



Health and Wellbeing Board

Date:	Wednesday, 19 July 2017
Time:	4.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Pat Phillips
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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 - 8)

To approve the accuracy of the minutes of the meeting held on 15 March, 2017.

4. SEND

Presentation.

5. NHSE QUARTERLY UPDATE REPORT (Pages 9 - 14)

6. BCF - UPDATE

Report to follow.

7. WIRRAL A&E DELIVERY BOARD REPORT

Verbal report.

8. WIRRAL PHARMACEUTICAL NEEDS ASSESSMENT (Pages 15 - 20)

9. DATE OF NEXT MEETING

The date of the next formal Board meeting is Wednesday, 15 November 2017 at 4.00pm in Committee Room 1, Town Hall, Wallasey.

HEALTH AND WELLBEING BOARD

Wednesday, 15 March 2017

Present:

Councillor	Chris Jones (Chair)
Councillors	P Gilchrist
	T Smith
Ms N Allen	NHS England
Ms S Edwards	dep for Sheena Cumiskey, Cheshire and Wirral NHS Partnership Trust
Ms J Hassall	Director of Children's Services
Mr G Hodgkinson	Director of Adult Social Services
Ms J Holmes	Chief Operating Officer, WUTH dep for David Allison
Ms F Johnstone	Director of Public Health
Ms V McGee	Wirral Community NHS Trust dep for Karen Howell
Mr G Oakford	Mersey Fire and Rescue
Mr B Simpson	Chair, Strategic Housing Partnership
Dr S Wells	Chair, CCG.

In attendance:

Cllr A Davies	Vice-Chair, People Overview & Scrutiny Committee
Mr M Berry	Mental Health Lead for Police and Crime Commissioner
DCI Martin Earl	Merseyside Police
DC Hayley Sherwen	Merseyside Police

58 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, a member of the Improvement Board and a member of the Council's task and finish group in relation to Agenda 4 Community Pharmacies Scrutiny Report (Minute No 61 refers).

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

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 medical practice.

59 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Phil Davies, Councillor Jeff Green, Ms Sheena Cumiskey, Cheshire and Wirral NHS Partnership Trust, Jon Develing, Accountable Officer, Wirral CCG, David Allison, CEO Wirral University Hospital Trust, Annette Roberts, Community Action Wirral, Phil Davies, Healthwatch Wirral, Chief Superintendent Ian Hassall, Merseyside Police and Clare Fish, Strategic Director Families and Wellbeing.

60 MINUTES

That subject to the amendment of Suzanne Edward's title to Service Director, CWP Wirral that the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 16 November 2016 and 25 January 2017 be approved as a correct record.

61 COMMUNITY PHARMACIES SCRUTINY REPORT

Members of the Board gave consideration to the Chair and members of the People Overview & Scrutiny Committee's Community Pharmacies Report January 2017. The Director of Health and Wellbeing introduced the item and outlined the background to the report. Members were informed that the Government had 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 had included revised contractual and funding arrangements. A period of formal consultation had ended on 24th May 2016, although confidential discussions had continued beyond that date.

Following a Notice of Motion to Council in July 2016, this issue had been 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 had been made public in October 2016, a task & finish group had met in November to consider the potential impact of the changes to Wirral. The group had 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 would be necessary to mitigate the impact on services. The report attached as Appendix 1 documented the findings of the members and the conclusions which had been drawn. On 1st February 2017, this report had been approved by the People Overview & Scrutiny Committee and had been referred to the Health & Wellbeing Board for further consideration.

Councillor Moira McLaughlin, Chair of the People Overview & Scrutiny Committee being unable to attend the meeting of the Health & Wellbeing Board Councillor Angela Davies, who had been a member of the task and finish group, attended the meeting and outlined the report and the recommendations to the Board.

Councillor Phil Gilchrist commented that the task and finish group had been a learning experience for members and the intention was to flag up an early warning system in case any pharmacies were to close and further to ensure that no communities were left without pharmacies. In relation to recommendation 6 – Repeat prescription pilot scheme of the report Dr Sue Wells commented that there was always a 2 month delay receiving the outcome of the pilot scheme and an update from the CCG regarding the outcomes with particular reference to the patient experience of this pilot would be brought to People O & S and the HWB as appropriate. In relation to paragraph 6.3 of the report she commented that GP's guidance encouraged self-care for minor conditions - for minor coughs, colds for example GP's would not prescribe. She also noted that in the second paragraph of 6.3 the final sentence 'and as a result [people] will have to visit the GP for a free prescription' should be taken out as this had been updated as Level 1 of the Think Pharmacy had ceased. Councillor Tony Smith questioned why the pharmacy at Sainsbury's Upton was not included in the list attached to the report and was informed this would be looked into. Councillor Phil Gilchrist requested that the Health and Wellbeing Board be kept informed about pharmacy services and was assured by the Director of Health and Wellbeing that the Board would be kept updated.

Resolved – That the report and recommendations of the Community Pharmacy scrutiny review be noted.

62 NHSE QUARTERLY UPDATE REPORT

Nicola Allen, NHS England, attended the meeting and gave an update to Wirral Health and Wellbeing 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.

The report provided details of the new GP contract that had been agreed. Along with the Government, and the British Medical Association's General Practitioners Committee, NHS England had agreed a new general practice contract for 2017/18.

The new agreement included 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 included provisions to encourage practices to be more accessible to patients.

The report also provided members with information on the NHS GP Induction and Refresher (I&R) Scheme that provided a safe, supported and direct route for qualified GPs to join or return to NHS general practice. This was designed for GPs who had 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 gave the option for doctors, who had worked in NHS general practice in the previous five years, and had been working abroad in an equivalent primary care setting to apply from overseas. The

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

The Board was also informed that NHS England had launched a public consultation on how it would put in place new standards for hospitals providing congenital heart disease services in England. The consultation, which was running for 16 weeks from 9 February to 5 June 2017, aimed to gather as many views as possible from patients, families and clinical experts and would include face to face meetings around the country, webinars and an online survey. This followed the publication in 2015 of a new set of quality standards for all hospitals providing congenital heart disease. NHS England was currently seeking views and input on how the standards could be put into practice. All of the documents relating to the consultation could be found at: www.engage.england.nhs.uk .

Ms Allen updated the Board with the changes to NHS local leadership and noted that to ensure continued progress was made on the delivery and implementation of the Five Year Forward View Richard Barker (North Regional Director) had appointed Clare Duggan as Regional Director of Transformation. Clare was currently Director of Commissioning Operations for Cheshire and Merseyside. Clare would be working closely with Regional Management Team colleagues and other stakeholders to make sure that continued progress was made in a range of areas and health systems to deliver Sustainability and Transformation Plans across the North. To enable this change Graham Urwin had agreed to take on Director of Commissioning Operations (DCO) with responsibilities for Cheshire and Merseyside. Members were informed that Cheshire and Merseyside and Lancashire would remain as two separate teams working with their respective local health & social care economy partners to maintain the important place based focus to delivery.

In relation to CCG Improvement and Assessment Framework (IAF) Nicola Allen reported that NHS England had 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 took an enhanced and more central place in the overall arrangements for public accountability of the NHS. There were four domains: Better Health, Better Care, Sustainability, Leadership and six clinical priorities (reported at the November HWBB).

The report also provided details of The Quality Premium which was 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.

There were five national measures

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

With reference to Mental Health the report outlined that in support of the mental health Five Year Forward View priorities, NHS England had directed significant additional resources to Cheshire and Merseyside focussing on waiting list reduction

and supporting transformation of mental health care. Alongside this Wirral CCG had received circa £160,000 to support Children and Young people waiting list reduction initiative and transformation.

Resolved – That;

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

63 TRIAGE BENEFITS AND THE TCAP PROCESS

Members of the Board were provided with a presentation by DCI Martin Earl, Constable Hayley Sherwen (Mental Health Liaison Officer), Merseyside Police and supported by Mike Berry, Mental Health Lead for Police & Crime Commissioner that outlined the implementation of a Street Triage Pilot. The presentation provided details of the objectives of the pilot, the Triage Car remit and an outline of the Triage Car Action Plan. The triage car could be requested to assist with any policing incident with a mental health component e.g. alcohol or self-harm. This could be any piece of information that led an officer or member of police staff to suspect that an individual may have an issue with their mental health. The health practitioner was there to support Merseyside Police by responding to any mental health concerns identified and to support officers in making decisions about people with vulnerabilities and who had mental health components. Police did not have the expertise and the Place of Safety in Wirral was Accident and Emergency at Arrowe Park Hospital – so as well as reducing overall numbers of people detained on a S 136 a key objective of the triage Pilot was to reduce footfall at A & E departments as well as introducing a better quality of intervention for an individual in acute MH crisis. In response to a question it was reported that there had been a 29% reduction in AED attendance in the first 12 months of the scheme.

The Chair and members of the Board welcomed the report and looked forward to supporting and taking the initiative forward. With this purpose DCI Martin Earl offered to contact partners and set up a meeting. Suzanne Edwards, CWP suggested that this could be enabled through a Crisis Care Concordat meeting.

Resolved – That;

- 1. DCI Martin Earl, Constable Hayley Sherwen (Mental Health Liaison Officer) and Mike Berry, Mental Health Lead for Police & Crime Commissioner be thanked for their attendance and presentation to the Health and Wellbeing Board.**
- 2. the Health and Wellbeing Board endorse the Triage Benefits and the TCAP process.**

64 LIVERPOOL CITY REGION HOUSING ASSOCIATION REPORT & PRESENTATION

The Director of Health & Wellbeing introduced Mr Brian Simpson, Chair, Strategic Housing Partnership who would be attending future meetings of the Board as Housing representative. Mr Simpson requested that the Board consider the proposal from the Liverpool City Region (LCR) housing associations to support the Health and Wellbeing Board in tackling health inequalities in the borough. The offer from housing

associations proposed they would 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 would 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.

Members were also asked to consider any specific areas where joint working or specific projects could be developed from the priorities outlined in the report;

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

A summary of the wider impact and contribution housing associations had across the LCR was included as Appendix 1 of the report.

The presentation could be accessed with the following link: -

[2017\LCR HAs Health Wellbeing Board Template Offer 2 May 16.pptx](#)

Resolved – That;

1. **Mr Simpson be thanked for his attendance and informative presentation to the Board.**
2. **the Director of Health and Wellbeing liaise with Board members with a view to arranging a future workshop to enable partners to discuss the Housing Association offer in greater depth.**

65 CHILDREN'S SERVICES UPDATE

Julia Hassell, Director for Children attended the meeting and provided the Board with an update on Transforming Children's Services in Wirral. The presentation could be accessed via the following link: -

[HWB 15 Mar 2017\Transformation 15 3 17.pptx](#)

Gary Oakford, Mersey Fire and Rescue informed the Board that the Fire and Rescue service would undertake to offer a Fire Safety Check for young carers. Julia Hassall agreed to liaise with Gary Oakford on this matter and on behalf of the Health and Wellbeing Board the Chair gave thanks for this offer.

Resolved – That the Director for Children be thanked for the presentation and the contents be noted.

66 **BCF - UPDATE**

Graham Hodgkinson, Director of Health & Care gave the Board a short verbal update which advised members of the requirements and considerations which had taken place so far in preparation for the 17/18 BCF submission. This provided an overview of achievements in 16/17 (at month 10) and summarised proposed priorities for investment in 17/18.

The update could be accessed on the following links : -

[HWB 15 Mar 2017\HWBB 15 3 17.pub](#)

[HWB 15 Mar 2017\Copy of BCF 17-18 Schemes V9 Basic Summary 16 3 17.xlsx](#)

Resolved – That: -

- 1. the draft proposals and ongoing engagement be noted.**
- 2. the final guidance awaited with indicative timescales be noted.**
- 3. the final report be circulated to members for virtual sign off, anticipated end April 2017, subject to guidance received.**

67 **HEALTHY WIRRAL FRAMEWORK UPDATE**

Fiona Johnstone, Director of Health and Wellbeing informed members that she was planning to bring a refresh of the Healthy Wirral Framework to the Board. Work was currently being undertaken with colleagues across the partners and this would provide the framework for discussions for the next 12 months. It was proposed that more Health and Wellbeing Development Sessions be arranged to enable discussion amongst the partners at a greater depth. Nicola Allen welcomed this and suggested that a session with the focus on Mental Health would be helpful to members.

68 **DATE OF NEXT MEETING**

The date of the next formal Board meeting would be Wednesday 19 July, 2017 Committee Room 1, Town Hall, Wallasey.

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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 position together with specific updates on priorities that the Local NHS England Teams are responsible for progressing.

2. Strategy and planning

2.1 Mental Health

2.1.1 Test sites for new models of care

NHS England has announced a new tranche of sites to test new approaches to delivering mental health services with the intention of reducing the number of people who need to travel long distances for care.

Eleven new sites will be tasked with reducing the number of people who receive in-patient hospital treatment and for those who do need more intensive care, that this is available closer to home.

The pilot sites, made up of NHS mental health trusts, independent sector and charitable organisations will work together, sharing a local budget, to effectively reorganise services in their area to provide the best care for patients.

Six sites were chosen to take part in the first wave of this project which went live on 1 April 2017. The six sites plan to use 283 fewer beds as a result of admission avoidance, shorter lengths of stay, and bringing back hundreds of patients from out of area placements. This will save more than £50 million over the next two years.

The savings will be reinvested in new local services including crisis and home treatment teams; supported housing; other community services; and additional beds

The first phase of wave two of the New Care Models Programme will go live on October 1, 2017, with a site in Cheshire and Merseyside for Adult Secure care involving Mersey Care FT; Cheshire and Wirral Partnership FT; NW Boroughs FT; Elysium Health Care and Cygnet Health Care

2.1.2 Mental health – Digital Innovation

NHS England has announced new funding for seven mental health trusts to enable these organisations to pioneer world-class, digital services to improve care for patients experiencing mental health issues.

This will include, for the first time, all key professionals involved in a patient's care having access to real-time records, from triage and initial assessment, through to admissions or referrals, as well as transfer between services and follow up care.

The trusts will also develop remote, mobile and assistive technologies to empower patients to manage their conditions and enable family and carers to provide the best possible support.

The trusts will have up to £70m to invest in digital services, consisting £35m with additional match funding from themselves of £35m, in order to become 'Global Digital Exemplars for Mental Health' helping the organisations become world-leading in the use of IT, providing knowledge and expertise to the wider NHS in order to reduce time and costs for others.

This is all part of the NHS' plan to harness technology to improve services and become more efficient.

Mersey Care NHS Foundation Trust is one of these Global Digital Exemplars, developing an app (with Stanford University) to anticipate and respond to serious self-harm and suicide risks. A prototype has been developed and researchers are preparing a feasibility study to explore the usability of the technology and how the digital platform performs against treatment as usual.

Alongside the seven mental health Global Digital Exemplars, a further 4 acute Global Digital Exemplars have been confirmed by NHS England, one of these being Alder Hey Children's NHS Foundation Trust, joining Wirral Hospitals FT and Royal Liverpool and Broadgreen University Hospitals NHS Trust who were identified as two of twelve digital exemplars last year.

2.3 Primary care: General Practice Infrastructure

NHS England is currently reviewing bids for investment through the multi-million pound Estates and Technology Transformation Fund (ETTF) to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients. Wirral has submitted a substantial proposal and it is anticipated that a decision will be communicated by the end of July

2.4 Consultations

NHS England is currently consulting on proposals for Congenital Heart Disease Services. The consultation opened on 9th February 2017 & closes on 17th July 2017. For further information please contact england.congenitalheart@nhs.net

3. Delivery and Assurance

3.1 CCG Improvement and Assessment Framework

The year-end 2016/17 ratings for CCGs (measured against the CCG Improvement and Assessment Framework) are expected to be published before the end of July. Publication of results will be on MyNHS and NHS England website

3.2 Operational Delivery & Resilience

As we move into Quarter 2 of 2017/18 NHS England is emphasising focussed attention on delivery of 4 clinical priorities within 2017:

3.2.1 Urgent Care – recovery of the maximum wait in A&E for 95% of patients

Recognising this standard is a challenge for the Wirral health economy, NHS England is supporting improvement through close working with the A&E delivery Board, specifically directing resources to assist identifying and resolving in-hospital delays. The policy framework for the Better Care Fund has been published. It is anticipated that delays due to social care will be substantially reduced with a key element of the plans addressing implementation of the High Impact Actions to reduce delays in transfers of care. Wirral has also recently succeeded in winning a bid for capital funding for primary care streaming to better meet the needs of some patients attending Arrow Park A&E

3.2.2 Mental health – meeting the mental health investment standard, delivery of existing standards relating to Psychological Therapies (IAPT), Early Intervention Psychosis and delivery of new standards relating to eating disorders.

Locally NHS England and the Intensive Support Team (NHS Improvement) are working with Wirral CCG to agree a plan for reducing the high number of patients waiting for IAPT and increasing access to a wider patient group.

3.2.3 Cancer – meeting all cancer access standards and specifically delivering the 62-day referral to treatment standard where this has been a challenge.

Whilst Cheshire and Merseyside are delivery the cancer standards at a macro level, there are unacceptable variances across organisations, these variances are exacerbated by the fragmentation of the patient's care pathway across multiple organisations. The Cheshire & Merseyside Cancer Alliance has been successful in bidding for Wave 1 funding for transformation programmes which will be used to rapidly implement and test pathway improvements leading to reduced diagnostic delays and to quicker referrals to tertiary centres

3.2.4 Primary care – progressing delivery of the GP Five Year Forward View.

- Pharmacy – Clinical Pharmacists in general practice

NHS England has recently announced that over 700 more practices in England will benefit from having a pharmacist located in their GP surgery covering up to six million patients and helping to free up GP time. Clinical pharmacists work as part of the general practice team by providing expertise on day-to-day medicine issues and providing consultations with patients directly. This includes providing extra help to manage long-term conditions such as high blood pressure earlier and more effectively to prevent cardiovascular disease; advice for those on multiple medications; and offering better access to health checks. This all delivers quicker access to clinical advice for patients and allows GPs to spend with patients with more complex needs. Wirral is one of the phase 2 pilots, with the new service covering approx. 24% of the CCG population.

- NHS GP Health Service

As part of a broader package of support, the General Practice Forward View is committed to improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health and addiction.

A new NHS GP Health service has therefore been developed and was launched on 30th January 2017.

The service is an important part of our commitment to help retain a healthy and resilient workforce and in supporting GPs and GP trainees who wish to remain in or return to clinical practice after a period of ill health.

- It is a free, confidential service provided by health professionals specialising in mental health support to doctors.
- It will be accessible via a confidential national self-referral phone line, website and App, enabling GPs and GP trainees to seek information about the services available, access self-help tools, and access clinical support.
- Treatment services will be available in all 13 localities across England, with local delivery supported through a local lead.
- There will be a range of clinical support, accessible across England with GPs and GP trainees free to choose the most suitable locality which matches their needs.
- There will be a choice of different premises across local services to enable ease of access, with the confidence of anonymity to minimise risk of meeting colleagues or patients

3.3 EPRR

NHS England has significant responsibilities as a category 1 responder under the Civil Contingencies Act 2004. Recent Major Incidents at a national level; have required a response from NHS England (Cheshire and Merseyside). Below is a brief summary of those activities.

Grenfell Fire:

- Acute trusts estates departments have been sent advice on action required
- Community trusts have been asked to check that patients in high rise accommodation have smoke alarms.
- Local Authority response being coordinated through DCLG

Manchester Arena Terrorist Attack:

- Numerous people from Cheshire and Merseyside affected, some have yet to be repatriated from hospitals back to area.
- Recovery arrangements in place – led by Local Authorities in Cheshire and Mersey.
- NHS England Communications ensuring the public are well informed in relation to access to psychological services.
- Head of EPRR has led the NHS England Debrief, the clinical debrief has also taken place.

Cyber attack:

- All functions returned to normal, formal debrief planned on 11th July re Lessons learnt / Action Required.

ENDS

Nicola Allen

Head of Medical, NHS England (Cheshire & Merseyside)

3rd July 2017

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HEALTH & WELLBEING BOARD

19 JULY 2007

REPORT TITLE	WIRRAL PHARMACEUTICAL NEEDS ASSESSMENT: APPROACH TO POTENTIAL PROVIDER CONSOLIDATIONS
REPORT OF	FIONA JOHNSTONE ACTING DIRECTOR OF STRATEGY & PARTNERSHIPS

REPORT SUMMARY

Changes to the National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 in relation to Pharmacy consolidations (mergers) provide NHS pharmacy businesses the opportunity to apply to consolidate the services provided on two or more sites onto a single site. This potential request requires the H&WBB to respond and provide a view as to whether this would, or would not, leave a gap in local provision. This report sets out the approach to provide this response to NHS England in a timely manner.

RECOMMENDATION/S

To request that members note the changes to Pharmacy consolidations (mergers) in National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 and endorse the proposal as it sets out an approach to managing the H&WBB responses to any potential Wirral provider consolidation requests submitted to NHS England.

REASON/S FOR RECOMMENDATION/S

- 1.0** We are currently undertaking the development of a new Pharmaceutical Needs Assessment (PNA) to run from April 2018 to March 2021. With the support of colleagues across Cheshire and Merseyside and NHS England Pharmacy Leads we are working together to develop the approach and share experience, skills and knowledge that will enhance the process, reduce the amount of individual time and effort to reproduce the same content and ultimately provide a new PNA that helps NHSE deliver pharmacy contracted services across the sub-region through a uniform approach to our PNA's.
- 1.1** During this process there have been required changes to Pharmacy contract conditions as reported by NHS England (NHSE) that have highlighted the enhanced need for a robust local response to requests for pharmacy contract consolidations.

- 1.2** A consolidation is where a NHS pharmacy business may apply to consolidate the services provided on two or more sites onto a single site. Such consolidations could require a change in the ownership of one of the businesses concerned. A process to facilitate such consolidations will be in place through NHS England. The changes are noted in Appendix One
- 1.3 As a consequence of this change, and in the year leading up to a new PNA, it requires local Health and Wellbeing Boards to provide a response to any Pharmacy contract consolidation request submitted to NHS England and this is regardless of the fact whether the HWBB believe that from any proposed consolidation an impact will occur locally or not.
- 1.4** If the H&WBB do envisage a detrimental impact on the local population and report this as probable then the NHSE are likely to reflect this local knowledge in their decision and potentially refuse the consolidation. The provider requesting the consolidation will have the right to challenge this decision at appeal
- 1.5 For any submitted pharmacy contract change request, such as a change of ownership, a change in pharmacy venue or in this case a consolidation request, then NHSE provide a 45-day window to submit responses from interested parties. In terms of consolidations and the need for the views of the H&WBB to be known by NHSE then this could prove problematic given that the 45-day window is likely not to correspond with H&WBB meetings and submission of papers.

2.0 CURRENT APPROACH

- 2.1 Wirral to this point has not received any requests for provider consolidations though this change in regulations does require the H&WBB to respond in a timely manner if a consolidation request is received.
- 2.2 To help us form an approach that facilitates the required response we have canvassed other areas of Cheshire and Merseyside to ascertain their current and prospective approaches with their respective H&WBB to this NHS England expectation. This has led us to suggest the following approach.

3.0 PROPOSED STRUCTURE TO RESPOND TO PROPOSED PHARMACY CONTRACT CHANGES

- 3.1 To address the outcome of these changes in Pharmacy legislation it is proposed that we identify a group of up six H&WBB members that will be contacted if, or when, NHSE provide details of a proposed pharmacy contract change.

- 3.2 The proposed six H&WBB members are
Chair of H&WBB; Wirral CCG Accountable Officer, Representative from HealthWatch; Director for Children’s Services, Director for Health & Care, Director for Health & Wellbeing (DPH)
- 3.3 This nominated group will be asked to review the initial evidence related to the request, provided by the Director for Public Health, for their added local insight and considered view as to how the H&WBB should respond to the submitted pharmacy contract change request received by NHSE.
- 3.4 This considered view would in turn be collated and circulated electronically for ratification by all board members in the required timeframe before a final local HWBB response is sent to NHSE. The results of any NHSE deliberations would then be reviewed by H&WBB for any further action and recorded on our PNA in the relevant timeframe
- 3.5 The proposed approach is mapped out in Appendix Two.

4.0 FINANCIAL IMPLICATIONS

- 4.1 None envisaged at this time for H&WBB

5.0 LEGAL IMPLICATIONS

- 5.1 Where H&WBB suggest to NHS England that a proposed consolidation would leave a gap in service provision and so should be refused and that in turn NHS England refuse the pharmacy provided request then the Pharmacy can challenge this refusal

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 6.1 Director for Public Health
Provides leadership for JSNA and PNA – link to H&WBB to report on PNA developments and requirements
- 6.2 JSNA Programme Lead and Public Health Officers
Provide officer support in production and maintenance of PNA then managing public content through contract changes
- 6.3 No other resource implications are foreseen at this time

7.0 RELEVANT RISKS

- 7.1 If NHS England grants the application, it must then refuse any further “unforeseen benefits applications” seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA. However the next PNA will

commence on, or near to, 25th March 2018 so less than nine months until a new application to fill any implied consolidation gap if it is noted as a gap in the new PNA

8.0 ENGAGEMENT/CONSULTATION

8.1 This development related to provider consolidations requires the H&WBB to submit a timely response to any proposal and for NHS England to take account of the view of the H&WBB in its deliberations.

9.0 EQUALITY IMPLICATIONS

9.1 None envisaged at this time for H&WBB.

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APPENDICES

1.0 Pharmaceutical Regulation Changes Dec 2016

2.0 Process diagram for receiving, considering and responding to any Wirral Pharmacy Contract change requests received at NHS England

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Overview & Scrutiny Committee (People): Community Pharmacy (as reported at Cabinet 27th March 2017)	January 2017

APPENDIX ONE

Pharmaceutical Regulation Changes Dec 2016

The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016

PSNC website link: <http://psnc.org.uk/contract-it/pharmacy-regulation/>

On 5 December 2016, amendments to the 2013 Regulations come into effect. The full extent and nature of these amendments can be found [here](#).

1. Pharmacy consolidations (mergers)

NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Such consolidations could require a change in the ownership of one of the businesses concerned. A process to facilitate such consolidations will be in place.

Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means in general terms they will not be assessed against the pharmaceutical needs assessment (PNA). Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services – for example, if NHS England intends to commission from the applicant “enhanced services” (additional pharmaceutical services, such as minor ailments schemes, that are commissioned locally by NHS England) that have been provided at or from the closing premises, the applicant is required to provide undertakings to continue to provide those services following consolidation.

If NHS England is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application.

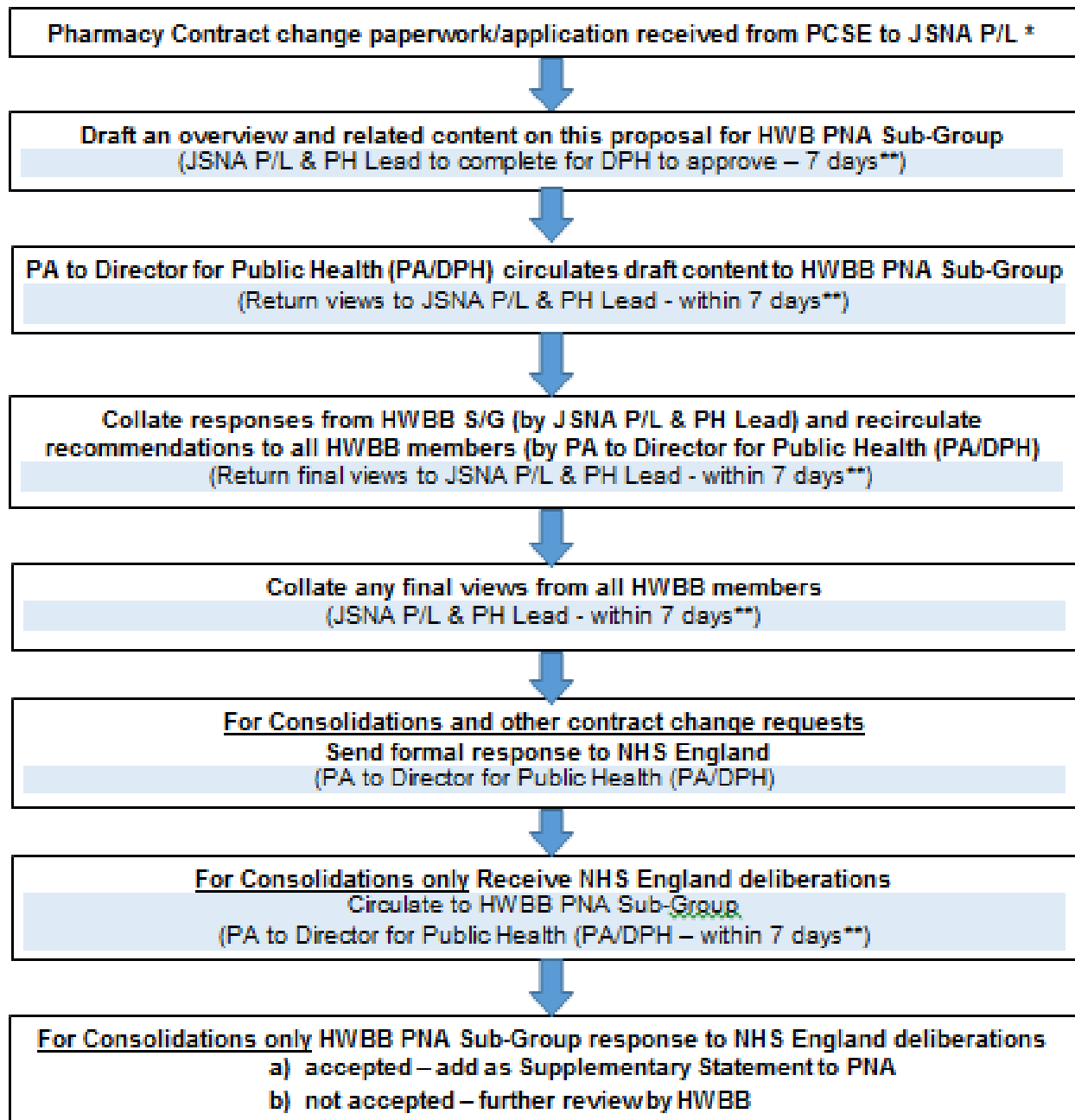
The opinion of the [Health & Wellbeing Board](#) (HWB) on whether or not a gap in pharmaceutical service provision would be created by the consolidation must be given when the application is notified locally and representations sought. If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its PNA recording its view.

If NHS England grants the application, it must then refuse any further “unforeseen benefits applications” seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.

APPENDIX TWO

Supplementary Statement & Proposed Consolidations

NHS England (NHSE)
Director for Public Health (DPH)
Public Health Lead (PH Lead)
PA to Director for Public Health (PA/DPH)
HWBB members for PNA Contract Changes (HWBB)
JSNA Programme Lead (JSNAP/L)



* 45 day turnaround begins

** 7 days or 5 working days ...***if this a proposed merger then HWBB MUST respond to PCSE regardless of whether change has an impact/positive impact/ or negative impact