



Health & Wellbeing Board

North Tyneside Council

7 June 2017

A meeting of the Health & Wellbeing Board will be held:-

on **Thursday 15 June 2017**

at **2.00pm**

in **Room 0.02, Quadrant East, The Silverlink North, Cobalt Business Park, NE27 0BY**

Agenda Item	Page(s)
1. Apologies for Absence	
To receive apologies for absence from the meeting.	
2. Appointment of Substitute Members	
To receive a report on the appointment of Substitute Members.	
Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer named below must be notified prior to the commencement of the meeting.	

Continued overleaf

Members of the public are welcome to attend this meeting and receive information about it.

North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

For further information please ring (0191 643 5359)

Contact Officer: Michael Robson (0191) 643 5359

Item		Page(s)
3.	<p>To Receive any Declarations of Interest and Dispensations</p> <p>Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda.</p> <p>Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest.</p> <p>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.</p>	
4.	<p>Minutes</p> <p>To confirm the minutes of the meeting held on 16 March 2017.</p>	4
5.	<p>The Role of the North East Ambulance Service in the Urgent Care Service</p> <p>Incorporating an introduction by John Matthews, Chair of the North Tyneside CCG, and a presentation by Graham Tebbutt and Clare Swift from the North East Ambulance Service outlining its operation in North Tyneside.</p>	-
6.	<p>Sustainability and Transformation Plan (STP)</p> <p>To receive a presentation from Mark Adams, CCG Chief Officer, on progress made by the STP workstreams together with commentary as to how this work might be implemented at a local level and influence the Health & Wellbeing Strategy.</p>	-
7.	<p>Alcohol Strategic Partnership Update Report</p> <p>To receive a progress report from the Alcohol Strategic Partnership.</p>	10
8.	<p>Healthwatch North Tyneside: Six Month Activity Report</p> <p>To receive a six monthly report from Healthwatch North Tyneside.</p>	22
9.	<p>Pharmaceutical Needs Assessment and New Pharmaceutical Regulations</p> <p>To determine a process to review, update and publish the Pharmaceutical Needs Assessment and to manage applications for the merger of two pharmacies under the new regulations.</p>	41

Members of the Health and Wellbeing Board:-

Councillor Margaret Hall (Chair)
Councillor Muriel Green (Deputy Chair)
Councillor Gary Bell
Councillor Tommy Mulvenna
Councillor Karen Clark
Wendy Burke, Director of Public Health
Jacqui Old, Head of Health, Education, Care and Safeguarding
John Matthews, North Tyneside NHS Clinical Commissioning Group
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Peter Kenrick, Healthwatch North Tyneside
Jenny McAteer, Healthwatch North Tyneside
Christine Keen, NHS England
Louise Robson, Newcastle Hospitals NHS Foundation Trust
David Evans, Northumbria Healthcare NHS Foundation Trust
Gary O'Hare, Northumberland, Tyne & Wear NHS Foundation Trust
Hugo Minney, TyneHealth
Craig Armstrong, North East Ambulance Service
John Pratt, Tyne & Wear Fire & Rescue Service
Alma Caldwell, Age UK
Andy Watson, North Tyne Pharmaceutical Committee
Richard Burrows, North Tyneside Safeguarding Children Board
Dean Titterton, Voluntary and Community Sector Chief Officer Group

Health and Wellbeing Board

16 March 2017

Present: Councillor M Hall (Chair)
Councillors K Clark, M A Green, L Spillard and
A Waggott-Fairley
W Burke, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
J Wicks, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
J McAteer, Healthwatch North Tyneside
J Reed, Northumbria Healthcare NHS Trust
V Morris, Northumberland, Tyne & Wear NHS Trust
N Bruce, Newcastle Hospitals NHS Trust
H Minney, TyneHealth
R Burrows, Safeguarding Children Board
G Hurst, Tyne & Wear Fire & Rescue Service
D Titterton, Voluntary & Community Sector

Also Present

S Meins, C Jordan and M Robson, North Tyneside Council
H Douglas, Public Health Consultant

HW51/03/17 Apologies

Apologies for absence were received from J Old and H Hudson (North Tyneside Council), C Keen (NHS England), J Soo-Chung (North Tyneside CCG), B Bartoli (Northumbria Healthcare NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust), C Armstrong (North East Ambulance Service), J Pratt (Tyne & Wear Fire & Rescue Service) and A Caldwell (Age UK North Tyneside).

HW52/03/17 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

J Wicks for J Soo-Chung (North Tyneside CCG)
V Morris for G O'Hare (Northumberland, Tyne & Wear NHS Trust)
J Reed for D Evans (Northumbria Healthcare NHS Trust)
N Bruce for L Robson (Newcastle Hospitals)
G Hurst for J Pratt (Tyne & Wear Fire & Rescue Service)

HW53/03/17 Declarations of Interest and Dispensations

Councillor K Clark declared a registerable personal interest in relation to the Director of Public Health's Annual Report (Minute HW55/03/17) because she was Director and Chief Officer of Justice Prince CIC, an organisation that delivers grant funded prevention programmes related to public health.

Councillor A Waggott-Fairley declared a registerable personal interest in relation to the North Tyneside Commitment to Carers (Minute HW56/03/17) because she was Chair of Trustees at the North Tyneside Carers Centre.

HW54/03/17 Minutes

Resolved that the minutes of the meeting held on 14 February 2017 be confirmed and signed by the Chair.

HW55/03/17 Director of Public Health's Annual Report 2015/16

The Director of Public Health, Wendy Burke, gave a presentation in which she outlined the contents, conclusions and recommendations contained in her annual report for 2015/16. During the presentation she commented that the ageing process was not the principal cause of disabling disease. Ageing was a normal biological process that in itself had relatively little significant impact until the nineties. The major influence on the ageing process was external environmental factors and much of the illness and disability all too often associated with ageing could be prevented or postponed.

The longer a person had lived, the longer they would have been exposed to lifestyle and environmental risk factors thereby increasing the chances of getting a disease or condition. It was stated that over 50% of people aged over 65 years had 2 risk factors. The most common combination of risk factors was low levels of physical activity and low consumption of fruit and vegetables. The presentation highlighted the importance of healthy behaviours and lifestyles, in particular physical activity, mental health and social activity.

The report recommended a systematic, positive and preventative approach to healthy ageing, with a focus across the life course from birth. Universal and targeted approaches to healthy lifestyle would be required, with a focus on tackling inequalities and upscaling efforts to increase physical activity levels. It was recommended that priority be given to "baby boomers", preventing deterioration for those with existing long term conditions and promoting social connectedness and the use of community assets.

Members of the Board commented that a systematic approach to healthy ageing was needed to engage with individuals through innovative interventions to enable them to come to their own conclusions about their lifestyles and behaviours. The Board highlighted the importance of public transport in allowing older people to access social activities.

A member referred to experience in Iceland where mandatory out of school activities for young people, accompanied by their parents, had had a positive impact in reducing the levels of drinking and smoking among young people. Locally, the Active North Tyneside campaign had begun to influence lifestyles and behaviours early in life but this type of preventative work needed to be upscaled with additional funding. It was reported that the prevention workstream established as part of delivery of the NHS's 5 year forward view and Sustainability and Transformation Plan had now commenced its work to consider how preventative initiatives and strategies could be upscaled and delivered.

The Director of Public Health thanked Heidi Douglas, a public health consultant, and officers who had undertaken a great deal of work to prepare the annual report.

Resolved that the Director of Public Health's presentation be noted.

HW56/03/17 North Tyneside Commitment to Carers

In November 2015 the Council, in conjunction with partners, had launched the North Tyneside's Commitment to Carers, which sought to improve the health and wellbeing of all carers living in North Tyneside, and support them to have a life outside of caring. The commitment was based upon the following priorities:

1. Earlier identification of carers and the provision of quality information;
2. Improved communication;
3. Improved carer health, wellbeing and support;
4. Support that enables carers to go to/continue to work or in education;
5. Carers have access to emotional support; and
6. Smooth transition of support from children's to adult services.

An action plan had accompanied the commitment and collectively the Council, the CCG and North Tyneside Carers' Centre had been progressing the actions contained within it. The Board were presented with the action plan which had been updated in November 2016 and cross referenced with the recommendations made by an overview and scrutiny committee following a review of Carers Support and Respite Provision.

Susan Meins outlined details of progress made in delivering the action plan including a pilot scheme to change how carers are supported from their first contact, a new carer training package for staff, a carers in employment project, a signposting mobile app and a process for identifying and assessing young carers. North Tyneside CCG had completed a Commissioning for Carers self-assessment and on the basis of comments gathered from stakeholders an improvement plan had been developed. The Board were presented with those area that would be subject to further action in 2017/18, which would have to take into account the new National Carers Strategy due to be launched in the summer of 2017.

Whilst the Board noted the action taken a member queried whether the report assured the Board that progress had been made and whether those carers in need were receiving the service they were entitled to, particularly where authorities were under a statutory obligation to provide them. It was suggested that a further report be submitted to the Board to address these points in September 2017.

The Board discussed the challenge in identifying and supporting carers, when some, who supported other family members, did not identify themselves as being carers nor recognise the effect it was having on their own quality of life. The Board were interested to receive more information in relation to the number of referrals to respite care as a result of carer assessments and whether the costs of respite care had had an impact on the take up of the service. Finally members considered the role of General Practitioners in identifying carers and practices were encouraged to undertake a survey developed by the Carers Centre.

Resolved that (1) the progress made to date on the actions identified in the North Tyneside Commitment to Carers be noted; and
(2) a further report be submitted to the Board in September 2017 to provide assurance that progress is being made in improving the health and wellbeing of all carers living in North Tyneside, and in supporting them to have a life outside of caring, and that carers in need are receiving the service they are entitled to, particularly where authorities were under a statutory obligation to provide them.

HW57/03/17 Pharmacy Regulations and Pharmaceutical Needs Assessment

It was the responsibility of the Board to assess the needs for pharmaceutical services in North Tyneside and for publishing a Pharmaceutical Needs Assessment (PNA). The purpose of a PNA was to determine if there were enough community pharmacies to meet the needs of the population and to act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population. The current PNA had been published on 1 April 2015 and it now had to be reviewed, updated and published by 1 April 2018.

NHS England recommended that Health and Wellbeing Boards seek specific expertise to offer advice and support in producing a revised PNA. The draft refreshed PNA would be subject to a minimum of 60 days consultation with stakeholders and members of the public. Following consultation a final draft would need to be prepared, considered and approved by the Board before publication by 1 April 2018.

It was also reported that to encourage mergers or consolidations of closely located, surplus pharmacies, new regulations had been introduced that allowed two pharmacies to make an application to merge and provide services from one of the two current premises. The regulations provided the Board with two new statutory duties:

- a) NHS England would notify the Chair of the Board in relation to any applications to consolidate two pharmacies. The Board was then required to make a statement or representation back to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision based on the information held within the PNA. NHS England would then convene a panel to consider the application and any statement or representation; and
- b) Once NHS England had made a determination on the application to consolidate two pharmacies, it would inform the Chair of the Board. The Board then had to publish a supplementary statement saying that removal of the pharmacy which is to close, from the pharmaceutical list will not create a gap in pharmaceutical services.

The Board was asked to give consideration to how it would agree a process to fulfil its new statutory duties and how the PNA would be reviewed and updated. Members expressed concern that the Board had been provided with statutory responsibilities with financial implications but without a dedicated budget to meet the costs, nor any clear direction as to which statutory organisation was responsible for meeting the associated costs. The Board considered a range of options for reviewing the PNA, including involvement by the North of England Commissioning Support Unit, NHS England, North of Tyne Local Pharmaceutical Committee. The Board also gave consideration to how any applications for the merger of two pharmacies might be considered in the period before the adoption of an agreed process.

Resolved that (1) the Director of Public Health and the Chief Officer of the North Tyneside Clinical Commissioning Group (subject to clarification being sought regarding which organisation has responsibility for funding the preparation of PNA's), in consultation with the Chair of the Board, consider options and formulate a proposed process for the review of the Pharmaceutical Needs Assessment and to fulfil the Board's duties in relation to applications for the merger of two pharmacies and report their proposals to the next meeting of the Board; and
(2) in the meantime, the Director of Public Health, in consultation with the Chair of the Board, be granted delegated authority fulfil the Board's duties should any applications for the merger of two pharmacies be received from NHS England.

(Reason for decision: To enable further consideration to be given as to how the Board can fulfil and fund its statutory obligations.)

HW58/03/17 Council Motion on the Reduction of NHS Services and the Implications of the Sustainability and Transformation Plan in North Tyneside

In January 2017, the Council had agreed the following a motion: “Residents are concerned at the reduction in NHS services in the Borough and the outcome of the Sustainability and Transformation Plan (STP). The Council requests the Mayor and Cabinet to consider conducting an urgent review on the reduction in NHS services and the implications of the STP on North Tyneside. The outcome of the review to be reported to the next ordinary council meeting.”

In response to the motion, a report had been prepared for consideration by the Council’s Cabinet held on 13 March 2017. The Chair of the Board presented a copy of this report to the Board. The review had concluded that:

- There had been a number of changes in NHS services in North Tyneside, and these were set out in the report;
- There were examples of where NHS services had been reduced and would be reduced further in the coming year, the impact upon residents is not fully understood;
- The process of developing STPs had raised concern nationally;
- More locally the process of developing the Northumberland, Tyne, Wear and North Durham plan had raised concerns around engagement with local authorities;
- There was no assurance currently that the plan will deliver the necessary changes to address the gaps identified;
- The priorities identified in current CCG operational plan could go further in addressing the wider prevention and early intervention aspects of the STP;
- The detailed CCG operational plan should be shared with the Health and Wellbeing Board; and
- There was concern about the financial impact of the plans on the Council.

The Cabinet had agreed that the Head of Health, Education, Care and Safeguarding and the Chair of the Health and Wellbeing Board seek more detail on the plans for the NHS and monitor the progress of the STP in North Tyneside on behalf of Cabinet, and where there is likely to be any significant impact for the Borough or the Authority to report back to Cabinet.

In considering the report the Board discussed the impact of changes to urgent and emergency care, social prescribing, the memory service and mental health services.

It was reported that the procurement of an urgent care unit was due to be reported to the CCG’s Board on 28 March 2017. The Board repeated its request to be provided with a copy of a report and action plan arising from a review of the Northumbria Specialist Emergency Care Hospital (NSECH). In the light of these reviews, and the formulation of a Primary Care Strategy it was suggested that the Board take a lead in bringing the different strands of emergency and urgent care planning together to formulate a clear set of recommendations to minimise confusion among the public as to how they should access emergency and urgent care services.

Resolved that the outcome of the Council’s urgent review on the reduction in NHS services and the implications of the Sustainability and Transformation Plan on North Tyneside be noted.

HW59/02/17 Health & Social Care Integration Programme Board Update (Previous Minute HW50/02/17)

The Board received a progress report from the Health and Social Care Integration Programme Board in relation to progress made by two of the four work streams that made up the Integration Programme, New Models of Care and Older People.

The Chair of the Programme Board, Peter Kenrick, explained that the Board had received clarity regarding the results of the review of the Intermediate Care Service and had considered changes in the way the Care Plus pilot service was being developed. A review of the Integration Programme had commenced and this would involve discussions with the chairs of the four integration programme boards.

Resolved that the progress report from the Health and Social Care Integration Programme Board be noted.

North Tyneside Health & Wellbeing Board Report Date: 15th June 2017

ITEM 7

Title: Alcohol Strategic
Partnership Update
Report

Report from : Wendy Burke, Director of Public Health

Report Author: Christine Jordan, Senior Manager Public
Health – Adults and Older People

1. Purpose:

The report provides the Health and Wellbeing Board with an update from the North Tyneside Alcohol Strategic Partnership

2. Recommendation(s):

The Board is recommended to:

- a) note the detail of the report; and
- b) agree the next steps for action.

3. Policy Framework

This item relates to the following priorities of the Joint Health and Wellbeing Strategy 2013 and the North Tyneside Alcohol Strategy 2013-2018:

- A change in behaviours so people think it is not acceptable to drink in ways which would cause harm to themselves and others.
- Increase the healthy life expectancy and reduce difference in life and healthy life expectancy between communities.
- Reduce alcohol related crime and disorder and perception of alcohol related crime and disorder.
- Reduce the adverse impact of alcohol on families and the wider community

4. Information:

- A strategic multi-agency partnership was developed in January 2016 to tackle identified priorities following the Board's Alcohol Action Day in September 2015. Key stakeholders and agencies from the NHS, public health, housing, employment, social care, children services, safeguarding and criminal justice have formed the partnership with the aim of developing a plan to tackle alcohol misuse across North Tyneside.
- The purpose of this report is to provide an update to the Board on the development of the action plan (Appendix 1) and the key achievements to date.

Key achievements to date:

1. Prevention:

- Delivered a range of local health improvement campaigns to raise awareness of the harms e.g. Dry January and Alcohol and Cancer campaign, highlighting the impact on emergency services.
- Developed social marketing campaigns to promote safe drinking in line with the Chief Medical Officer's guidelines, raising awareness of risks and reduce alcohol misuse.

2. Adults:

- The Public Health team have rolled out the Alcohol "**Have a Word**" programme which provided Alcohol Identification and Brief Advice Training to a range of key frontline staff within the Council.
- **Audit of Alcohol Identification and Brief Advice training across the partnership and key settings** to assess what training is being delivered and to identify any gaps in delivery.
- Worked with Alcohol Concern to deliver the national **Blue Light Programme** to tackle change resistant drinkers. As part of this we have implemented the following:
 - Carried out a **scoping exercise** to identify the gaps and challenges in our approach.
 - Delivery of a **training package** to a range of front line staff including children teams, health visitors and school nurses and treatment services. A Train the Trainer will be used in the future deliver the programme to additional frontline staff.
 - Established a **Treatment Resistant Drinkers Operational Hub** (as a sub group of the Making Every Adult Matter multi agency group) to develop a systematic approach and agree robust pathways for alcohol dependent and increasing/higher risk drinkers.

3. Children:

- Trained all family partners in Alcohol Identification and Brief Advice, drug awareness and the Bluelight approach.
- Developed a community's interest group on drug and alcohol to develop knowledge and skills and support teams in working with young people involved in substance misuse.
- Developed a Drug and Alcohol protocol for schools to up skill staff to provide drug and alcohol awareness training in schools and ensure that pathways are known.
- Piloted the Northumberland's Alcohol Education Package, "**Wrek'd**" in a number of schools and community organisations which was then rolled out across the Borough.

4.1 Next steps 2017-18

The work programmes for the Alcohol Partnership in the forthcoming year includes the following actions:

- To complete the PHE the Alcohol Clear Audit self-assessment tool as part of needs assessment to identify gaps in work programme across the system.
- To roll out consistent Identification and Brief Advice (IBA) training in a range of Local Authority, Criminal Justice and Health settings promoting clear pathways to specialist assessment for those who may be dependent.
- To further develop and evaluate the impact of the multi-agency operational hub to oversee the joint management and a targeted focus for the highest impact clients.
- To participate in the Northumberland Tyne and Wear and North Durham Sustainability and Transformation Plan prevention work stream and the systematic work to upscale action on alcohol in the NHS setting across the North East.

5. Decision options:

The Board is asked to:

- a) To note the contents of the report
- b) To agree the next steps for action.

6. Reasons for recommended option:

To continue to make progress and reduce the harm caused by alcohol across North Tyneside.

7. Appendices:

Appendix 1 – Alcohol Action Plan.

8. Contact officers:

- Wendy Burke, Director of Public Health, 0191 643 2104
- Christine Jordan, Senior Manager Public Health – Adults and Older People, 0191 643 2880

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

- North Tyneside Health and Wellbeing Strategy, 2013
- North Tyneside Alcohol Strategy 2013-18

10 Finance and other resources

Overall, too many people are drinking too much, too often and we are all paying for it, from policing to dealing with alcohol related crime, the NHS and Ambulance Service and treatment services for people with alcohol problems, to the cost to businesses of lost productivity and supporting children who have suffered as a result of living with a parent who misuses alcohol.

Alcohol misuse has an impact on the whole community through crime, health and well being, affecting families and well being of children, placing a strain on key health services and draining council resources.

A reduction in the number of alcohol specific admissions to hospital will deliver significant cost savings.

11 Legal

There are no legal implications arising directly from this report.

12 Consultation/community engagement

The information has been shared with statutory partners and key stakeholders who attended the alcohol action day event.

13 Human rights

There are no human right implications arising directly from this report.

14 Equalities and diversity

Alcohol abuse is particularly harmful for communities and can impact upon their health, wellbeing, education and safety.

15 Risk management

There are no risk management implications directly arising from this report.

16 Crime and disorder

Excessive alcohol consumption can be an underlying factor in a range of crimes e.g. drunk and disorderly, violent crime and anti-social behaviour. Preventative work to reduce hospital admissions may also reduce incidences of alcohol related crime.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance

Alcohol Strategic Partnership Action Plan

1. Prevention- key actions	Lead	Measures/outcomes	Date	Progress to date - May 2017
<ul style="list-style-type: none"> To work with licensees to utilise and enforce the legislation. To contribute to work with Balance/ANEC in developing an approach to MUP and link to devolution. 	Licensing	All responsible Authorities contribute towards the licensing agenda	On-going	Achieved by contribution in review hearings from Responsible Authorities
		Responsible Authority Group to meet on a regular basis	On-going	<ul style="list-style-type: none"> Achieved
		Licensing team to meet regularly and provide licensing pack to licensees	On-going	<ul style="list-style-type: none"> Achieved
		Pub watch meetings every 6-months		
	Balance	Training for Councillors on licensing objectives and to include alcohol harm.	June	<ul style="list-style-type: none"> Balance has provided regular updates and briefings for local authorities around MUP. Further evidence was disseminated as part of the PHE review of evidence published in December 2016. This concluded that:
Links established and a MUP approach agreed		On-going	<ul style="list-style-type: none"> Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement. Implementing a minimum unit price 	

				<p>(MUP) is a highly targeted measure which ensures tax increases are passed on to the consumer and improves the health of the heaviest drinkers.</p> <ul style="list-style-type: none"> • Combining an increase in taxation alongside the implementation of a MUP is estimated to lead to substantial reductions in harm and increases in government revenue. This reduction is greater than that achieved by an MUP in isolation. • Balance has attended meetings of the national Alcohol Health Alliance Steering group and Executive, to influence the national approach to advocacy, linked to pricing and fed back to NE colleagues. This has involved a campaign calling on the Chancellor to increase duty on the cheapest, strongest alcohol products and in the spring budget (08/03), he announced that the government will launch a consultation in March on introducing a new duty band for cider, which would see high-strength ciders just below 7.5% ABV being taxed at a higher rate. Balance will draft a template response to this consultation, which will be shared with partners to inform local submissions. • The Balance Director will also meet the Public Health Minister in April, alongside Alcohol Health Alliance colleagues, to discuss a range of issues linked to alcohol, including
--	--	--	--	---

				<p>price.</p> <ul style="list-style-type: none"> Balance has carried out a price survey in partnership with colleagues from the NW, Scotland and at a national level, to highlight the widespread availability of cheap alcohol. This concluded that alcohol was available for as little as 18p per unit in the NE.
<ul style="list-style-type: none"> To support social marketing campaigns. 	Balance Public Health	Balance campaigns such as Alcohol and tumour campaign widely promoted in areas frequented by families, such as leisure centres.	<p>July</p> <p>Sept</p> <p>Sept</p> <p>Sept</p>	<ul style="list-style-type: none"> Wave 2 of alcohol-related campaign activity delivered, featuring 'Spot of Lunch' creative, highlighting the links between alcohol and breast cancer. Media evaluation demonstrated almost 25,000 hits to the campaign microsite, the 2nd best return of the shorter bursts of campaign activity, with TV over-delivering against performance targets. External evaluation also carried out, indicating excellent recall rates (with prompted recall of any of the 3 Balance campaign creatives delivered this year totalling 74%) and significantly higher rates of unprompted awareness of the links between alcohol and cancer than the national average (standing at 28% in the NE). Evaluation suggested that the campaign was successful in raising awareness of the links between alcohol and cancer and in building support for Balance's key advocacy measures (such as MUP). The 2016 campaign reached over 100,000 residents in North Tyneside

<ul style="list-style-type: none"> To identify mechanisms for targeting parents of young people on the dangers of drinking above recommended drinking limits. 	Public Health	<p>Campaigns to promote safe drinking and raise awareness of risks and reduce alcohol misuse to young people.</p> <p>Youth education leaflet distributed to key sites Roll out alcohol education package to key schools</p>		<p>for approximately 7p per capita of local budget and we would hope to achieve similar coverage and impact through activity in 2017.</p> <ul style="list-style-type: none"> Balance has carried out a youth insights programme, involving qualitative and quantitative research amongst young people aged 11-15 year olds. The field work has been carried out and a full report is due shortly. Piloted the Northumberland's Alcohol Education package in community and school settings. Evaluation successful. Rolled out to Schools in Spring 2017 as part of the early help offer within locality teams Delivered a number of alcohol campaigns to raise awareness of the harms e.g. Dry January and Alcohol and Cancer campaign
<ul style="list-style-type: none"> To develop workplace policies on alcohol use, within NTC, NHCHT, NTW and 3rd sector. 	Public Health	Policies developed and implemented and greater understanding of alcohol misuse and its impact on the economy and workforce.	On-going	<p>The BHAW award scheme specifics:</p> <p>Criterion 4 – Bronze Award Raise awareness of risky alcohol and drug use within the organisation</p> <p>Criterion 1 – Silver Award The organisation will be expected to have a policy regarding Alcohol, Drugs and Other Substances</p> <p>In 2016 there were 9 North Tyneside businesses that passed the bronze level</p>

<ul style="list-style-type: none"> To offer alcohol brief interventions training and educate workforces , namely GPs, locality teams, and housing staff 	Public Health, Primary Care, Hospital, NTRP	<p>Key frontline staff trained to provide safer drinking messages</p> <p>Design a one day training package for family partners</p> <p>Number of attendees on GP training</p> <p>Number of attendees on families and domestic violence training</p> <p>Multi-agency safe guarding conference</p> <p>Number of attendees on Age UK/Housing training</p> <p>Review of IBA training across key settings such as hospitals, primary care, Local Authority, probation, community and voluntary.</p>	<p>Commence in June-to March</p> <p>June</p> <p>Sept</p> <p>Autumn</p>	<p>of the award and 4 businesses passed the silver level of the award. NTC, NHCHT, NTW all have a workplace policy on alcohol use.</p> <p>123 staff trained from adult social care, sport and leisure teams and children’s locality teams. Training was received well. Worked better when staff had attended Level 1 & 2 MECC prior.</p> <p>53 staff trained from children’s locality teams. Highlighted a need for Carers training.</p> <p>Approx 30 GPs trained.</p> <p>46 staff trained from the from the locality teams.</p> <p>175 professionals from Primary Care, CCGs, NHS, Police, Fire Service, Local Authority and the Voluntary Sector attended the multi-agency safeguarding conference</p> <p>71 Housing officers and staff from Age UK and North Tyneside Living were trained in IBA.</p> <p>Audit undertaken in March</p> <p><i>See Alcohol Training Programme Evaluation Report, March 2017</i></p>
--	---	---	--	--

2. Adults and older people- key actions	Lead	Milestones	Dates	Progress to date
<ul style="list-style-type: none"> • Ensure there is an integrated pathway for high risk groups • Develop clear pathways across commissioned providers 	Hub	<p>Review and map pathways across all tiers involving primary and secondary care, treatment services, PROPS, Meadowwell connected and Children’s lead.</p> <p>Identify gaps in current provision</p> <p>Jointly agree referral routes to all forms of alcohol treatment and promoted throughout North Tyneside</p> <p>All providers using consistent assessment tools</p>	On-going	<p>A commissioning review will be undertaken in the near future.</p> <p>The referral pathways are being reviewed as part of the Treatment Resistant Drinkers Hub.</p>
<ul style="list-style-type: none"> • To develop a systematic approach in NT for Treatment Resistant Drinkers and focus on the family and domestic violence. 	Public Health	<p>New and emerging effective practices to engage with treatment resistant drinkers implemented and evaluated.</p>	On-going	<ul style="list-style-type: none"> • All children’s locality staff have received training in the Blue Light approach. Trained up key trainers to roll out the training in the future to key frontline staff. Developing a Blue Light Client – Impact and approaches course. • Developed a multi-agency operational hub to look at the most problematic clients. The hub is a sub group of MEAM.

3.Children's and Families – key action	Lead	Milestones	Date	Progress to date
<ul style="list-style-type: none"> To develop an early intervention and prevention service for young people who includes a focus upon tackling substance misuse. 	Children Lead	<p>Early intervention and prevention service developed and implemented</p> <p>Link with A&E department to develop the pathways and link to adults pathways</p> <p>Implement the guidance for practitioners on the questions to ask.</p>	On-going	<ul style="list-style-type: none"> All staff had brief intervention training and drug awareness planning sessions. Developing a community's interest group on drug and alcohol to support teams and help keep them up to date. Drug and Alcohol protocol for schools to up skill staff to do own drug and alcohol awareness training Pathways in place.
<ul style="list-style-type: none"> To develop a campaign that focuses on young people and parents. 	Public health	Social marketing campaigns to promote safe drinking, raise awareness of risks and reduce alcohol misuse to young people	September	<ul style="list-style-type: none"> The Durham Safer Partnership Alcohol Education leaflet for parents of young people was refreshed and updated and widely distributed to schools.

North Tyneside Health & Wellbeing Board Report Date: 15th June 2017

ITEM 8

Healthwatch North
Tyneside – 6 month
Activity Report

Report from : Healthwatch North Tyneside

Report Author: Jenny McAteer, Director

0191 263 5321

1. Purpose:

The purpose of this paper is to give a progress update on the work of Healthwatch North Tyneside, covering the period from October 2016 to March 2017. It highlights the concerns received from residents of North Tyneside about health and social care services and the key areas of work Healthwatch has undertaken.

2. Recommendation(s):

The Board is recommended to:-

- i) Consider the concerns gathered from residents of North Tyneside; and
- ii) Note the progress made by Healthwatch North Tyneside in addressing its priorities.

3. Policy Framework

This item relates to Objective 4 of the Joint Health and Wellbeing Strategy 2013-23: "To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed".

4. The report:

The report that is attached as an appendix to this covering report sets out various aspects of the work of Healthwatch North Tyneside for the period October 2016 to March 2017. As requested by the Health & Wellbeing Board previously, the first few pages of the report, Local Voices, set out the feedback we have received from local people about health and social care services. The headlines are:

Hospitals

- the majority of the feedback relate to people being satisfied with the level of care and treatment they have received;
- the main area of dissatisfaction was the length of time it takes patients to access diagnostics and treatment, in particular long delays in A&E.

GPs

- the majority of feedback was in relation to people being generally happy about the services they receive;
- however, this is equalled by the number of people who felt access to appointments could be improved. Many people reported difficulties with the booking system, particularly for those in employment or have difficulty using online services; and many were dissatisfied with the time they had to wait for an appointment.

Carers

- carers tell us that they need better access to support and information.

Mental health services

- the majority of the feedback was about concerns people had about support they are offered in a crisis, including the time people had to wait to get help.

Urgent care

- feedback on urgent care is primarily focused on walk-in centres – the excellent service people receive but confusion where people should go following the closure of North Tyneside General Hospital after 8pm;
- the ambulance service received a number of concerns, mainly relating to the length of waiting times for an ambulance to attend.

Further details of these and other feedback can be found in Section A Local Voices in the attached report as well as an update on Healthwatch's thematic priorities and details of its engagement and communications activity.

5. Decision options:

This report is for information only and therefore there are no decision options.

6. Appendices:

The Healthwatch North Tyneside 6 month activity report, October 2016 to March 2017, is attached to this covering report.

7. Contact officers:

Jenny McAteer, Director, Healthwatch North Tyneside

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author.

Healthwatch writes reports in relation to specific themes of work which are they shared with providers and commissioners for comment. The Healthwatch Board also receives regular reports, including a summary of issues received from residents of North Tyneside. All finalised reports can be found on the Healthwatch website www.healthwatchnorthtyneside.co.uk

Healthwatch uses the information gathered from general and specific engagement events and the data from it's feedback centre to provide the information for the Local Voices section of the report.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known financial implications identified.

11 Legal

North Tyneside Healthwatch operates under the terms of Section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) to, among a range of duties, promote and support the involvement of people in the commissioning, provision and scrutiny of local care services.

12 Consultation/community engagement

Healthwatch receives feedback from residents of North Tyneside routinely as part of our day to day function. This feedback can come to us through email, by telephone, or as a result of residents completing forms for our Feedback Centre, either by inputting the information directly to our online resource or by sending their comments in the post. Our staff team also carry out regular engagement activities where residents can talk to us "face to face" and have their comments recorded. Healthwatch receives comments which include concerns, points of view, compliments or complaints. When a resident wishes to make a complaint about a service our staff team directs the resident to the most appropriate avenue of support. A record of the concerns which have been received since 1 August 2015 to 30 November 2016 are included in Appendix 1 of this report.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

A risk assessment has not taken place.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health

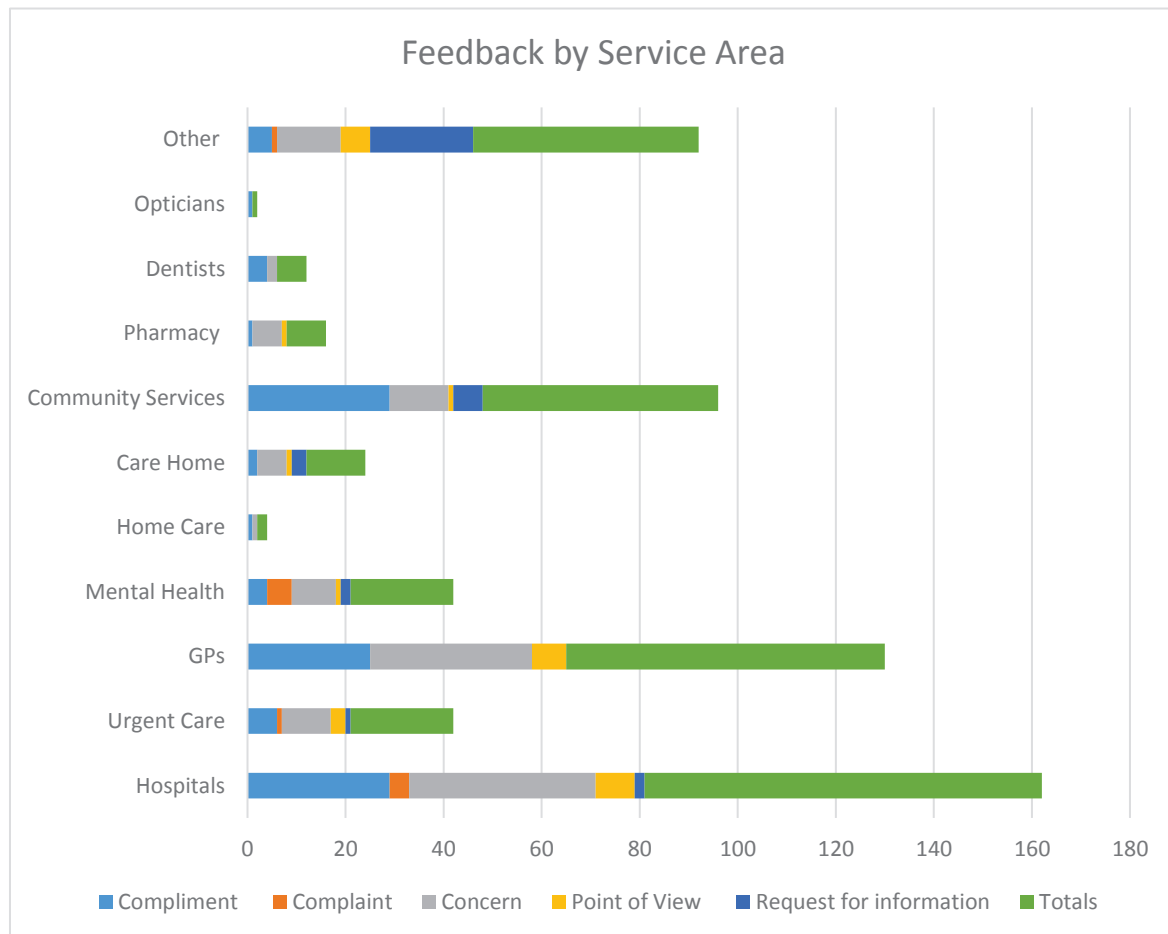
Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance

Healthwatch North Tyneside 6 Month Activity Report October 2016 to March 2017

A. Local voices- What local people told us



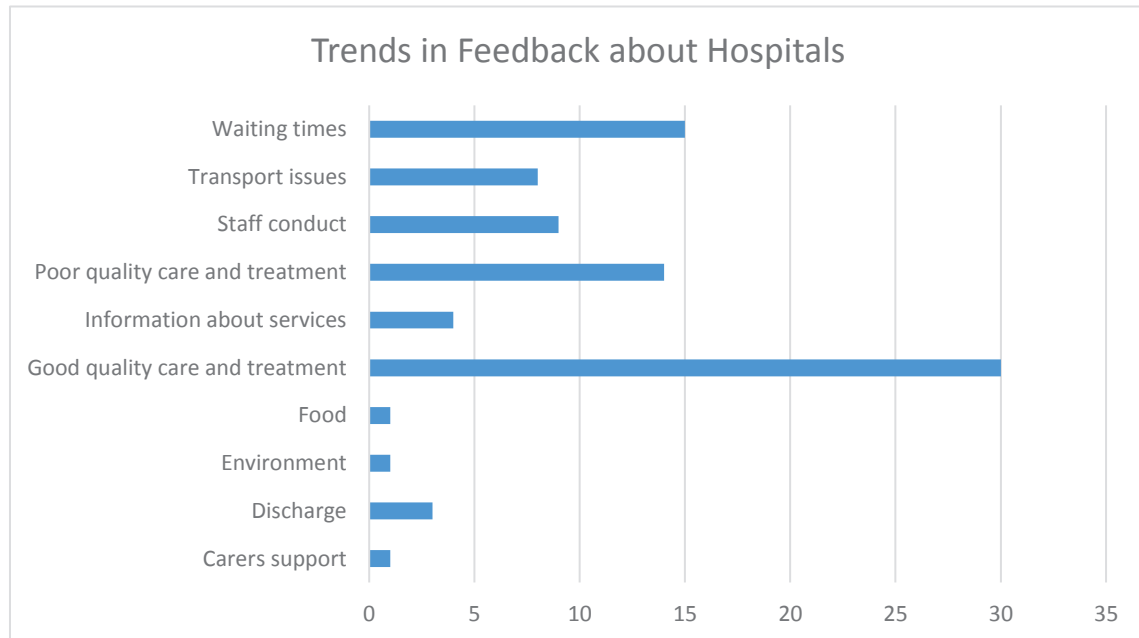
Please note this does not include all data for thematic work (for example surveys) which is included in thematic reports. The data trends may be biased by events in the period (for example upcoming CQC inspections or thematic work).

Top 5 Service Areas for Comments

1. **Hospitals** - During the period the majority of comments (81) related to hospitals. Of these the majority were concerns (47%) followed by compliments (36%).
2. **GPs** - GPs received a total of 65 comments of which the majority were concerns (51%) followed by compliments (39%)
3. **Community services** - Community services received 48 comments of which 25% were concerns and 60% were compliments.
4. **Mental health**- Mental Health services received 21 comments of which 43% were concerns, 24% were complaints (the largest of any service area), 19% compliments
5. **Urgent care** - urgent care services received 21 comments of which 48% were concerns and 29% were compliments.

The key trends¹ in the issues raised with HWNT in this period are outlined below under each service area. Please note this does not include information gathered as part of thematic work which is reported through more detailed thematic reports published on the website.

Hospitals



The majority of feedback about hospitals related to people being satisfied with the level of care and treatment received with comments relating to standard of staff, speed of treatment and good standard or treatment. These comments relate to all trusts and hospital sites.

The next largest group of feedback related to people feeling dissatisfied with the length of time it takes to access diagnostics and treatment. This relates to the wait for appointments following referral with a trend in particular for those waiting for scans (CT and MRI). People also reported long delays in waiting to be seen in particular in A&E. Finally there were reported delays in waiting for results of diagnostic tests results again in particular relating to scan results.

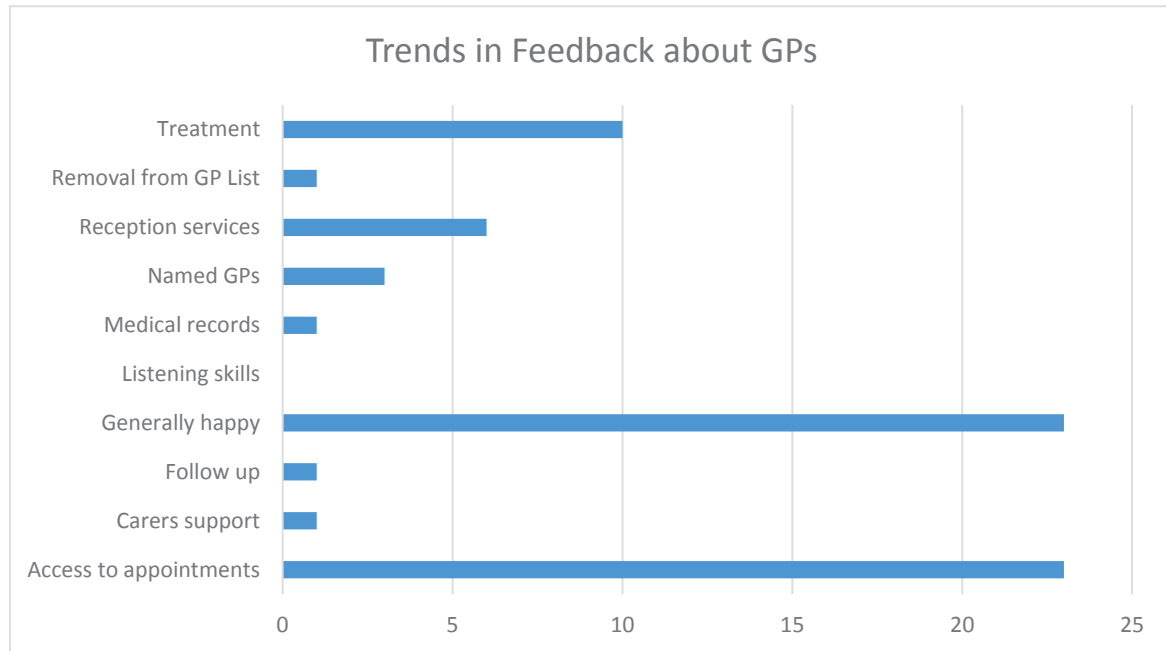
Poor quality care and treatment was the next largest trend in feedback. The majority of this feedback are accounts of patients who feel that there was a poor outcome as a result of their treatment (for example ongoing symptoms or arising from complications during procedures).

There was a number of people who reported poor experience in relation to how staff behaved towards them during their care and treatment. This mainly related to how patients were spoken to by staff members or how patients were spoken about to family members. There are a small number of comments that relate to an impersonal approach to care and treatment.

¹ HWNT are reporting as trends issues which have been raised by more than 5 people during the period.

There continue to be a number of people who report difficulties with accessing public or hospital transport to NSECH and difficulty parking and North Tyneside General Hospital.

GPs



The majority of feedback about GPs was in relation to people being generally happy about the services received (for example great GP, staff and access to appointments).

However this was equalled by the number of people who commented that access to appointments was not as it should be.

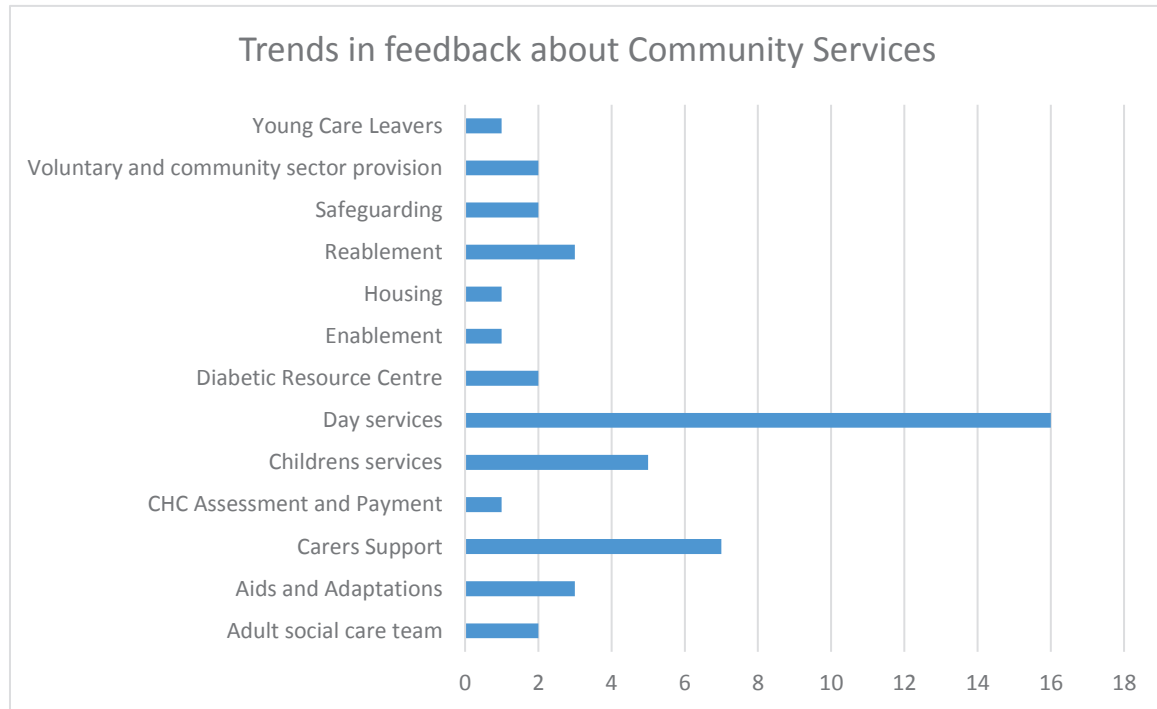
Although a small number of people reported positive experiences, many people were dissatisfied with the service. People reported difficulties with booking systems being a barrier to access appointments. This related to a requirement to call early in the morning, which is difficult for people who are in employment and use of online systems being challenging.

Many people reported dissatisfaction with the length of time that they have to wait for appointments with many waiting weeks to be seen by a GP. This is worsened if they wish to see a named GP for continuity of service. Others reported a challenge with booking advance appointments within a week. They report that appointments can be booked weeks in advance or urgent appointments to be seen on the day, but there doesn't appear to be the capacity to accommodate those who wish to book a few days in advance.

People have also reported challenges with receiving treatment. This relate to misdiagnosis, difficulties arising from lack of shared decision making (for example being sent to hospital when they don't feel it is necessary) and delays in referrals to secondary services arising from the referral management service and miscommunications between GPs and NHS Trusts.

The majority of comments in relation to reception services relate to poor customer service experience of patients who feel that reception has inappropriately acted as a gatekeeper to the GP or failed to behave in a professional or courteous manner.

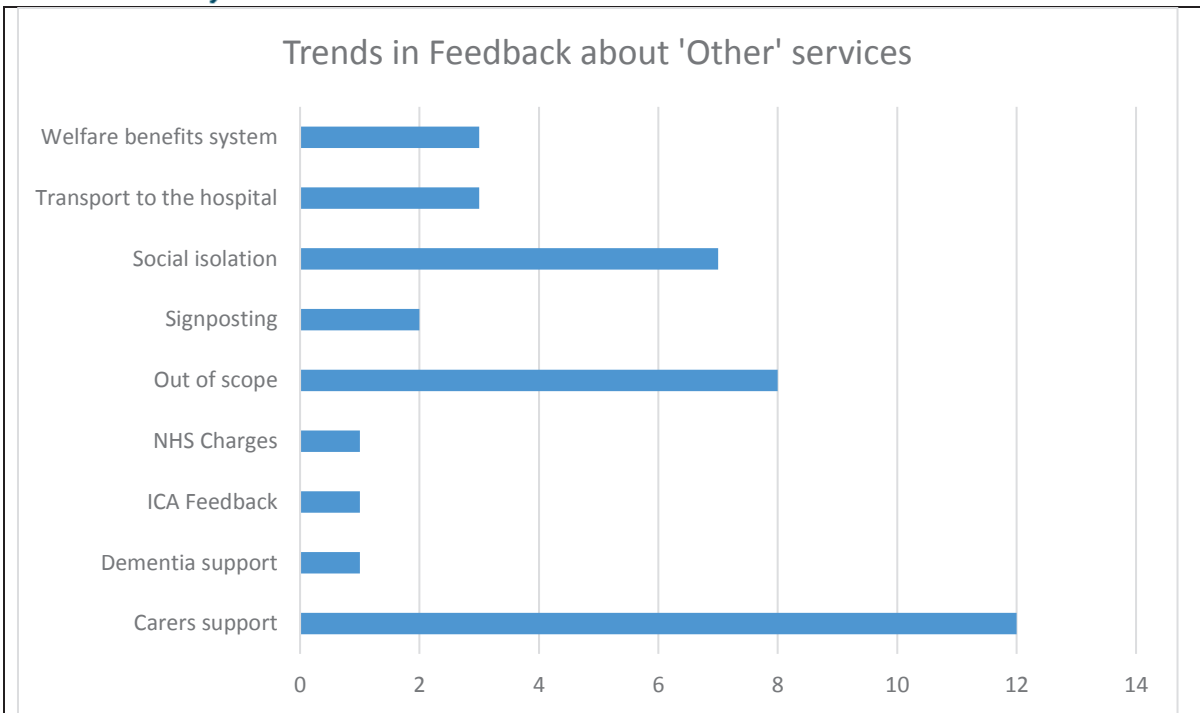
Community services



Feedback about community services was mostly about one particular day centre where people who used the centre unanimously praised the services received. This service had distributed our feedback forms to their service users who responded on mass and these have been uploaded to our system.

The next largest amount of feedback relates to carers support where carers explain that they require more support in their caring role and increased access to information particularly in relation financial matters and respite care.

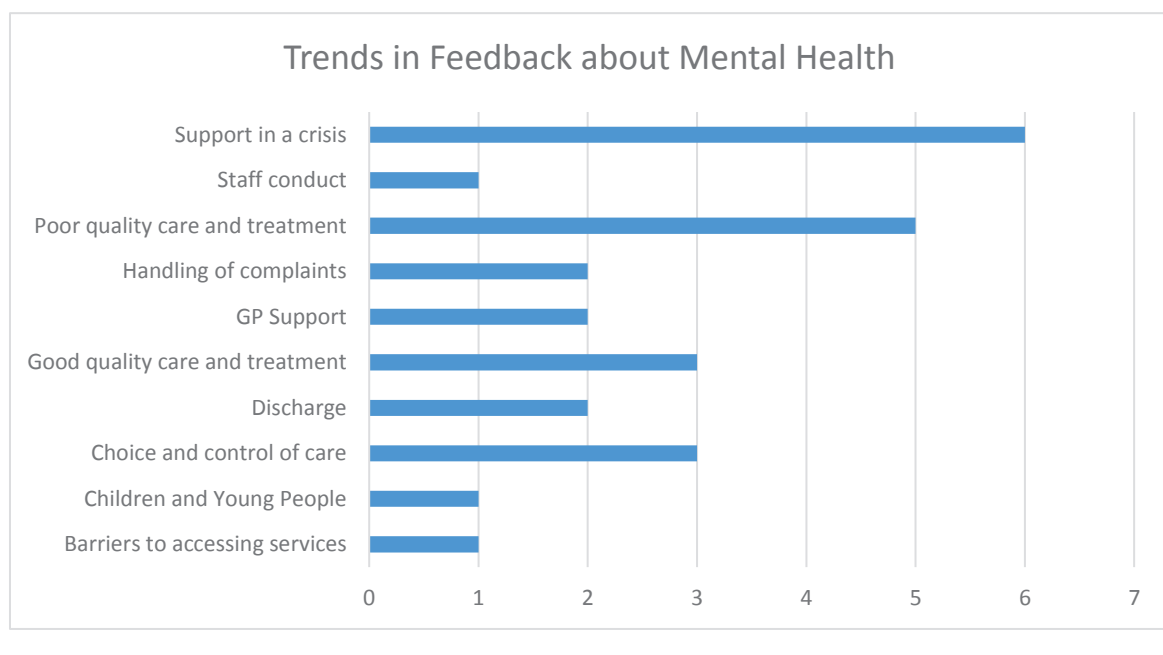
Other



Feedback about services categorised as ‘other’ primarily relate to carers support. Carers are again telling us that they need better access to support and information. Carers are also stating that services need to work better to identify them in their systems as carers to enable them to be more proactive in supporting them and in involving them in the decision making about the person they are caring for in particular, where there is a cognitive impairment.

There were a number of people who reported that they (or the person they cared for) need access to support in the community to address risk of social isolation.

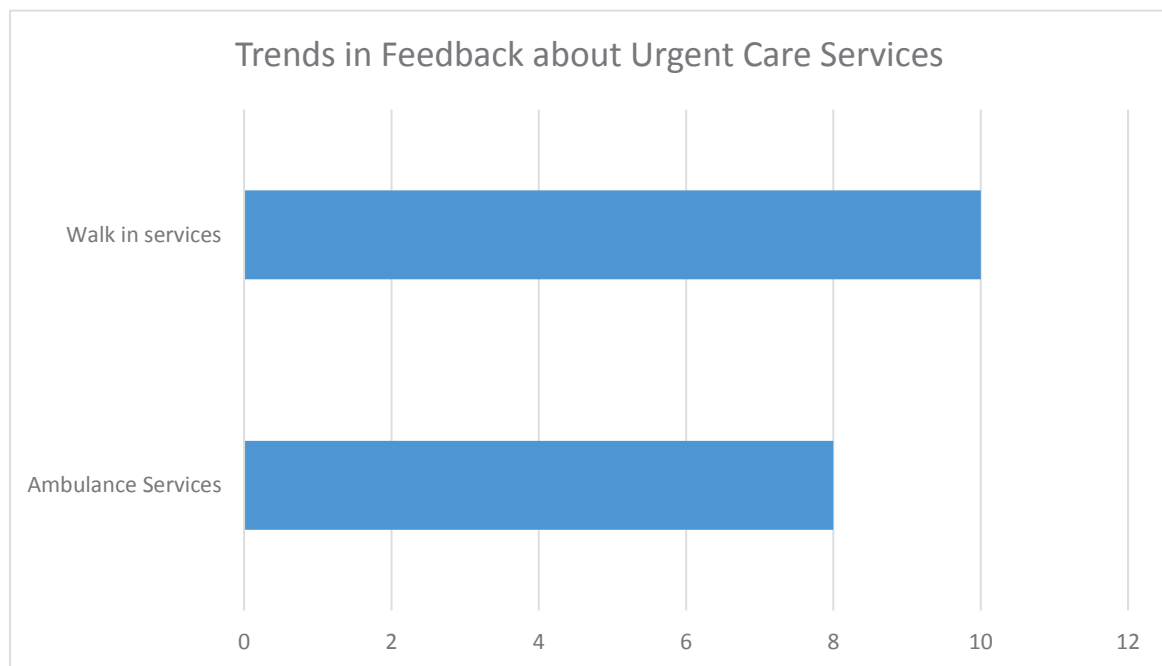
Mental health services



The majority of feedback about mental health services relates to concerns that people have about the support they have been offered in a crisis. This includes the length of time that people have had to wait to get help when a crisis happens being too long in some cases over 7 hours. People also are concerned about the quality of support given in particular how people are supported when they feel suicidal but have not acted upon it or where diagnosis (such as autism/ADHD) acts as a barrier to accessing support for a mental health crisis.

Other trends relate to concerns about the quality of service received in relation to the prescribing of medication and the quality of treatment.

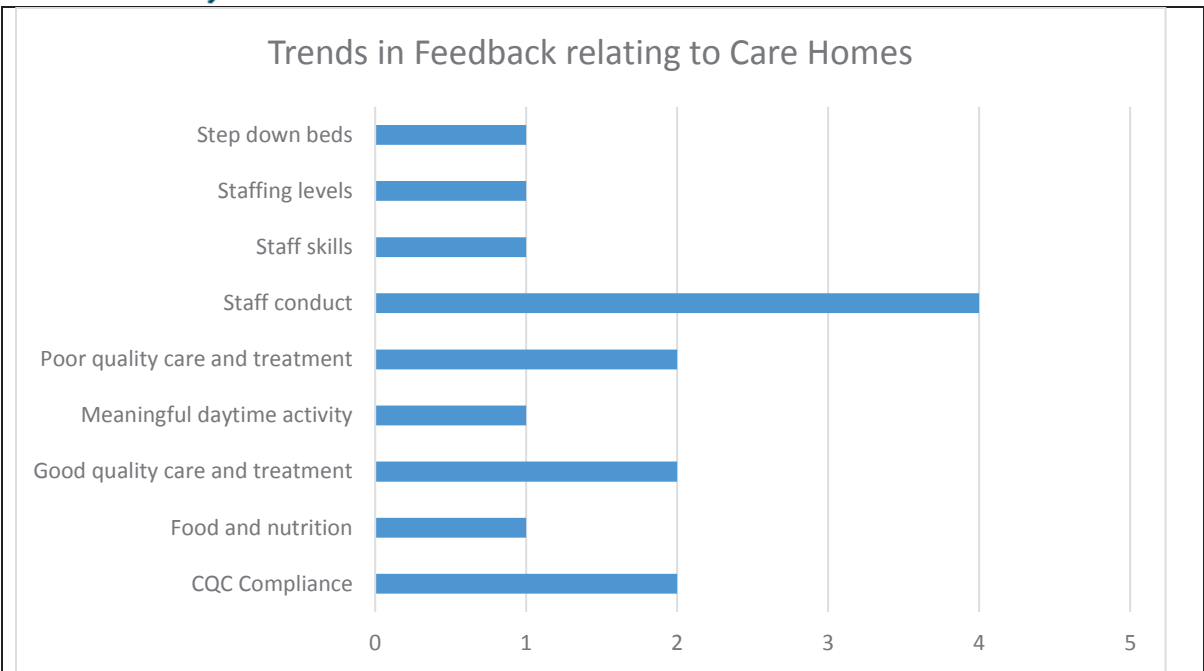
Urgent care



Feedback about urgent care services understandably (given the proposed and actual changes in provision) focused primarily on the walk-in centres. People gave accounts of the excellent service received at walk-in centres, the confusion that surrounds where someone should go following the closure of North Tyneside General Hospital after 8pm. By far the largest level of concern was expressed in relation to the proposed closure of both walk ins at Battle Hill and North Tyneside General Hospital.

Ambulance services also received a number of concerns. Whilst there were a small number of comments acknowledging the excellent care and treatment by paramedics, the majority of comments relate to the length of waiting times for an ambulance to attend.

Care homes



There are no categories of feedback about Care Homes which meet the threshold to be considered a trend during this period. The analysis is included in the chart for reference.

Pharmacy

Whilst some people acknowledge good customer service at pharmacies, almost all of the feedback given about pharmacy was concern about the stock levels within pharmacies and the length of time people were required to wait for medication to be dispensed.

Dentists

Almost all of the feedback about dentists was positive acknowledgement of good care and treatment.

B. Organisational update

Healthwatch North Tyneside said goodbye to Helen Bedford Engagement Worker in December 2016. Our apprentice Tiegan Scott completed her apprenticeship in January 2017 and left the organisation. Finally Wendy Hodgson completed her temporary maternity cover contract in March 2017 when our Director Jenny McAteer returned to work.

The organisation welcomed Jo Brown as a Research Officer in March 2017 and recruitment to the role of volunteer coordinator is ongoing.

C. Update on thematic priorities

Children and young people's experiences of services

HWNT continued to gather the views of young people about the health and social care services they access as follows:

- An engagement event with young people on 17 October 2017 in collaboration with North Tyneside Council Participation Team.
- Links with the National Citizenship service
- Workshops at Norham college year 7
- Targeted engagements throughout February and March

Plans for the next 6 months:

HWNT will compile a report on the views of children and young people in North Tyneside to present to the board and a decision will be taken on the thematic focus for a deeper dive into one key trend.

Mental health

Providers and commissioners have commented on the mental health report. Unfortunately due to administrative failure, NTW has yet to comment on the report.

The work with Tyne and Wear Museums on the video documenting experiences of mental health service users has completed filming and is currently being edited.

Plans for the next 6 months:

HWNT will publish the report and hope to launch the video during MH awareness week.

HWNT will begin the scoping for a deep dive into the support available to people during mental health crisis. This will include engagement with users of services, commissioners and providers in the design of the project.

Carers

HWNT in partnership with NT CAB developed a distributed posters and leaflets raising awareness of carers rights to carers assessments across North Tyneside.

Engagement with carers has taken place throughout the period in support of the research into carers awareness of experiences of carers assessment, support and information. A survey was promoted across the borough.

Plans for the next 6 months:

HWNT will publish the report and make recommendations to the Council and providers for response. It is hoped we can communicate findings during Carers Week 2017.

Hospital food

HWNT report into hospital food at North Tyneside General Hospital was sent to providers and commissioners with recommendations for response. Responses were received and a Northumbria NHS Trust established a working group to develop an action plan against the recommendation.

Residential care homes

HWNT continues to work with activity coordinators to embed the recommendations from our report for improvement in the provision of meaningful daytime activity in care homes through the support and facilitation of an activity coordinators forum. This work was in partnership with the Tyne and Wear Care Alliance but unfortunately due to staff capacity they withdrew and HWNT has continued in their absence to support this work.

The project researching the experience of food and drink in care homes has neared completion during this period. All enter and view visits to the care homes have been completed and reports of findings on individual homes performance have been sent to homes for comments. The analysis of trends across homes has been undertaken.

Plans for the next 6 months

HWNT will continue to support the activity coordinators forum and hope to secure funds to develop a tool kit which looks at the 'whole home approach' to activity in care homes.

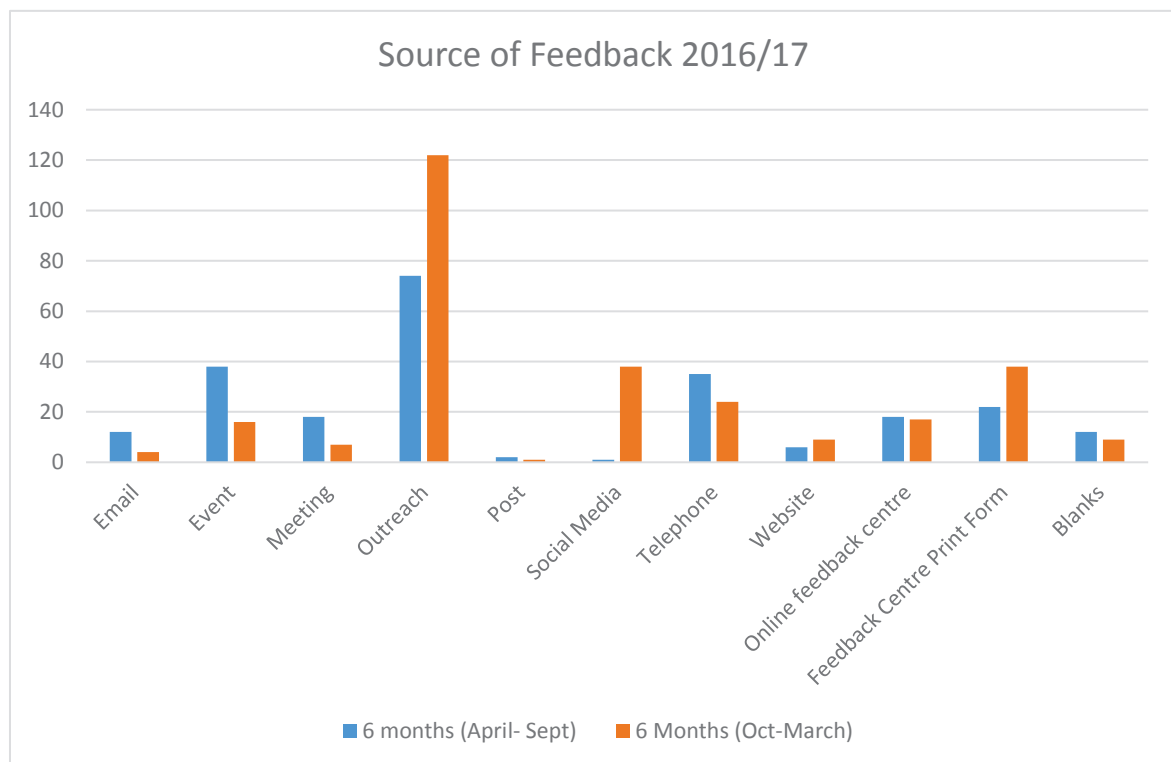
HWNT will complete the report on food and drink in care homes and make recommendations to commissioners and providers for response. This will be published and distributed.

D. Feedback received during the period

HWNT received 268 instances of feedback between October and March which is an increase on the previous 6 months period. Staff spent 44 hours in the recording and following up of issues arising from the feedback given.

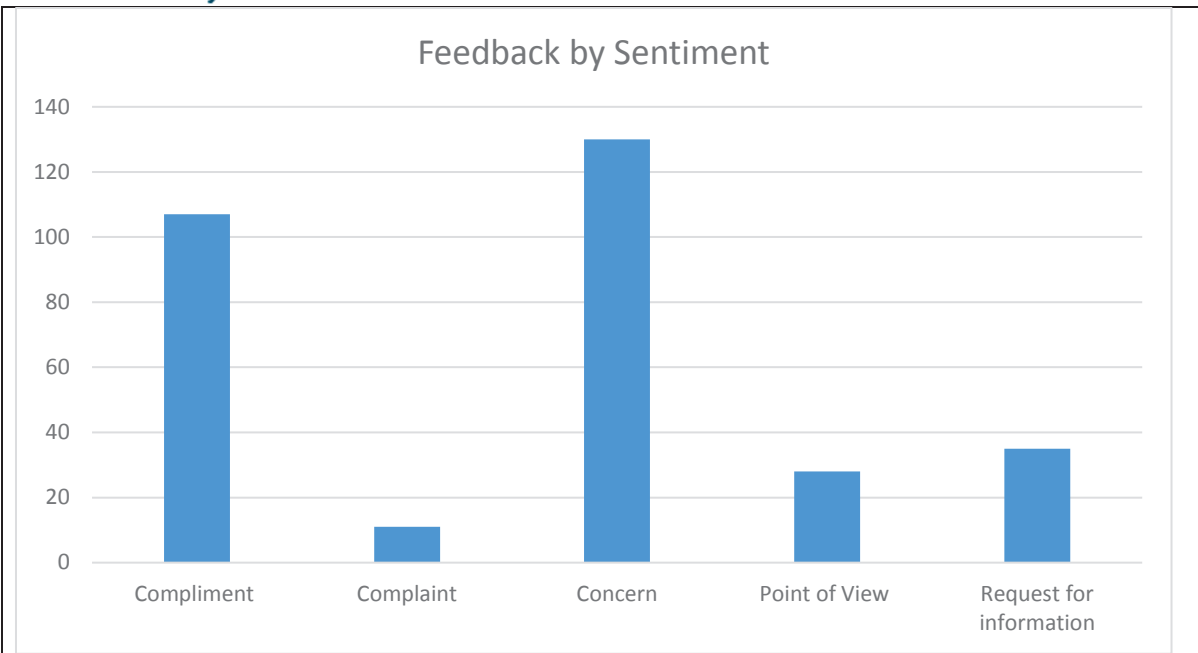
The majority of issues (122) were gathered during outreach activities. The second most popular method of reaching HWNT was via print feedback forms (38) which were uploaded to the online feedback centre. The feedback centre has generated 55 pieces of feedback in the past 6 months.

There is a significant increase in feedback obtained through outreach, social media and through the feedback centre online in the past 6 months compared to the previous 6 months.



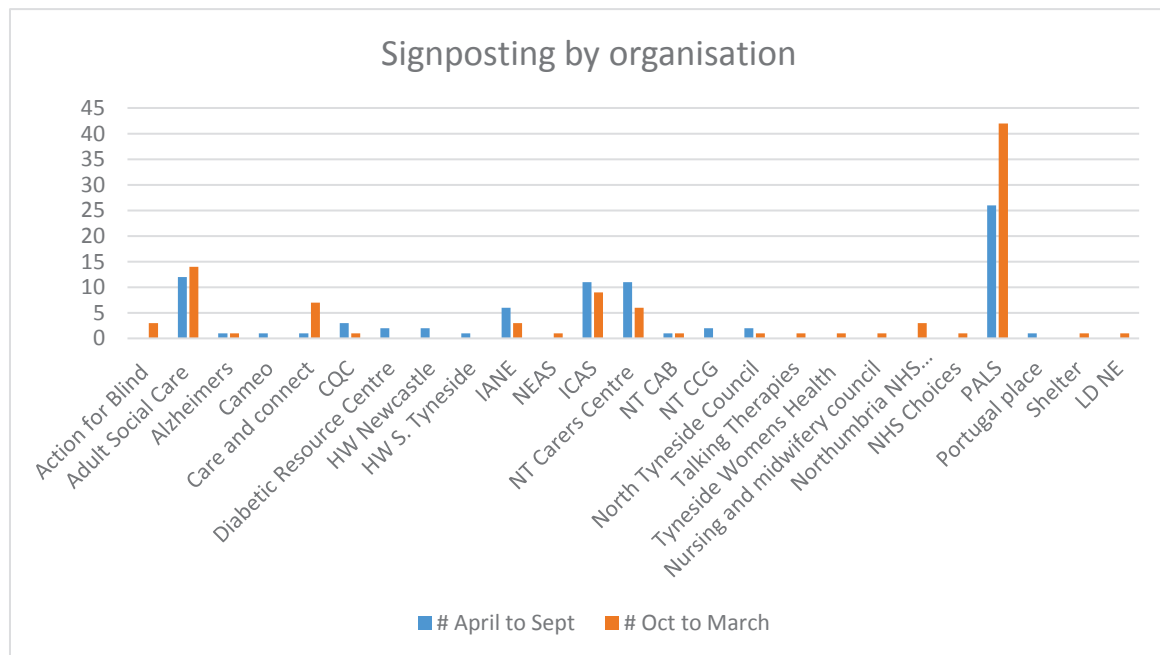
Comments by nature

The majority of issues raised in general engagement with Healthwatch North Tyneside are concerns followed by compliments.



Signposting activities

Healthwatch North Tyneside signposts members of the public to other organisations to assist them to gain further information or to discuss their concerns or needs further. In the past 6 months, HWNT signposted people on 93 occasions.



HWNT continue to demonstrate a trend of most regularly signposting people to PALS, Independent Complaints Advocacy, Adult Social Care and North Tyneside Carers' Centre.

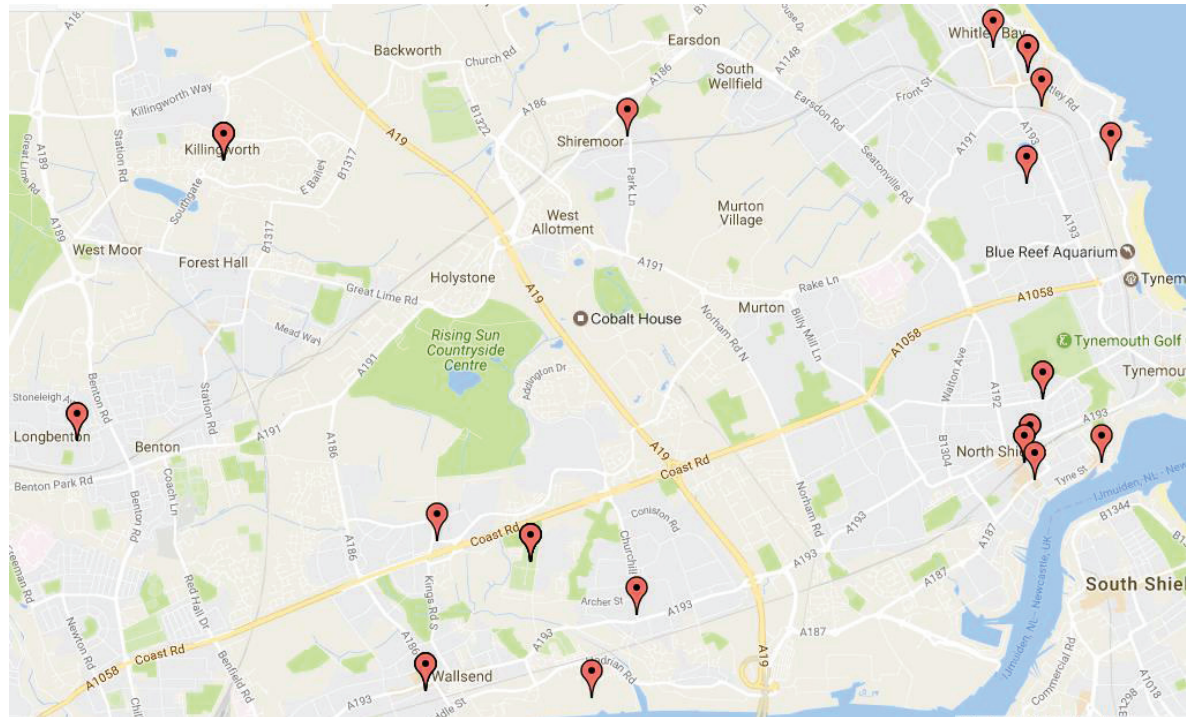
E. Engagement and outreach activity

There have been 40 outreach and engagement activities delivered in this six month period.

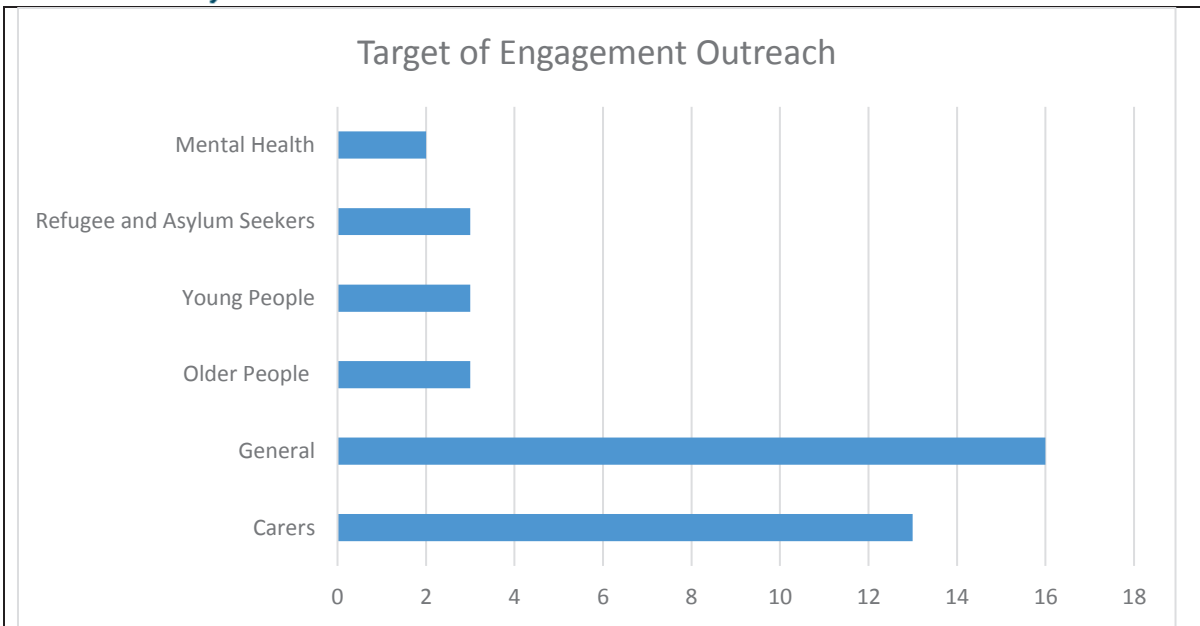
5115 minutes of staff time (85 hours) were spent in the delivery of this outreach and engagement.

635 people have been engaged with through this method.

This map illustrates HWNT engagement and outreach across the borough.



The majority of the engagement and outreach was targeted at the general public. There has been a significant push on engagement with carers in relation to the carers project which is ongoing.



F. Healthwatch North Tyneside events

HWNT have facilitated 6 public events in the area within the period. The list below illustrates regular board meetings (which are held bi-monthly) and regular volunteer meetings. We also facilitated meetings focused around some of our thematic projects.

Event date	Focus
15 September 2016	Board Meeting
17 October 2016	Young people's views of health and social care
7 November 2016	Board Meeting
6 December 2016	Volunteer meeting
9 January 2017	Board Meeting
6 March 2017	Board Meeting

G. Work with the Care Quality Commission

Healthwatch North Tyneside have worked closely with the Care Quality Commission during the period as follows:

Adult social care:

- Attendance at the Information Sharing Meetings regarding adult social care providers.
- Submission of evidence in relation to residential care homes and domiciliary care providers in advance of inspections (including IOS reports).
- Sharing of intelligence in relation to providers where concerns have been raised locally.

General Practice:

- Sharing of intelligence about General Practice in advance of inspections

H. Work with Local Healthwatch and Healthwatch England

HWNT continue to attend the Local Healthwatch Network meetings for the North East.

HWNT is represented on the HWE communications group and CRM stakeholder group.

In addition the Chair has also attended meetings with other Healthwatch Chairs in Tyne and Wear, Northumberland and Durham. Discussions have included the North East Health and Social Care Commission; Sustainability and Transformation Plans, and common issues facing Healthwatch in the Region.

I. Use of enter and view powers

HWNT continued to use enter and view powers in this period to carry our independent observer scheme (IOS) visits in care homes.

J. Volunteer update

HWNT has 13 enter and view volunteers and 12 have been active in the period.

HWNT volunteers have supported us in the following ways during this period:

- IOS visits to 31 Care Homes
- Supporting the development of
- Engagement with carers for the Carers project
- Attendance at meetings
- Contributing issues through volunteer meetings
- Supported the planning and delivery of Activity Coordinator Forum meetings

K. Communications

General update on communications activities

During this period, outside of maintaining HWNT usual communications channels, HWNT has delivered the following communications outputs:

Healthwatch North Tyneside audience

As at 1 October 2016 HWNT had 546 registered on the mailing list:

- 434 newsletter subscribers
- 6 large print subscribers
- 9 audio cd or tape subscribers
- 97 mailing by post subscribers

Social media

HWNT Twitter profile now has 923 followers. We have ‘tweeted’ on average 33 times per month, are mentioned by other an average of 14 times per month and receive an average of 589 profile visits per month.

HWNT Facebook page has 179 ‘likes’ and has a reach of on average 61 people per day and has received 142 post likes in the period.

Staff regularly use social media to share information about HWNT, to share information on behalf of partners, and to engage with followers live from events we are attending.

Healthwatch North Tyneside newsletters

During the period, HWNT has delivered 9 newsletters. The open rate ranged from 31.7% to 41.2% with click through ranging from 8.6% to 17.9%. Where there are lower open rates, this is attributed to newsletters sent about a single issue.

We published a printed newsletter in November 2016 which was sent to the mailing by post and large print mailing lists and electronically to enews subscribers. The printed newsletter is also distributed at engagements events.

Website

The average number of visitors to the website per month was 4567.

The monthly number of visitors ranges from 588 (October 2016) to 1067 (February 2017).

Over the six month period visitors reached our website by:

- 58% by organic search (using search engines and searching for any words that pick up our site, this could be Healthwatch or simply Tyneside or a health or social care term or issue)
- 25.1% direct to www.healthwatchnorthtyneside.co.uk
- 12.7% by referral from other websites, primarily North Tyneside Council and Healthwatch England
- 4.2% by referral through social media

North Tyneside Health & Wellbeing Board Report Date: 15th June 2017

ITEM 9
**Title: Pharmaceutical
Needs Assessment and
New Pharmaceutical
regulations**

Report from : North Tyneside Council and North Tyneside CCG

Responsible officers: Wendy Burke, Director of Public Health, Tel 0191 643 2104
North Tyneside Council

Lesley Young Murphy, Chief Operating Officer North Tyneside CCG Tel 0191 2931140

1. Purpose:

The purpose of the report is to provide a proposal for the process to

- Review, update and publish the Pharmaceutical Needs Assessment (PNA) by 1st April 2018 in line with statutory requirements of the Health and Social Care Act (2012) and
- manage applications for the merger of two pharmacies under the new regulations NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, updated in December 2016

2. Recommendation(s):

The Board is recommended to:

- a) agree the proposed process for reviewing, updating and publishing the PNA;
- b) agree the proposed process to manage applications for the merger of two pharmacies; and
- c) agree to amend the Health and Wellbeing Board terms of reference in light of new responsibilities under the Pharmaceutical Regulations.

3. Policy Framework

3.1 There is a statutory duty under the Health and Social Care Act 2012 for Health and Wellbeing Boards to undertake a PNA. On 1st April 2013, Health and Wellbeing Boards of every local authority in England were required to develop a PNA for the first time and ensure that it was published by 1st April 2015. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing the PNAs.

The development of a PNA is a separate duty to that of developing a Joint Strategic Needs Assessment. PNAs inform commissioning decisions by local authorities, NHS England and by Clinical Commissioning Groups (CCGs).

The purpose of a PNA is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of North Tyneside. NHS England uses the PNA to determine applications to open new pharmacies in the Local Authority area.
- To act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

3.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 were reviewed in December 2016 allowing two pharmacies to make an application to merge and provide services from one of the two current premises. Health and Wellbeing Boards have been given two new statutory duties under these updated regulations

1. NHS England will notify the Chair of the Health and Wellbeing Board in relation to any applications for a merger of two pharmacies. The Board must make a statement or representation within 45 days stating whether the merger would or would not create a gap in service provision. NHS England will then convene a panel to consider the application and any representations made.
2. Once NHS England has made a decision on an application it will inform the Chair of the Health and Wellbeing Board. The Board must then publish a statement identifying that the removal of the pharmacy that is to close from the Pharmaceutical List will not result in a gap in service provision.

4. Information:

4.1 At a meeting of the Health and Wellbeing Board on 16th March 2017 the Director of Public Health and the Chief Operating Officer of North Tyneside CCG were asked to consider, in consultation with the Chair of the Board, options and formulate a proposed process for the review of the PNA and to fulfil the Boards duties in relation to applications for the merger of two pharmacies and report the proposals to the next meeting of the Health and Wellbeing Board.

4.2 The first PNA was published in North Tyneside on 1st April 2015. PNAs must be completely reviewed at least every three years. The current PNA will need to be reviewed, updated and published by 1st April 2018. The Director of Public Health and the Chief Operating Officer have agreed that they will be jointly responsible for ensuring that the PNA is reviewed, updated and published by 1st April 2018. An implementation plan has been developed (Appendix 1) and a steering group will be formed comprising of key partners from North Tyneside CCG, GP Federation, NHS England, North of Tyne Local Pharmaceutical Committee, North Tyneside Healthwatch, North Tyneside Council (Appendix 2).

4.3 The proposed process to manage applications for the merger of two pharmacies is set out in Appendix 3. The process will require support from the Democratic Services Officer and Director of Public Health. In addition the new responsibilities of the Health and Wellbeing Board will require an amendment to the Board's Constitution.

5. Reasons for recommended option:

The Board is recommended to:

- 1) Agree the proposed process for reviewing and updating the PNA.
- 2) Agree the proposed process to manage applications for the merger of two pharmacies
- 3) Agree to amend the Health and Wellbeing Board constitution in light of the new responsibilities

6. Appendices:

Appendix 1 – PNA Implementation plan

Appendix 2 – PNA Steering Group

Appendix 3 – Process to manage the application for the merger of two pharmacies

7. Contact officers:

Wendy Burke, Director of Public Health, North Tyneside Council 0191 6432104

Lesley Young Murphy, Chief Operating Officer North Tyneside CCG 0191 2931140

Heidi Douglas, Consultant in Public Health, North Tyneside Council 0191 6432120

Christine Jordan, Senior Manager Public Health and Wellbeing (Adults), North Tyneside Council 0191 643 2880

9. Background information:

The following background documents have been used in the compilation of this report.

The NHS Pharmacy Regulations 2013, updated the 5th December 2016.

10 Finance and other resources

There are no additional costs arising from this report. The key resource requirement is staff time to undertake the work. Both the Director of Public Health and Chief Operating Officer of the CCG have committed staff time to review, update and publish the PNA. Support from the Democratic Support Officer for the Health and Wellbeing Board will be required to support the process to manage the applications for Pharmacy mergers.

11 Legal

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for this report.

The new responsibilities for the Health and Wellbeing Board require an amendment to the Board's constitution.

12 Consultation/community engagement

The PNA must be developed in consultation with a range of stakeholders.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013). The following stakeholders were consulted in the production of the existing PNA:

- North of Tyne Local Pharmaceutical Committee
- GP Federation
- North Tyneside CCG
- All persons on the pharmaceutical lists and any dispensing doctors list in North Tyneside
- LPS chemists in North Tyneside with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- North Tyneside Healthwatch
- Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, and NTW Mental Health NHS Foundation Trusts NHS England

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

The PNA identifies the health needs of the local population including issues around access to services, inequities in health experience and other inequalities experienced by specific groups in the population.

15 Risk management

Statutory obligations may not be achieved if the recommendations of the report are not implemented.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance

Implementation Plan Pharmaceutical Needs Assessment 2018

Date	Task	Lead	Purpose	Comments
May – Oct 2017	Steering group members contacted (Appendix 1 – steering group members) At least two meetings	PH	To gather individual views and information Book July and Oct meetings	To agree the process, timeline and chair of steering group Steering group to agree the draft by the end of Oct
May 2017	Updated pharmacy lists	PH NHS England	To gather latest lists of pharmacies	
May 2017	Develop, agree and disseminate a Pharmacy Questionnaire to all contractors	PH LPC	To gather information on the nature of services provided by every Pharmacy in North Tyneside. Disseminate on PharmOutcomes	2 week deadline for Pharmacies to complete followed by a mop up of non responders
End May	Analyse questionnaires and map services	PPITeam Public Health Pharmacist	To identify and display the range of services provided by pharmacies across the borough	Support will be required from Policy, Performance and Intelligence Team
15 June 2017	Pharmacy Regulations and PNA process	PH CCG	To propose a process for the review of the Pharmaceutical Needs Assessment and to fulfil the Board's duties in relation to applications for the merger of two pharmacies	
May – Oct 2017	Prepare draft PNA	Pharmacist TBC	To ensure there is sufficient time for the required consultation period of 60 days	Deadline end of Oct
16 November 2017	HWB to agree first draft PNA and consultation process for stakeholder and patients	HWB	To allow consultation period to commence	Agree who consulting with and why
Nov-Jan 2018	60 day consultation period with stakeholders and patients	PH	Consultation with key stakeholders/patients and presentation to Adult Social Care and Health and Wellbeing Sub Committee	Agree if using patient questionnaire and support form Health Watch

Date	Task	Lead	Purpose	Comments
				Contact key stakeholders with the link to the draft document on the Council website invite comments or amendments via a single email contract
End of Jan 2018	Revise PNA and produce a final draft	Pharmacist	Revise PNA following consultation period taking account of comments and proposed amendments	
15 March 2018	Present final draft to HWBB	PH/Pharmacist	Final draft of PNA to be agreed by the Board	
1 April 2018	PNA published and valid for 3 years	PH	PNA available on Council website	

Suggested Steering Group Members

- Chair – Consultant in Public Health
- PNA Coordinator – Senior Manager Public Health
- Health and wellbeing Board Elected Member
- Policy Performance and Intelligence Analyst Corporate Strategy
- NTC Commissioning Team representative
- Healthwatch representative
- CCG commissioning representative
- CCG Pharmacy representative
- NTC planning representative
- LPC representative
- GP Federation representative

Process to manage applications for two pharmacies to merge

