or mergers) do take place, the impact on the respective communities and on other health service providers, such as GPs are taken into account. The People Overview & Scrutiny Committee is also recommended to undertake a further investigation of the impact of the new contractual and funding arrangements for community pharmacies in approximately one year's time.

Alongside the new financial arrangements, the Department of Health also issued other significant changes to the contractual arrangements for community pharmacies. The Pharmacy Quality Payments Scheme will be introduced in 2017, with up to £75 million being paid to community pharmacies for meeting a number of quality criteria. At the same time, the Pharmacy Integration Fund (PHIF) is being introduced during 2016/17 and beyond. The aim of the PHIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in more integrated and effective NHS primary care patient pathways. This should lead to greater co-location of pharmacies with other health service providers, such as GPs; a proposal developed further in the GP Five Year Forward View. Joint working with stakeholders, led by NHS England and Wirral CCG is taking place to support take-up of the innovation proposals. In general, members welcome these other contractual changes seeing opportunities for the greater integration of pharmacies within the NHS and also for developing greater use of pharmacies in the delivery of more specialised services and public health services.

In considering the evidence found during the Review, the Panel Members have formulated the recommendations shown on page 7.

Community Pharmacies Scrutiny Review – Recommendations

Recommendation 1 – Monitoring the future impact of the new contractual and funding arrangements

It is recognised that the impact of the Government's contractual and funding arrangements for community pharmacies is causing concern among the providers. As no local impact assessments of the new arrangements have taken place, the consequences of the policy change are currently unclear. Therefore, Wirral's Health & Wellbeing Board is requested to keep an on-going brief over future developments in the local pharmacy market. Further data will be required to establish:

- The number of pharmacies directly affected (by closure or merger);
- The impact of changes in the market on any specific communities, particularly in light of the criteria for eligibility to the new Pharmacy Access Scheme not including any indicator of community deprivation;
- The potential impact on other service providers, such as GPs.

Recommendation 2 – Integration of pharmacies within the NHS

As members welcome proposals to further integrate community pharmacies and pharmacists more closely within the NHS, Wirral CCG and NHS England are encouraged to further develop the principle of co-location between GP practices and pharmacies (or employment of a clinical patient-facing pharmacist).

Recommendation 3 – Diversification of pharmacy services

As the GP Five Year Forward View gives a direct incentive to promote the use of pharmacies for specialised services such as the treatment of diabetes or deep vein thrombosis, Wirral CCG is encouraged to consider the feasibility of such schemes at the earliest opportunity.

Recommendation 4 – Public health commissioning of services via pharmacies

The Director for Health & Wellbeing (DPH) is requested to ensure that public health services such as smoking cessation and Emergency Hormonal Contraception (EHC) continue to be services that are easily available through outlets such as community pharmacies. Public health services will continue to be commissioned with a view to providing the best value for money and outcomes for patient care and public health. For the future commissioning and re-commissioning of services, opportunities for pharmacy consortia to tender should be made clear.

Recommendation 5 – The relationship between pharmacies and care homes

The Director for Health & Care is requested to consider whether closer links can be established between pharmacists and care homes in order to take on roles such as medication reviews for patients. The Local Authority's commissioning of care homes could be developed to include consideration of the home's relationship with a pharmacist as part of the specification of the service.

Recommendation 6 – Repeat prescription pilot scheme

Members note the pilot scheme implemented by Wirral CCG aimed at reducing medicine waste by stopping pharmacies being able to order repeat prescriptions for people. It is proposed that the People Overview & Scrutiny Committee receive a report from Wirral CCG regarding the outcomes of the pilot scheme with particular reference to the patient experience of this pilot.

Recommendation 7 – Future review by the People Overview & Scrutiny Committee

The People Overview & Scrutiny Committee is recommended to undertake a further investigation of the impact of the new contractual and funding arrangements for community pharmacies in approximately one year's time. An update on the other recommendations from this review will be incorporated.

3. MEMBERS OF THE SCRUTINY PANEL

Councillor Moira McLaughlin (Chair)



The public are very well aware that the NHS is under acute strain at this time and this is particularly strongly felt in the provision of acute hospital services and GP practices. As efforts are made to try to reduce this strain other services are being introduced or enhanced to direct people with less serious conditions away from hospital and GP attendance to alternative forms of help. A very important part of that effort is developing and making people aware of how pharmacists can help through advice and carrying out some of the procedures such as blood glucose and blood pressure checks and administering of flu vaccinations.

The consultation initiated by the Government towards the end of 2015, leading to the formal announcement of revised funding and contractual arrangements for pharmacy services in October 2016 have been greeted with concern by pharmacists themselves who feel that they will result in closures and a diminished service for people.

Wirral is currently adequately served by pharmacy services, but the impact of these changes locally have not been assessed, though they have been at a national level and the local impact is, therefore, unknown. This report was undertaken following concerns raised at Full Council and though it has been a useful exercise in understanding the role of pharmacies and how they can be further developed to improve health for Wirral residents, it has left us no clearer, at the end of it, as to what the local impact will be. For that reason our overriding recommendation is that the Health and Wellbeing Board and the People Overview and Scrutiny Committee should monitor pharmacy closure closely and the impact they have on local communities.

Other Panel members:

<p><i>Councillor Tom Anderson</i></p> A portrait of Councillor Tom Anderson, a man with short dark hair, wearing a grey suit and blue tie.	<p><i>Councillor Angela Davies</i></p> A portrait of Councillor Angela Davies, a woman with long dark hair, wearing a black top.	<p><i>Councillor Phil Gilchrist</i></p> A portrait of Councillor Phil Gilchrist, a man with a beard and balding head, wearing a grey suit and blue tie.	<p><i>Councillor Treena Johnson</i></p> A portrait of Councillor Treena Johnson, a woman with blonde hair, wearing a white sleeveless top.
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<p><i>Councillor Chris Meaden</i></p> A portrait of Councillor Chris Meaden, a woman with long blonde hair and glasses, wearing a grey top.	<p><i>Councillor Tony Norbury</i></p> A portrait of Councillor Tony Norbury, a man with a bald head, wearing a dark suit and striped tie.	<p><i>Councillor Tom Usher</i></p> A portrait of Councillor Tom Usher, a man with short dark hair, wearing a grey suit and blue tie.	<p><i>This Scrutiny Panel was supported by:</i> Alan Veitch Scrutiny Officer 0151 691 8564 alanveitch@wirral.gov.uk</p>
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4. CONTEXTUAL INFORMATION

4.1 Current arrangements for commissioning pharmacy services

Since April 2013, when Primary Care Trusts (PCTs) ceased to exist, a number of commissioners have had a role in commissioning services from community pharmacies. From that time, NHS England became responsible for the management of pharmacy lists. As well providing an assurance role, local NHS England teams commission all services in the NHS Community Pharmacy Contractual Framework (CPCF), that is, Essential, Advanced and Enhanced Services:

- Essential services: All pharmacies are required to provide essential services, which include dispensing, prescription-linked healthy lifestyle advice, and support for self-care within a clinical governance framework.
- Advanced services: Pharmacies can choose to, and the majority do, provide advanced services if accredited, which include medicine use reviews (MURs) and the new medicines service (NMS).
- Enhanced services: Pharmacies also provide enhanced services, as commissioned locally by NHS England area teams to meet local needs, such as a minor ailment service.

In addition to services specified in CPCF, Local authorities and Clinical Commissioning Groups (CCGs) can also commission services directly from pharmacies, and, across the country, many public health services are commissioned this way, for example, stop smoking services. The following public health services provided by community pharmacies in some areas would be commissioned by local authorities:

- Supervised consumption;
- Needle and syringe programme;
- NHS Health Check;
- Emergency Hormonal Contraception (EHC) and other contraceptive services;
- Sexual health screening services;
- Stop smoking;
- Chlamydia testing and treatment;
- Weight management; and
- Alcohol screening and brief interventions.

Although the CCG is not responsible for commissioning of the core contract for pharmacy services, CCGs may wish to commission services from community pharmacies in response to specific needs of the local population such as minor ailments services, palliative care schemes, MUR+ and other medicines optimisation services.

4.2 National Context: Community Impact

The following statistics give an indication of the role which community pharmacies play within local communities¹ at a national level:

- there were 11,674 community pharmacies in England in March 2015;
- It is estimated that 1.6 million people visit a pharmacy each day; 1.2 million of those for health related reasons (433 million in 1 year);
- 79 per cent of people have visited a pharmacy at least once in the last 12 months, 37 per cent visit at least once a month;
- over 75 per cent of adults use the same pharmacy all the time;
- pharmacies in England dispensed nearly one billion (978.3 million) prescription items in 2014/2015 - nearly 2.7 million items per day;

¹ Source: 'The community pharmacy offer for improving the public's health: A briefing for local government and Health and Wellbeing Boards', Local Government Association, March 2015

- 95 per cent of people are able to get to a pharmacy within a 20 minute walk and access is greatest in the most deprived areas;
- over 9,000 pharmacies in England supported Smoke Free January in 2015;
- nearly 10,000 pharmacies supported Stoptober 2015;
- over 90 per cent of pharmacies now have a private consultation room and many have already taken on a wider public health role, for example running weekly clinics to help people lose weight, stop smoking or to monitor blood pressure or cholesterol;
- over 8,000 (nearly 70 per cent) of pharmacy contractors had signed up to deliver the seasonal flu vaccination in 2015, with almost half a million vaccinations having been delivered by 20th November.

4.3 Wirral's Pharmaceutical Needs Assessment (PNA) - 2015

From April 2013, local Health & Wellbeing Boards became responsible for the publication and update of the local Pharmaceutical Needs Assessment (PNA). The Health & Wellbeing Board will be held to account for the quality of the PNA (and potentially the cost of defending it at an appeal). Since 2012, control of the entry of new pharmacies has been determined by a Market Entry Test. Applications are considered with reference to the PNA. The PNA provides a detailed review of:

- The existing pharmacies
- Current services provided and the opening hours
- The needs of the population including the areas of deprivation

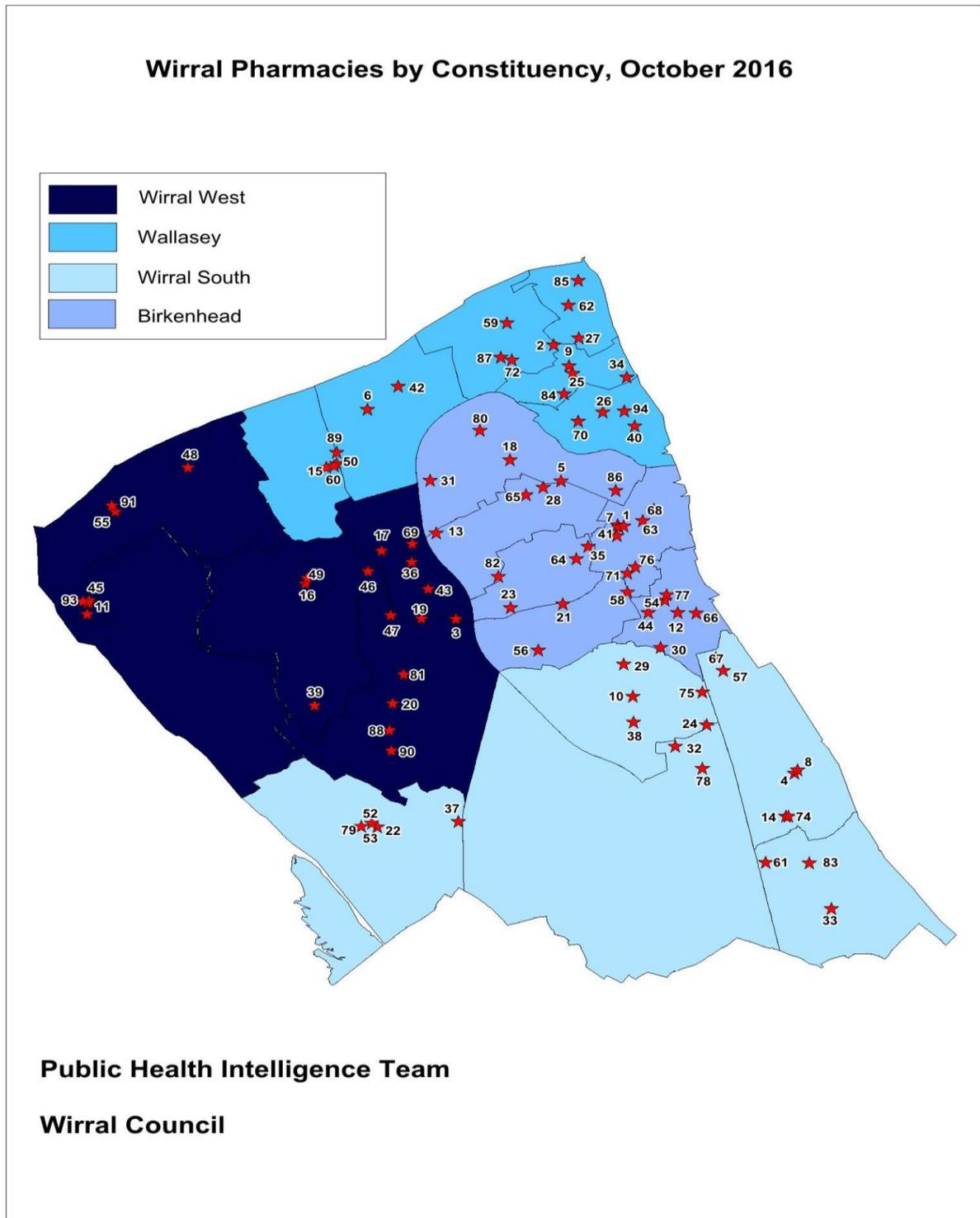
The PNA must be updated at least every 3 years and the current version for Wirral commenced in 2015 and lasts until 2018. A draft plan is in place to complete the next version of the PNA by March 2018, which includes a period of public consultation. In terms of the timetable for the review of the PNA, the consequences of the pharmacy contractual changes are unknown. It is possible that the timetable for the PNA renewal could be brought forward if the pharmacy market were to radically change (that is, there were a number of closures / mergers).

At the time it was produced, the key findings in the 2015 PNA for Wirral included:

- Wirral was generally very well served by community pharmacies. There was one pharmacy for every 3,402 residents, which compared extremely favourably to the national average of one pharmacy for every 5,000 resident population. With a rate of 29 per 100,000 population, Wirral also had a higher ratio of pharmacies than its geographical neighbours including West Cheshire (at 24 per 100,000), Warrington (at 22 per 100,000) and Knowsley (at 25 per 100,000).
- Wirral residents had adequate access to 'out of hours' pharmacy services through the provision of '100 hour contracts' and there is good weekend coverage for residents of all four constituencies. There are currently nine pharmacies in Wirral operating '100 hour contracts'. (These are listed among the information in Appendix 3). Wallasey had the least pharmacies delivering 100 hour contracts, but had good weekend coverage.
- 'Locally Commissioned Services' were delivered equitably throughout the borough with over two thirds of all community pharmacies providing alcohol and smoking misuse services (for example, the Nicotine Replacement Therapy scheme).
- Geographical mapping of locally commissioned services show that more services were delivered in the most densely populated areas of the borough. It is intended that services continue to be delivered in line with population growth and also deprivation.
- In Wirral there was an increasing number of pharmacies now co-located with GP surgeries (12) making the transition and relationships between GP and pharmacy staff more seamless.
- The PNA did not identify any specific gaps in local service provision at that time.

4.4 Current location of pharmacies in Wirral

Wirral's current provision is 94 pharmacies across the borough. The PNA (2015) concluded that the borough is well served in terms of spread of pharmacies. The provision includes nine which operate '100 hour contracts' plus one operator of a distance selling contract. The distribution of pharmacies in the borough, as at October 2016, is shown on the map below. The legend to the map, showing the location of each of the 94 pharmacies is attached as Appendix 3 to this report.



5. THE GOVERNMENT PROPOSALS FOR FUNDING AND CONTRACTUAL ARRANGEMENTS

The Department of Health issued reforms to the contractual and funding arrangements for community pharmacies in October 2016. As agreement could not be found with the PSNC after detailed negotiation, the Government announced that the proposed reforms will be implemented. Members were informed that the aims of the contractual changes, from the Government perspective, are to:

- Integrate community pharmacy and pharmacists more closely within the NHS, in line with the GP Forward View;
- Modernise the system for patients and the public, capitalising and learning from innovation and digital implementation;
- Ensure the system is efficient and delivers value for money for the taxpayer;
- Maintain good public access to pharmacies and pharmacists in England.

Key changes to the contractual and funding arrangements are detailed below.

5.1 Funding Settlement

The Pharmacy Funding Settlement will result in national spending of £2.687 billion (a 4% reduction) in 2016/17 and £2.592 billion (a further 3.4% reduction in 2017/18). Decisions relating to community pharmacy remuneration for 2018/19 and beyond will be subject to future consultation.

The funding changes will result in:

- **Simplification of the Fees structure**, including consolidation of fees into a single activity fee and phasing out of establishment fees. The single activity fee will subsume a range of dispensing-related fees into one, simplified payment. The establishment fee, which is currently paid on a banding dictated by prescription volume, will be phased out in totality by 2019/20. Prior to the changes, the fee started at £23,278 for over 2,500 or more dispensed items per month, increasing to £25,100 for over 3,150 or more dispensed items per month. Compared to 2015/2016 levels, as at 1st December 2016 the fee was reduced by 20% (the top payment reducing from £2,092 per month to £1,673). As at 1st April 2017, the fee will be reduced by 40% (top payment reduced to £1,255 per month).
- **The Pharmacy Access Scheme (PhAS)** will be introduced to support access where pharmacies are sparsely spread and patients depend on them the most. Criteria for inclusion include:
 - Pharmacy is more than 1 mile from next nearest pharmacy
 - Pharmacy is included in pharmaceutical list from 1st September 2016
 - Pharmacy is not in top quartile by dispensing volume

The new fee incorporates efficiency saving of 1% in 2016/17 and 3% in 2017/18 (compared with 4.6% and 8.3% for non-PhAS pharmacies). Initial indications are that, at a national level, 1356 pharmacies will receive funding from the PhAS on the basis of these criteria. On average, the payment received will equate to approximately £11,600 for the 4 remaining months in 2016/17 and £17,600 in 2017/18. The scheme will operate from 1st December 2016 to 31st March 2018. A review mechanism is in place to enable pharmacies to appeal for addition to the scheme if they feel that their circumstances merit consideration.

5.2 Other contractual arrangements

Alongside, the new financial arrangements, the Department of Health also issued other significant changes to the contractual arrangements for community pharmacies:

- **The Pharmacy Quality Payments Scheme** will be introduced in 2017. The scheme will reward community pharmacies for delivering quality criteria in all three of the quality dimensions: clinical effectiveness, patient safety and patient experience. Up to £75

million will be paid to community pharmacies for meeting a number of quality criteria. The payment will depend on how many of the quality criteria the pharmacy achieves.

For a pharmacy to become eligible for any payment under the Quality Payments Scheme it must first meet all four gateway criteria. The gateway criteria are:

- the contractor must be offering at least one specified advanced service at the pharmacy, such as, Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot; and
- the NHS Choices entry for the pharmacy must be up to date; and
- pharmacy staff at the pharmacy must be able to send and receive NHS mail and
- the pharmacy contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service at the pharmacy premises.

Pharmacies passing the gateway will receive a payment if they meet one or more of a further list of the criteria. These criteria have been weighted based on an assessment of the challenge of achievement and the benefit to patients from doing so, with each criterion designated a number of 'points'.

- **The Pharmacy Integration Fund (PHIF)** is aimed at transforming the way pharmacy and community pharmacy services are commissioned from 2016/17 and beyond. It seeks to not solely look at traditional community pharmacy services but pharmacy in the broader professional sense. The aim of the PHIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway. In particular, the PHIF will drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models. With £20 million available in 2016/17 and rising to £100 million by 2020/21, investments already identified within PHIF with resources allocated include:
 - 2016/17 Integration of pharmacy in to urgent care pathways
 - National urgent supply pilot as a referral from NHS 111. This will speed up access for those needing urgent repeat prescriptions because they will no longer need a GP out-of-hours appointment.
 - Improved access to minor illness service via NHS 111. The intention is to make the referral of people with minor ailments from NHS 111 to community pharmacy much more robust.
 - 2017/18 Further developments include:
 - Workforce Development for Pharmacists and Pharmacy Technicians working in a range of settings to better integrate pharmacy in to NHS Primary Care settings.
 - Training and development for pharmacists working in care homes, integrated urgent care clinical hubs including NHS 111 and GP out of hours.

A programme of first wave pilot schemes is underway in 2016 to support GP practices working within a geographical locality to employ a clinical patient facing pharmacist to support the skill mix of the clinical team. This is part of the GP Five Year Forward View strategy. Although there are 6 pilot sites across Cheshire and Merseyside in wave 1, none are in Wirral.

- **Market Entry Changes** are proposed which will allow pharmacies to consolidate (merge or close a branch) without this creating an artificial gap in provision.

6. KEY FINDINGS

6.1 Impact of the proposed funding changes on the pharmacy market

The Department of Health has undertaken a national impact assessment of the proposed contractual and funding changes. The assessment explains that "The current mechanism for funding community pharmacy is complex, and there is a constant need to ensure that NHS resources are being directed in an optimal manner, as well as community pharmacy needing to make its contribution to the efficiency savings the NHS needs to deliver. This includes seeking to ensure that good patient access to pharmaceutical services is maintained whilst ensuring the most efficient use is made of public funds. Government intervention is needed to improve the mechanism for funding community pharmacies, to ensure NHS resources are allocated efficiently". However, the assessment further explains that "There is no reliable way of estimating the number of pharmacies that may close as a result of this policy, and the potential impacts in this Impact Assessment are assessed on the basis that there is a scenario where no pharmacy closes".

During the Evidence day, members were informed that, at this stage, it is not possible for NHS England to give an indication as to whether there will be a reduction in the number of pharmacies in Wirral. It was confirmed that no local impact assessment has been undertaken nor had there been a requirement for NHS England local offices to do so. Wirral CCG confirmed that no assessment of the impact of the funding changes on Wirral had taken place and it is not yet known whether the policy will lead to a significant change in the number of pharmacies from the current cohort of 94. It is particularly difficult to estimate the financial impact of the funding changes on individual businesses (and the market as a whole) as the services provided by pharmacies are not all related to the NHS. Some pharmacies will have significant on-line sales or have other parts of their business.

It was pointed out that NHS funding is only a small part of pharmacy income. Some pharmacies, for example, those located as part of larger stores may operate as loss leaders. In other localities, because of the population composition, a pharmacy could exist purely on dispensing. It was noted that the pharmacy marketplace has undergone significant changes during the last decade. Under market-entry rules introduced by the Government in 2005, Members were informed that a pharmacy had an automatic right to be established on the assumption that it would be open for 100 hours per week or more per week or would operate as an internet and mail-order pharmacies. In the period from 2005 to 2014, approximately 3000 additional pharmacies opened across the country. There are currently 9 providers in Wirral delivering 100 hour contracts. This market change has led to the effective disbanding of the pharmacy rota which was formerly used to ensure that a local pharmacy was open during evening and weekend hours.

The establishment of the distance selling pharmacy (or internet sales) is also changing the marketplace. Although one distance selling operator is based in Wirral, clearly the precise location of such service providers is less important as sales are via the internet. As an example, one large distance selling pharmacy, not based in Wirral, is estimated to issue between 50,000 and 60,000 prescriptions per month nationwide. Looking to the future, it is also important that the opportunities arising from the emerging seven day GP service developments include community pharmacy. It is feasible that those developments could provide further opportunities for co-location.

Representatives from the Community Pharmacy Cheshire & Wirral Local Pharmacy Committee also confirmed to Members that, at this stage, it is not known how many pharmacies on Wirral will close. However, based on a previous Government Minister's prediction that 3000 pharmacies could close nationwide, the Local Pharmacy Committee argued that it is possible, locally, one-in-four pharmacies could close.

A pharmacy contractor provided a statement for members, which probably best describes the potential community impact of the changes. The statement included:

"The local community have relied on us for all their medicinal needs and we have not failed them yet. We have been available to this community 6 days a week, opening on bank holidays and even xmas day. The community relies on us to dispense prescriptions, over-the counter advice, signposting, a go-between with the local surgeries who we have excellent relationships with, MURs, help with new medicines, home deliveries (Sundays, evenings, you name it we do it), blister packs to help vulnerable patients and any other needs patients' have.

These other acts cannot be measured, but we are here for the community and are for some the only source of contact they have for days or weeks at a time. We are a constant in these people's lives and all we want to do is keep them well, and to stop them from feeling isolated in their illness or social circumstances. We are on their doorstep and we would like to stay there too.

We want to stay accessible for the local community. It is 1.2 miles for them to walk, drive or public transport to the next pharmacy (who let's not forget, are also in danger of closing) and to some people this is just not achievable. The feeling of isolation they will feel would be devastating. We've helped these people maintain their independence, we have kept them from the unnecessary GP appointments, A&Es and walk in centre's doors, and we have contributed to the massive NHS saving that the PSNC report clearly shows".

Members were informed that the phasing out of the Establishment Fee is the main contributor to the headline 4% and 3.4% budget reductions for 2016/17 and 2017/18. It is this change to the funding arrangements which will have the most significant impact on individual pharmacy contractors. The introduction of the single activity fee will further reduce income for those businesses. The impact on individual pharmacies will vary depending on the business model employed.

A key proposal within the Government's new funding and contractual arrangements package is the establishment of the Pharmacy Access Scheme. As the Establishment Fee will be phased out by 2019 / 2020, the introduction of the Pharmacy Access Scheme will be used to ensure that those pharmacies deemed to be most important to their communities will receive additional government funding (although even those pharmacies will see a real funding reduction compared to pre-December 2016 levels). Members were informed of the key criteria for eligibility to the Pharmacy Access Scheme, key among which is a minimum distance of 1 mile from the next nearest pharmacy. As a result of this, only four pharmacies in Wirral have been named among the 1356 pharmacies deemed to be eligible for inclusion in the scheme by the Department of Health. The four Wirral pharmacies currently on the Pharmacy Access Scheme list are:

- Heswall Hills Pharmacy, 119 Brimstage Road, Heswall
- Irby Pharmacy, 39 Thingwall Road, Irby
- Well Hoylake, 40 Market Street, Hoylake
- Manor Pharmacy, 13 Station Approach, Meols

Members were informed that pharmacies can request a review for eligibility to the Pharmacies Access Scheme if they deem the process to be incorrect, for example, if the calculated distances are not correct. It is understood that some pharmacies in Wirral have taken this course of action although the outcome of the review process is not known at this stage. It is a major concern for Panel Members that the criteria for the Pharmacy Access Scheme are focused primarily on distance and do not take account of other factors such as disadvantaged communities. It was pointed out that in some deprived communities there may be a number of pharmacies in close proximity. However, the demand for pharmacy services is also high in those communities. Members were informed that, during the Department of Health negotiations with the PSNC, an index of deprivation plus distances between established pharmacies had been key criteria to the Access Scheme. However, due to the perceived complexities of the system, the criteria were amended to remove deprivation from the final proposal. As a result, Members were informed by a witness that:
“The proposed Access Scheme will provide support against isolation or rurality; but not against deprivation”.

A key unknown is the impact that any pharmacy closures or mergers may have on other NHS services, such as GP services, A&E and walk in centres. Clearly, if closures do occur it will be important for any impact on attendance levels at those services to be monitored. As a result, the Panel Members propose that the Health & Wellbeing Board keep a watching brief over developments across the pharmacy sector over the coming months.

Recommendation 1 – Monitoring the future impact of the new contractual and funding arrangements

It is recognised that the impact of the Government’s contractual and funding arrangements for community pharmacies is causing concern among the providers. As no local impact assessments of the new arrangements have taken place, the consequences of the policy change are currently unclear. Therefore, Wirral’s Health & Wellbeing Board is requested to keep an on-going brief over future developments in the local pharmacy market. Further data will be required to establish:

- The number of pharmacies directly affected (by closure or merger);
- The impact of changes in the market on any specific communities, particularly in light of the criteria for eligibility to the new Pharmacy Access Scheme not including any indicator of community deprivation;
- The potential impact on other service providers, such as GPs.

6.2 Integration of pharmacies within the NHS

While Members have concerns over the implications of the national funding reductions for community pharmacies, they welcome some of the other contractual changes, such as the proposed Pharmacy Quality Payments Scheme and the Pharmacy Integration Fund (PHIF). As described above (section 5.2), the Department of Health is creating the Pharmacy Integration Fund (PHIF), the intention of which is to create a greater role for the pharmacy profession within a more integrated NHS. The Pharmacy Integration Fund, with £20 million in 2016/17 is aimed at further transforming how pharmacists, their teams and community pharmacy work as part of wider NHS services in their area. Furthermore, the Department of Health is, in particular, proposing closer links between pharmacies and GP practices, care homes and urgent care.

The GP Forward View is committed to current investment of £31 million to pilot 470 clinical pharmacists in over 700 practices to be supplemented by new central investment of £112 million to extend the programme, leading to a further 1,500 pharmacists in general practice by 2020. Indications from the pilot scheme suggest that clinical pharmacists may have a role in streamlining practice prescription processes, medicines optimisation, minor ailments and long term conditions management. Although 6 pilot schemes are in place across Cheshire and Merseyside to enable GP practices to employ a clinical patient facing pharmacist, none of these first wave pilots are in Wirral.

At the same time, the Healthy Wirral Programme includes a review of the options for the current 53 GP practices in Wirral to enable them, if appropriate, to operate at greater scale. For some practices, this may mean moving into larger centres with other services wrapped around them. It is intended that the resulting services will complement one another and that pharmacies will continue to be a key component of the health service mix. Although it is recognised that there are difficulties for some pharmacy providers in responding to some contractual changes, such as using the NHS email account, the Panel Members, in general, welcome the emerging Quality Payments Scheme and the Pharmacy Integration Fund.

Recommendation 2 – Integration of pharmacies within the NHS

As members welcome proposals to further integrate community pharmacies and pharmacists more closely within the NHS, Wirral CCG and NHS England are encouraged to further develop the principle of co-location between GP practices and pharmacies (or employment of a clinical patient-facing pharmacist).

6.3 Extended service provision

As described earlier (Section 4.1), CCGs (as well as Local Authorities) can commission additional services from community pharmacies in response to specific needs of the local population. Such services include the Think Pharmacy service which has been developed by Wirral CCG. Think Pharmacy is a scheme intended to reduce the demand on Primary and Secondary Care and improve better access for patients with minor ailments and conditions.

Members were informed that, since the introduction of Think Pharmacy, the level 1 service enabled patients to receive advice on many minor conditions, for example, head lice which resulted in patients receiving over-the-counter treatments. The level 2 service related to items on prescription only. Following a recent public consultation, the Level 1 service ceased, as of 14th November 2016. Members were informed that a consequence of the removal of the Level 1 service is that those people who normally get their prescriptions free will no longer be able to receive them free over the counter (for those former Level 1 services) and as a result will have to visit the GP for a free prescription.

The Level 2 service remains, with patients with conditions being targeted who would otherwise be most likely to visit a GP. This service includes a diagnostic role for pharmacists. The conditions treatable within the minor ailments specified in Think Pharmacy are:

- Acute Bacterial Conjunctivitis
- Cystitis
- Impetigo
- Migraine
- Oral candidiasis in infants <12 months
- Thrush in Breastfeeding Mothers

The Think Pharmacy scheme is currently focused on trying to divert patients away from primary care. However, the GP Five Year Forward View gives a direct incentive for CCGs to promote the use of pharmacies for helping patients with self care and common ailments, such as diabetes or deep vein thrombosis (DVT). At present, though, there are no schemes ready to roll out in Wirral. It is also estimated that, across Cheshire and Merseyside, there are 40,000 undiagnosed hypertensions. The provision of blood pressure tests by community pharmacies could offer a feasible approach to increasing take-up of the test and improving identification rates. In order to promote increased diversion of patients away from other NHS services, the Panel Members encourage the identification of further conditions which could be offered via alternative providers, such as community pharmacies.

Recommendation 3 – Diversification of pharmacy services

As the GP Five Year Forward View gives a direct incentive to promote the use of pharmacies for specialised services such as the treatment of diabetes or deep vein thrombosis, Wirral CCG is encouraged to consider the feasibility of such schemes at the earliest opportunity.

Section 4.1 of this report identifies the types of public health services which could potentially be available through providers such as community pharmacies. Members were informed that, in Wirral, Public Health no longer commission smoking cessation directly from pharmacies. However, Public Health commissions the provider, ABL Wirral, to provide this service which they sub-contract to a number of pharmacies. Likewise, Public Health funding commissions a provider, CGL, to sub contract with pharmacies for the provision Alcohol Identification & Brief Advice (IBA's), supervised consumption and syringe exchange.

Members were also informed that a report prepared on behalf of the PSNC by Price Waterhouse Cooper had identified that 95% of emergency hormonal contraception was provided by pharmacies. In Wirral, pharmacies are commissioned directly from Public Health to provide Emergency Hormonal Contraception (EHC) services. Members have also noted recent research (reported by the Guardian newspaper) by the Advisory Group on Contraception showing that 1.5million women of reproductive age live in parts of England where councils have restricted contraception services or are considering doing so. Of the 140 local authorities which responded to a Freedom of Information request, 20 confirmed that at least one site had closed in 2015/16 or would do this year, and a further 18 said that clinics could be closed during 2016/17. As a result, members would like to ensure that, in Wirral, EHC continues to be a service that is easily available through appropriate providers, including pharmacies.

Recommendation 4 – Public health commissioning of services via pharmacies

The Director for Health & Wellbeing (DPH) is requested to ensure that public health services such as smoking cessation and Emergency Hormonal Contraception (EHC) continue to be services that are easily available through outlets such as community pharmacies. Public health services will continue to be commissioned with a view to providing the best value for money and outcomes for patient care and public health. For the future commissioning and re-commissioning of services, opportunities for pharmacy consortia to tender should be made clear.

The Pharmacy Integration Fund makes specific reference to developing closer links between pharmacies and care homes. In September 2016, NHS England published *'The Framework for Enhanced Health in Care Homes'*. This describes an enhanced health in care homes (EHCH) care model that has been developed from six EHCH vanguards in England. It is based on a range of evidence-based interventions which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to its residents.

The following areas have been identified for national development:

- Mapping the range of services provided by community pharmacies to care homes and how they are commissioned.
- Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients.

Members suggest that further investigation could take place in Wirral to consider whether closer links can be established between pharmacists and care homes. It is suggested that consideration could be given to whether Medicine Use Reviews (MURs) could be provided in care homes.

Recommendation 5 – The relationship between pharmacies and care homes

The Director for Health & Care is requested to consider whether closer links can be established between pharmacists and care homes in order to take on roles such as medication reviews for patients. The Local Authority's commissioning of care homes could be developed to include consideration of the home's relationship with a pharmacist as part of the specification of the service.

6.4 Future considerations

Members were informed that a Wirral CCG pilot scheme is looking at how prescriptions are re-newed, for example, for inhalers. It is understood that the pilot scheme is aimed at reducing medicine waste by limiting the number of repeat prescriptions which can be provided by community pharmacies. As a result, it is proposed that, on completion of the pilot scheme, Wirral CCG be requested to provide a report regarding the outcomes of the pilot scheme giving particular focus to patient experience.

Recommendation 6 – Repeat prescription pilot scheme

Members note the pilot scheme implemented by Wirral CCG aimed at reducing medicine waste by stopping pharmacies being able to order repeat prescriptions for people. It is proposed that the People Overview & Scrutiny Committee receive a report from Wirral CCG regarding the outcomes of the pilot scheme with particular reference to the patient experience of this pilot.

As identified earlier in the report, the impact of the new contractual and funding arrangements are currently unclear as, to date, it is not known how the pharmacy market (that is, the providers) will respond to the new financial environment. Therefore, the Panel members propose that a follow-up scrutiny review takes place in approximately one year's time in order to explore the longer-term consequences.

Recommendation 7 – Future review by the People Overview & Scrutiny Committee

The People Overview & Scrutiny Committee is recommended to undertake a further investigation of the impact of the new contractual and funding arrangements for community pharmacies in approximately one year's time. An update on the other recommendations from this review will be incorporated.

Appendix 1: Scope Document for the Community Pharmacies Scrutiny Review (Final version)

1. Contact Information:	
<p>Panel Members: Councillors: Moira McLaughlin Angela Davies Tom Anderson Phil Gilchrist Treena Johnson Chris Meaden Tom Usher</p>	<p>Key Officers: Alan Veitch – Scrutiny officer 0151 691 8564 alanveitch@wirral.gov.uk</p> <p>Other Contacts:</p>
2. Review Aims:	
<p>Wirral Plan Pledge/s: Older People Live Well This issue also falls within the Committee’s statutory duty to undertake health scrutiny</p> <p>Review Objectives:</p> <ul style="list-style-type: none"> • To understand the rationale behind the current provision of community pharmacies in Wirral. • To review the implications for Wirral of the Government proposals for changes to the contractual framework and funding of community pharmacies. • To ascertain whether action or intervention by the various partners will be necessary to mitigate the impact on services <p>The issue was referred from Council, following a Notice of Motion, on 14th July 2016. The Notice of Motion is attached to this document.</p> <p>Scrutiny Outcomes:</p> <ul style="list-style-type: none"> • Partner agencies are held to account • Members are assured about the effectiveness of service provision 	
3. Review Plan	
<p>Review Approach: Workshop, Evidence Day, Task and Finish? Evidence Day</p> <p>Review Duration: The majority of the evidence gathering will take place at an evidence day scheduled for 16th November 2016. The review will be complete by the end of December 2016.</p> <p>Scheduled Committee Report Date: People OSC, 16th January 2017</p> <p>Scheduled Cabinet Report Date: Cabinet, 27th February 2017</p>	

4. Sources of Evidence:

Key Witnesses:

- Tom Knight, Head of Primary Care – Direct Commissioning, NHS England – Merseyside & Cheshire
- Pam Soo Pharmacy Lead, NHS England – Merseyside & Cheshire
- Iain Stewart, Head of Direct Commissioning, Wirral CCG
- Barbara Dunton, Commissioning Support Manager – Direct Commissioning, Wirral CCG
- Melanie Carroll, Cheshire & Wirral Community Pharmacies
- Bev Murray, Senior Manager, Public Health, Wirral Borough Council

Supporting Papers / Documentation:

Documents will include:

- [Community Pharmacy in 2016/17 and beyond: Final package, Department of Health \(20th October 2016\)](#)
- [Community Pharmacy in 2016/17 and beyond: Impact Assessment, Department of Health \(20th October 2016\)](#)
- [Community Pharmacy in 2016/17 and beyond: The pharmacy access scheme, Department of Health \(20th October 2016\)](#)
- [Community Pharmacy in 2016/17 and beyond: List of pharmacies eligible for payment, Department of Health \(20th October 2016\)](#)
- [Statement from the Minister for Health, David Mowat MP \(20th October 2016\)](#)
- [The community pharmacy offer for improving the public's health - A briefing for local government and health, LGA briefing, March 2016](#)
- Map of community pharmacies in Wirral, October 2016
- Executive summary of current PNA (Pharmaceutical Needs Assessment)
- Link to full PNA

Involvement of service users / public:

- James Kay, Patient Champion at Wirral CCG, has been invited to attend the Evidence Day.

5. Key Communications:

Cabinet Member:

- The scope document will be shared with the relevant portfolio holder at the start of the review (Portfolio holder for Public Health, Cllr Janette Williamson).
- The draft report will also be discussed in advance of being finalised by the task & finish group, before being presented to the People Overview & Scrutiny Committee for approval.

Press Office:

- The scope document will be sent to the press office on approval.
- The final report will be referred to the press office for information.

APPENDIX TO THE SCOPE DOCUMENT:

Notice of Motion to Council, 14th July 2016

SECURING LOCAL PHARMACY SERVICES

Proposed by Councillor Phil Gilchrist

Seconded by Councillor Dave Mitchell

Council notes that the Department of Health undertook a consultation on the future of Community Pharmacies which concluded in May 2016.

Council recognises that this has created uncertainty about the range of accessible pharmacy services, with the delivery of a petition to 10 Downing Street bearing 1.8 million signatures raising concerns.

Council is concerned that the potential changes in the funding of pharmacy services may have an adverse impact on the availability of local services, with an impact on GP workload and pressures on hospital services. This would have an adverse impact on the Wirral Plan and undermine the objectives of Healthy Wirral.

Council therefore requests that the Cabinet:

1. ensure that this Council and its partners work with health providers so as to ensure that there is no reduction in the provision of services to Wirral's residents;
2. ensure that the Health and Wellbeing Board is kept informed of the emerging arrangements so that the impact of any efficiency savings can be monitored and assessed.

Amendment

Proposed by Councillor Janette Williamson

Seconded by Councillor Moira McLaughlin

Add the following:

Council notes that there are potential changes to the funding of pharmacy services following on from the completion of the consultation currently underway by the Department of Health and is uncertain how this will impact on the objectives of Healthy Wirral. We therefore request that this matter be referred to the People Overview and Scrutiny Committee for further scrutiny to ensure better informed decision making.

APPENDIX 2 – METHODOLOGY FOR THE REVIEW

The Panel has employed the following methods to gather evidence:

5.1 Evidence Day

Sessions were held during an Evidence day with the following contributors:

NHS England

Tom Knight (Head of Primary Care – Direct Commissioning, NHS England – Cheshire and Merseyside) Pam Soo (Pharmacy lead, NHS England – Cheshire and Merseyside)

Wirral Clinical Commissioning Group

Iain Stewart (Head of Direct Commissioning, Wirral CCG)
Barbara Dunton (Commissioning Support Manager - Direct Commissioning, Wirral CCG)

Representatives of Cheshire & Wirral Local Pharmacy Committee

Melanie Carrol (Community Pharmacy Cheshire & Wirral Local Pharmacy Committee)
Ian Cubbin (A local pharmacy contractor in Seacombe, New Brighton and Heswall plus a Regional representative for the Pharmaceutical Services Negotiating Committee)
Stuart Dudley (A local pharmacy contractor in Eastham)

Wirral Pharmaceutical Needs Assessment

Bev Murray (Senior Manager, Public Health, Wirral Borough Council)

5.2 Written Evidence

The Review was also informed by written evidence including committee reports, Government documents and briefing papers from officers.

Appendix 3: Legend to the map 'Wirral Pharmacies by Constituency, October 2016'

Legend Number	Trading Name	Address	Address	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
1	Asda Pharmacy	Asda Stores Ltd	22 Grange Road	Birkenhead	CH41 6EB	0151 5521110	100 hours
2	Asda Pharmacy	Asda Superstore	Seaview Road	Liscard,	CH45 4NZ	0151 6389491	40 hours
3	Asda Pharmacy	Woodchurch Road	Upton	Wirral	CH49 5PD	0151 5227710	100 hours
4	Asda Pharmacy	Welton Road	Croft Business Park	Bromborough	CH62 3QP	0151 3462510	100 hours
5	Birkenhead Pharmacy	31 Laird Street	Birkenhead	Wirral	CH41 8DB	0151 6537720	40 hours
6	Blackheath Pharmacy	113 Reeds Lane	Leasowe	Wirral	CH46 1QT	0151 6041600	40 hours
7	Boots Pharmacy	215 Grange Road	Birkenhead	Wirral	CH41 2PH	0151 6477255	40 hours
8	Boots Pharmacy	Bromborough Retail Park	Welton Road	Bromborough	CH62 3PN	0151 3430276	40 hours
9	Boots Pharmacy	Manor Health Centre	Liscard Village	Wallasey	CH45 4JG	0151 6385617	40 hours
10	Boots Pharmacy	118 Teehey Lane	Higher Bebington	Wirral	CH63 8QT	0151 6082523	40 hours
11	Boots Pharmacy	11-13 The Crescent	West Kirby	Wirral	CH48 4HL	0151 6258586	40 hours
12	Boots Pharmacy	206 Bedford Road	Rock Ferry	Birkenhead	CH42 2AT	0151 6454272	40 hours
13	Boots Pharmacy	395 Upton Road	Prenton	Birkenhead	CH43 9SE	0151 6775353	40 hours
14	Boots Pharmacy	3-5 The Precinct	Bromborough	Wirral	CH62 7AD	0151 3344406	40 hours
15	Boots Pharmacy	254 Hoylake Road		Moreton	CH46 6AF	0151 6775182	40 hours
16	Boots Pharmacy	148 Greasby Road	Greasby	Wirral	CH49 3NQ	0151 6775501	40 hours
17	Boots Pharmacy	23 Arrowe Park Road	Upton	Wirral	CH49 0UB	0151 6772241	40 hours
18	Boots Pharmacy	30 Hoylake Road	Bidston	Birkenhead	CH41 7BX	0151 6537871	40 hours
19	Boots Pharmacy	Commonfield Road Surgery	156 Commonfield Road	Wirral	CH49 7LP	0151 6775058	40 hours
20	Boots Pharmacy	509 Pensby Road	Thingwall	Wirral	CH61 7UQ	0151 6481351	40 hours
21	Boots Pharmacy	379 Woodchurch Road	Prenton	Birkenhead	CH42 8PE	0151 6082609	40 hours
22	Boots Pharmacy	218-220 Telegraph Road	Heswall	Wirral	CH60 0AL	0151 3422663	40 hours
23	Boots Pharmacy	8-10 Holmlands Drive	Prenton	Birkenhead	CH43 0TX	0151 6085093	40 hours
24	Boots Pharmacy	21 Church Road	Lower Bebington	Wirral	CH63 7PG	0151 6453925	40 hours

Legend Number	Trading Name	Address 1	Address 2	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
25	Boots Pharmacy	36 Liscard Way	Wallasey	Wirral	CH44 5TP	0151 6382477	40 hours
26	Campbells Chemist	175 Poulton Road	Wallasey	Wirral	CH44 9DG	0151 6385730	40 hours
27	Carringtons Pharmacy	128 Rake Lane	Wallasey	Wirral	CH45 5DL	0151 6393531	40 hours
28	Claughton Pharmacy	161 Park Road North	Claughton	Birkenhead	CH41 0DD	0151 6537543	100 hours
29	Cohens Chemist	4 Broadway	Higher Bebington	Wirral	CH63 5NH	0151 6084480	40 hours
30	Dale Pharmacy	218 Bebington Road	Rock ferry	Wirral	CH42 4QF	0151 6441912	40 hours
31	Day Lewis Pharmacy	41 Fender Way	Beechwood	Birkenhead	CH43 7ZJ	0151 6772353	40 hours
32	Day Lewis Pharmacy	14-16 Cross Lane	Bebington	Cheshire	CH63 3AL	0151 3341040	40 hours
33	Dudleys Chemist	1194 New Chester Road	Eastham	Wirral	CH62 9AE	0151 3271586	40 hours
34	Egremont Pharmacy	9a King Street	Wallasey	Wirral	CH44 8AT	0151 6395016	40 hours
35	Haven Pharmacy	40 Balls Road	Birkenhead	Prenton	CH43 5RE	0151 6528282	40 hours
36	Heatherlands Pharmacy	396 New Hey Road	Upton	Wirral	CH49 9DA	0151 6785427	100 hours
37	Heswall Hills Pharmacy	119 Brimstage Road	Heswall	Wirral	CH60 1XF	0151 3424385	40 hours
38	Higher Bebington Pharmacy	The Medical Centre	Brackenwood Road	Bebington	CH63 2LR	0151 6082206	40 hours
39	Irby Pharmacy	39 Thingwall Road	Irby	Wirral	CH61 3UE	0151 6481498	40 hours
40	Jackson's Pharmacy	118 St Pauls Road	Wallasey	Wirral	CH44 7AW	0151 6384555	40 hours
41	Jamiesons Pharmacy	44 Whetstone Lane	Birkenhead	Wirral	CH41 2TF	0151 6474449	40 hours
42	Leasowe Pharmacy	Leasowe Primary Care Centre	Hudson Road	Leasowe,	CH46 2QQ	0151 6383810	40 hours
43	Lee's Pharmacy	98 Hoole Road	Woodchurch	Birkenhead	CH49 8EG	0151 6774932	40 hours
44	Lloyds Pharmacy	Victoria Park Health Centre	Bedford Avenue	Rock Ferry	CH42 4QJ	0151 6451201	40 hours
45	Lloyds Pharmacy	35 Grange Road	West Kirby	Wirral	CH48 4DZ	0151 6251034	40 hours
46	Lloyds Pharmacy	Upton-By-Pass	Upton	Wirral	CH49 6QG	0151 6041211	100 hours
47	Lloyds Pharmacy	Arrowe Park Hospital	Arrowe Park Road	Upton, Wirral	CH49 5PE	0151 6776449	40 hours
48	Manor Pharmacy	13 Station Approach	Meols	Wirral	CH47 8XA	0151 6320070	40 hours
49	McKeever's Chemist	Greasby Health Centre	424 Frankby Road	Greasby	CH49 3PH	0151 6783350	40 hours
50	Moreton Pharmacy	205-207 Hoylake Road	Moreton	Wirral	CH46 0SJ	0151 6772344	40 hours
51	Morrisons Pharmacy	Dee Lane	West Kirby	Wirral	CH48 0QA	0151 6258094	40 hours
52	Oakley Pharmacy	270 Telegraph Road	Heswall	Wirral	CH60 7SG	0151 3426892	40 hours

Legend Number	Trading Name	Address 1	Address 2	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
53	Oakley Pharmacy	270 Telegraph Road	Heswall	Wirral	CH60 7SG	0151 750 2355	40 hours
54	Old Chester Pharmacy	296 Old Chester Road	Rock Ferry	Wirral	CH42 3XD	0151 6453055	40 hours
55	Pharmersey	Unit 6	Carr Lane Business Park	Hoylake	CH47 4AX	0151 632 2569	Distance Selling
56	Prenton Dell Pharmacy	Villa Medical Centre	Roman Road, Prenton	Wirral	CH43 3DB	0151 6083507	40 hours
57	Rowlands Pharmacy	20 Bebington Road	New Ferry	Wirral	CH62 5BQ	0151 6453295	40 hours
58	Rowlands Pharmacy	Greenway Road Surgery	62 Greenway Road	Birkenhead	CH42 7LX	0151 6525941	40 hours
59	Rowlands Pharmacy	62 Grove Road	Wallasey	Wirral	CH45 3HW	0151 6392352	40 hours
60	Rowlands Pharmacy	2a Chadwick Street	Moreton	Wirral	CH46 7TE	0151 6773814	40 hours
61	Rowlands Pharmacy	154 Allport Road	Bromborough	Wirral	CH62 6BB	0151 3342254	40 hours
62	Rowlands Pharmacy	Field Road Health Centre	Field Road	Wallasey	CH45 5BG	0151 6393729	40 hours
63	Rowlands Pharmacy	9 Princes Pavement	Birkenhead	Wirral	CH41 2XY	0151 6476858	40 hours
64	Rowlands Pharmacy	53 Christchurch Road	Oxton Village	Birkenhead	CH43 5SF	0151 6525678	40 hours
65	Rowlands Pharmacy	2 Upton Road	Claughton	Wirral	CH41 0DF	0151 6521902	40 hours
66	Rowlands Pharmacy	Riverside Health Centre	525 New Chester Road	Rock Ferry	CH42 2AG	0151 6453131	40 hours
67	Rowlands Pharmacy	Parkfield Medical Centre	Sefton Road	New Ferry	CH62 5HS	0151 6453985	40 hours
68	Rowlands Pharmacy	73 Market Street	Birkenhead	Wirral	CH41 6AN	0151 6478017	40 hours
69	Rowlands Pharmacy	Upton Group Practice	32 Ford Road, Upton	Wirral	CH49 0TF	0151 6775948	40 hours
70	Somerville Pharmacy	Somerville Medical Centre	71 Gorsey Lane	Wallasey	CH44 4SP	0151 6382772	40 hours
71	St Catherine's Pharmacy	St. Catherine's Hospital	Church Road, Tranmere	Birkenhead	CH42 0LQ	0151 6013132	100 hours
72	St Hilary's Pharmacy	St Hilary Brow Group MP	Broadway	Wallasey	CH45 3NA	0151 6383048	40 hours
73	Superdrug Pharmacy	203-205 Grange Road	Birkenhead	Wirral	CH41 2PF	0151 6477387	40 hours
74	Swettenham Chemist	18 Allport Lane	Bromborough	Wirral	CH62 7HP	0151 3342020	40 hours
75	Swettenhams Chemist	176 Bebington Road	Bebington	Wirral	CH63 7PD	0151 6451013	40 hours
76	Swettenhams Chemist	4 Tranmere Court	Tranmere	Birkenhead	CH42 5AB	0151 6478645	40 hours
77	Swettenhams Chemist	249 Old Chester Road	Birkenhead	Wirral	CH42 3TD	0151 6451851	40 hours
78	Temple Pharmacy	3 Lancelyn Court Precinct	Spital	Bebington	CH63 9JP	0151 3345486	40 hours
79	Tesco Pharmacy	Telegraph Road	Heswall	Wirral	CH60 7SL	0151 6760447	40 hours
80	Tesco Pharmacy	Bidston Moss Extra	Bidston Link Road	Birkenhead	CH43 7AA	0151 268 6447	100 hours

Legend Number	Trading Name	Address 1	Address 2	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
81	Thingwall Pharmacy	The Warrens Medical Centre	Arrowe Park Rd	Thingwall	CH49 5PL	0151 6013101	100 hours
82	Townfield Pharmacy	Townfield Health Centre	Townfield Close	Birkenhead	CH43 9JW	0151 6537707	40 hours
83	Tree Tops Pharmacy	TreeTops Primary Care Centre	49 Bridle Rd, Bromborough	Wirral	CH62 6EE	0151 3274554	40 hours
84	Victoria Central Pharmacy	Victoria Central PCC	Mill Lane	Wallasey	CH44 5UF	0151 6390732	40 hours
85	Victoria Pharmacy	100 Victoria Road	New Brighton	Wallasey	CH45 2JF	0151 6394361	40 hours
86	Vittoria Pharmacy	134 St.Anne Street	Birkenhead	Wirral	CH41 3SJ	0151 6478679	40 hours
87	Wallasey Village Pharmacy	95 Wallasey Village	Wallasey	Wirral	CH45 3LE	0151 6382392	40 hours
88	Weinronk's Chemist	413 Pensby Road	Pensby	Wirral	CH61 9PF	0151 6481936	40 hours
89	Well Pharmacy	Pasture Road Health Centre	Pasture Road	Moreton	CH46 8SA	0151 6774100	40 hours
90	Well Pharmacy	309 Pensby Road	Pensby	Wirral	CH61 9ND	0151 6481606	40 hours
91	Well Pharmacy	40 Market Street	Hoylake	Wirral	CH47 2AF	0151 6324015	40 hours
92	Welsh's Pharmacy Ltd	90 Banks Road	West Kirby	Wirral	CH48 0RE	0151 6252544	40 hours
93	Wilson's Chemist	17 The Crescent	West Kirby	Wirral	CH48 4HW	0151 6256115	40 hours
94	Wyn Ellis & Son Pharmacy	32 Poulton Road	Wallasey	Wirral	CH44 9DQ	0151 6386609	40 hours

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NHS England Quarterly Report to Wirral Health & Wellbeing Board

1. Purpose of this report

The aim of this report is to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England. This report outlines the national and regional context together with specific updates on priorities that the Local NHS England Teams are responsible progressing.

2. Strategy and Planning

New GP contract agreed

Good news for both patients and GPs. Along with the Government, and the British Medical Association's General Practitioners Committee, NHS England has agreed a new general practice contract for 2017/18.

The new agreement includes an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities.

The new contract also includes provisions to encourage practices to be more accessible to patients and not to close for half-a-day a week. GP practices which regularly close for mornings or afternoons on a week day will lose their eligibility for the current extended hours scheme claimed by most practices. Practices who club together with other GPs in their local area to offer more evening and weekend appointments will be eligible for extra non-contractual funding over and above the current scheme.

Strengthening requirements in the 2016/17 contract, general practices will also help determine a new patient's eligibility for NHS healthcare. This will help with the identification of patients from the European Economic Area and should make it easier for the NHS to reclaim money from their home countries.

The new contract, to take effect from 01 April 2017, will see investment of around £238 million going into the contract for 2017/18.

In addition, £157 million from a previous earmarked scheme will be transferred into core GP funding so that family doctors can be more flexible in how they care for the frailest.

This is part of NHS England's plan, set out in the General Practice Forward View last year, to reverse previous years of under-investment in general practice.

For GPs, agreement has been reached to cover the rising costs for practices in a number of key areas, including costs of CQC inspection, indemnity costs, and other areas of workload. NHS England has also agreed with the BMA that a group will be set up after April 2017 to discuss the future of the payment arrangements known as “QOF”.

The investment announced will provide a pay uplift of one per cent for GPs with other agreed changes including:

- increased investments to help GP retention
- improved payment arrangements to cover parental leave and sickness absence.

Induction and Returners Scheme

The NHS GP Induction and Refresher (I&R) Scheme provides a safe, supported and direct route for qualified GPs to join or return to NHS general practice. It is designed for GPs who have previously been on the GMC Register and NHS England’s Medical Performers List (MPL) and would like to return to general practice after a career break, raising a family or time spent working abroad. The Portfolio Route gives the option for doctors, who have worked in NHS general practice in the previous five years, and have been working abroad in an equivalent primary care setting to apply from overseas.

The scheme also supports the safe introduction of overseas GPs who have qualified outside the UK and have no previous NHS experience. The scheme includes a range of assessments including placements and simulated surgeries to support appropriately skilled GPs into NHS general practice.

NHS England have created a dedicated support team to facilitate and support the scheme, Cheshire and Merseyside host this team are the lead office for NHS England for supporting I&R GPs. The team provides access to a dedicated account manager to help guide GPs through the entire process. They can provide support such as:

- advice on completing forms and paperwork
- assistance with arranging occupational health assessments
- advice on arranging indemnity
- co-ordinating assessments and placements on the doctor’s behalf

Currently Cheshire & Merseyside are supporting over 200 GPs who are at various stages in the scheme from the point of application to successful completion and

meeting standards for independent practice. This number is expected to increase with assessments taking place every 6 weeks from March 2017.

Consultation on heart disease services

NHS England has launched a public consultation on how it will put in place new standards for hospitals providing congenital heart disease services in England.

The consultation, which runs for 16 weeks from Thursday 9 February to Monday 5 June 2017, aims to gather as many views as possible from patients, families and clinical experts and will include face to face meetings around the country, webinars and an online survey.

It follows the publication in 2015 of a new set of quality standards for all hospitals providing congenital heart disease. The standards were developed over a period of two years in conjunction with hundreds of patients and their families, clinical experts from more than 15 hospitals, Royal Colleges and more than 30 charities in response to a number of reviews following the public inquiry at Bristol Royal Infirmary in 2001. Now NHS England is seeking views and input on how the standards can be put into practice.

To ensure the best outcomes for patients, the standards set out the need for surgeons to do a minimum of 125 cases per year, the equivalent of three per week. They also require that there should be a minimum of three surgeons in the team to cover the workload 24 hours a day, rising to four surgeons per team by April 2021. To make sure critically ill children receive the full range of support, the standards also specify that specialist children's cardiac services must also only be delivered where there are also a wider range of other paediatric specialities present on the same hospital site.

All of the documents relating to the consultation can be found at: www.engage.england.nhs.uk

3. Assurance

Changes to NHS England local leadership

To ensure we continue to make progress on the delivery and implementation of the Five Year Forward View Richard Barker (North Regional Director) has appointed Clare Duggan as Regional Director of Transformation. Clare is currently Director of Commissioning Operations for Cheshire and Merseyside. Clare will work closely with Regional Management Team colleagues and other stakeholders to make sure that we continue to make progress in a range of areas and best support health systems to deliver Sustainability and Transformation Plans across the North.

To enable this change Graham Urwin has agreed to take on Director of Commissioning Operations (DCO) responsibilities for Cheshire and Merseyside. Clare and Graham will be transitioning into the new roles over the coming weeks.

Cheshire and Merseyside and Lancashire will remain as two separate teams working with their respective local health & social care economy partners to maintain the important place based focus to delivery.

CCG Improvement and Assessment Framework (IAF)

NHS England introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) for 2016/17 onwards. In the Government's Mandate to NHS England, this new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS. There are four domains: Better Health, Better Care, Sustainability, Leadership and six clinical priorities (reported at the November HWBB)

A formal review meeting is held each quarter between NHS England and each CCG. Quarter 3 meetings are taking place now. The final end-of-year assessments will take place during May with publication of annual assessments on NHS England website and CCG IAF results on MyNHS.

Each CCG will get seven ratings: one overall rating based on the 60 metrics within the IAF and six ratings in the clinical priority areas.

4. Outcomes

Quality Premium

The Quality Premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The guidance for Quality Premium 2017/19 was published in October 2016. In keeping with previous years, the maximum QP payment for a CCG is expressed as £5 per head of population, calculated using the same methodology as for CCG running costs, and made as a programme allocation. (This is in addition to a CCG's main financial allocation and in addition to its running costs allowance.)

There are five national measures

- Early Cancer Diagnosis
- GP Access and Experience
- Continuing Healthcare
- Mental Health

- **Bloodstream Infections**

The scheme also required local NHS England teams and CCGs to agree a locally selected indicator from the RightCare Commissioning for Value Packs, and also to select a Mental Health indicator from a menu. CCGs have indicated their priorities; these have been subject to local review and have been formally submitted as part of the planning process for 2017/18.

QP payments can only be used for the purposes set out in regulations. These state that QP payments should be used by CCGs to secure improvement in:

- the quality of health services; or
- the outcomes achieved from the provision of health services; or
- reducing inequalities between patients in terms of their ability to access health services or the outcomes achieved.

CCGs may utilise the QP payment with other organisations to deliver the improvements above where appropriate wider powers are available for the use of the funding in this manner.

Each CCG is required to publish an explanation of how it has spent a QP payment.

Mental Health

In support of the mental health Five Year Forward View priorities, NHS England has directed significant additional resources to Cheshire and Merseyside focussing on waiting list reduction and supporting transformation of mental health care. Alongside this Wirral CCG has received circa £160,000 to support Children and Young people waiting list reduction initiative and transformation.

Claire Murdoch, National Implementation Director for Mental Health, visited Cheshire and Merseyside on 24th February. As part of her visit Claire spent the afternoon with Cheshire and Wirral Partnership, visiting Ancora House in Chester and hearing about the plans for the development of perinatal mental health services across Cheshire and Merseyside following a successful pilot bid.

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REPORT TO WIRRAL HEALTH & WELLBEING BOARD

1. Decisions Sought

- 1.1 To consider the proposal from the Liverpool City Region (LCR) housing associations in 3.5 to support the Health and Wellbeing Board in tackling health inequalities in the borough.
- 1.2 To consider any specific areas where joint working or specific projects could be developed from the priorities listed in 3.3 and 3.4.

2. Context

- 2.1 Almost one in seven LCR residents live in Housing Association homes. Housing Associations are well-established partners within the Liverpool City Region. They collectively own and manage almost 150,000 homes with plans to increase their stock, diversify tenure and support first time buyers into home ownership.
- 2.2 Housing Associations have an ambition to deliver a step-change in housing supply in the LCR over the next five years. The sector built over a quarter (1,600) of all new homes developed in the city-region since 2012. Housing Associations plan to build over 8,000 new homes over the next five years, and together will develop an additional 2,400 rent to buy homes and 1,100 market sale homes via a new strategic partnership with the Combined Authority and local authorities. Building just 25 more affordable homes in the LCR will add more than £1 million GVA to the city region's economy per annum.
- 2.3 Housing Associations are well-placed to leverage their borrowing capacity to increase housing supply in the LCR. Additionally, Voluntary Right to Buy policies are likely to create receipts from sales that can be used to deliver new homes of all tenures and bring empty homes back into use within the city-region.
- 2.4 Housing Associations are a significant cog in the LCR economy. They employ over 6,500 people directly in the city-region and support more than 28,000 FTE jobs across the North West. Housing Associations' day-to-day activity adds £1.2 billion GVA to the local economy each year.
- 2.5 Housing Associations are unique social enterprises, which boost productivity and deliver social value through building new homes, regenerating communities, improving the health and wellbeing of tenants and boosting skills and employment of LCR residents. Housing Associations invested over £1.6 million in apprenticeship schemes for in the LCR in 2015/16 alone, helping hundreds of young people into work.
- 2.6 The sector aspires to do more together to boost productivity. LCR Housing Associations are developing collective offers on skills & employment and health & wellbeing to grow the local economy, attract and retain investment and improve the quality of life of citizens across the city-region.

2.7 Housing Associations are committed to working with the Combined Authority at a strategic, as well as delivery level, through harnessing our expertise and experience to support the ambitions of the Combined Authority. LCR Housing Associations are committed to playing our part in delivering the homes needed within the city-region and to ensuring that our collective investment brings substantial economic and social benefits to LCR residents and businesses.

3. Executive Summary

3.1 There is a longstanding link between housing as a wider determinant of health. Housing providers are strongly positioned to influence the wellbeing of the residents of the neighbourhoods in which they operate.

3.2 Across the City Region there are numerous examples of positive collaborative working that have achieved positive localised results. However, these examples have not been translated into consistent working practices across all areas.

3.3 Housing associations are keen to play their part in helping to influence and shape policy to tackle the health inequalities that exist. They can positively contribute to commissioning outcomes that deliver a person centred, community based care and support approach that enables people to stay well.

4. Key Issues

4.1 There are a number of potential opportunities where housing associations could support the ongoing work across the City Region NHS partners. Through closer integration, this will enable alignment of strategies to jointly drive the planning of health and housing services.

4.2 There needs to be a focus upon developing coordinated approaches to address those aspects of health that have a connection with housing, with a particular emphasis upon prevention. Examples include social care, independent living, falls, and dementia. This also takes account of Public Health priorities and the NHS 5 year forward view.

4.3 The proposed shared key priorities for housing and health are:

1. Loneliness/ isolation
2. Falls prevention
3. Dementia
4. COPD/ CVD – linked to heating levels and also flu immunisation
5. Poverty – including debt, welfare reform, fuel poverty
6. Healthy lifestyles
7. Mental health – including linkages to homelessness, alcohol and substance misuse

- 4.4 Housing associations, CCGs, Public Health Teams and health providers could work more cohesively to achieve these shared objectives. Examples include a number of awareness campaigns and initiatives, some of which have previously been successfully delivered on a localised basis:
- Keep Warm Keep Well
 - Slips, trips and falls (building upon the previously successful ‘Sloppy Slippers’ Campaign)
 - Healthy lifestyles – using Experian data available by neighbourhoods
 - Analysis of housing association detailed customer profiling data to initiate targeted interventions, linked to the wider prevention and wellbeing agenda.
 - Dementia early signs training for front line staff as part of a co-ordinated approach to workforce development and training
- 4.5 The offer from housing associations proposes they will adopt the following responsibilities where available in each local authority area and where appropriate, across the Combined Authority:
1. To act as a single housing representative on the Health and Wellbeing Board.
 2. Be the primary housing link to the other housing associations working across the Local Authority area and act as a conduit back into key contacts within the CCG and Public Health Teams.
 3. Coordination of integrated wellbeing programmes within the housing sector on behalf of NHS England, CCGs and Public Health Teams. This will ensure closer working with wider statutory partners including the voluntary sector, emergency services, NHS Foundation Trusts, Community Services and Mental Health Trusts.
 4. Coordinate the Housing & Environmental aspects of NHS, CCG and Public Health’s Health and Wellbeing Strategies.
 5. To explore the options to truly integrated role(s) between the lead housing association in each Local Authority area and the CCG.
- 4.6 Looking ahead housing also has the opportunity to go beyond these interventions and undertake a role addressing other emerging health priorities.
- 4.7 Housing associations could play a wider part in supporting the delivery of intermediate care (or short term step-down accommodation) for patient’s inappropriately staying in hospital. This is an increasing pressure point for health budgets (especially set against a local ageing population). Through active collaboration, this could provide an opportunity for supported and adapted housing to develop co-designed solutions which bring together health, housing and social care requirements.

- 4.8 There are also opportunities to contribute to place based commissioning, reducing pressures associated with presentations at GP surgeries for non-clinical reasons (recent research indicates this is 30% of all GP appointments). Preventative services provided by housing associations could be prescribed by the GP to effectively reduce future non-clinical appointments through targeted community based interventions.
- 4.9 In addition to targeted campaigns, closer working arrangements will also support the continued development of a strategic overview to ensure the CCGs realise maximum return on their respective estate disposals programme. This links directly into the Mayoral target to build 25,000 new homes across the City Region and could be part of a strategic approach to the provision of specialist / supported accommodation needs.
- 4.10 There are several health related worklessness actions in the devolution agreement with Government relating to which housing associations are well placed to contribute:
- Co-design and co-commission the Work and Health Programme (this will be replacing the Work Programme).
 - Pilot a household approach (based upon Troubled Families) to work with households where there is more than one person out of work
 - Submit a bid to the Health and Work Unit's Innovation Fund to test different medical ways of supporting people with health conditions
- 4.11 There are also linkages to the employment offer through the current and anticipated experiences of the LCR health providers in seeking to address issues of high vacancy rates and high turnover that are linked to low skill and low paid job opportunities.
- 4.12 A summary of the wider impact and contribution housing associations have across the LCR is included as Appendix 1.



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