

## Brent Health and Wellbeing Board 28 October 2024



# Report from the Director of Public Health

### **Revision of the Brent Pharmaceutical Needs Assessment**

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1 - Brent Pharmaceutical Needs Assessment Steering Group Terms of reference
Background Papers:	None
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#### 1.0 Executive Summary

1.1. S128A National Health Service Act 2006 as amended conferred the duty for publishing and keeping up to date a statement of the population needs for pharmaceutical services in their area (a Pharmaceutical Needs Assessment (PNA)) onto Health and Wellbeing Boards. The Brent Health and Wellbeing Board published its first PNA in March 2015 in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations). The 2013 Regulations stipulate that HWBs need to publish a revised assessment within three years. The first revision of the Brent PNA was published in 2018. A revision was made during 2020 for publication by 1st April 2021, the latest revision was published in September 2022. A further revision will need to be made during 2024 for publication by October 2025. This paper proposes how this responsibility should be discharged.

#### 2.0 Recommendation(s)

2.1 The Brent Health and Wellbeing Board is asked to:

- Agree the establishment of a task and finish Pharmaceutical Needs Assessment Steering Group
- Agree the terms of reference for this Pharmaceutical Needs Assessment Steering Group which form Appendix 1 to this report.
- Delegate to the Pharmaceutical Needs Assessment Steering Group the task of overseeing the conduct, consultation and publication of the revised Brent Pharmaceutical Needs Assessment.

#### 3.0 Detail

3.1 Pharmaceutical services are defined in the 2013 Regulations. The pharmaceutical needs assessment will need to look at the provision of each of these services and identify any gaps in their provision. Pharmaceutical service do not include all services which *could* be provided from Community Pharmacies and the PNA does not preclude local decisions about other services which may be locally commissioned or provided but it does not govern such decisions. PNAs are used by the NHS to make decisions on which NHS funded pharmaceutical services need to be provided by local community pharmacies. PNAs are also used in decisions as to whether new pharmacies are needed in response to applications by businesses.

#### 3.2 Background

- 3.2.1 The Health and Social Care Act 2012 transferred the responsibility for producing, consulting on and publishing PNAs from PCTs to Health and Wellbeing Boards (HWB)
- 3.2.2 NHS England has the responsibility to commission pharmaceutical services. The responsibility for using PNAs as the basis for making decisions about applications to provide pharmaceutical services transferred from PCTs to NHS England under the Health and Social Care Act 2012.
- 3.2.3 The development and updating of PNAs is subject to the 2013 Regulations: New pharmaceutical services regulations published GOV.UK (www.gov.uk).
- 3.2.4 The existing PNA for Brent (available on the Council website Health and Wellbeing Board | Brent Council was published by the HWB in 2022. This has been kept updated by the publication of supplementary statements as changes have been made to pharmacies within Brent. The 2013 Regulations require that the HWB revisions to the PNA within three years.
- 3.2.5 In order to revise the PNA and publish the same, it is recommended that a Steering Group is established which will oversee the production, consultation and subsequent publication of the PNA. The proposed terms of reference are appended to this paper at Appendix 1.
- 3.2.6 As for the previous revision of the PNA, Brent Public Health will commission technical pharmaceutical support to undertake the revision and to maintain the PNA thereafter.

#### 4.0 Stakeholder and ward member consultation and engagement

4.1 Consultation will be undertaken in revising the PNA in accordance with section 8 of the 2013 Regulations which requires consultation with specific organisations and groups allowing them a minimum of 60 days for making their response to the consultation

#### 5.0 Financial Considerations

5.1 The commissioning of technical support for the PNA will be funded from the Council's public health grant.

#### 6.0 Legal Considerations

- 6.1 The Health Act 2009 amended the NHS Act 2006 to introduce a new s128 A of the NHS Act 2006 dealing with the PNAs. The Health and Social Care Act 2012 established HWBs. The Act also amends s128A NHS Act 2006 by transferring responsibility to develop and update PNAs from PCTs to HWBs.
- 6.2 128A NHS Act 2006 sets out requirements in relation to PNAs, namely
  - (1) Each HWB must in accordance with the 2013 Regulations
    - a. assess needs for pharmaceutical services in its area, and
    - b. publish a statement of its first assessment and of any revised assessment.
  - (2) The 2013 Regulations make provision
    - a. as to information which must be contained in a statement;
    - b. as to the extent to which an assessment must take account of likely future needs;
    - c. specifying the date by which a HWB Board must publish the statement of its first assessment;
    - d. as to the circumstances in which a HWB must make a new assessment.
  - (3) The 2013 Regulations may in particular make provision
    - a. as to the pharmaceutical services to which an assessment must relate;
    - b. requiring a HWB to consult specified persons about specified matters when making an assessment;
    - c. as to the manner in which an assessment is to be made;
    - d. as to matters to which a HWB must have regard when making an assessment.
- 6.3 Regulations 5 and 6 of the 2013 Regulations cover the date by which the HWB's first PNA must be published and the arrangements for revising the

PNA. The local authority must ensure the PNA Steering Group and those it reports to are aware of and adhere to the requirements.

#### 7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 The Council is required under section 149 of the Equality Act 2010 when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and to foster good relations between those who have a protected characteristic and those who do not share that protected characteristic. This is the Public Sector Equality Duty (PSED). The protected characteristics covered under the Act are age, disability, gender, gender reassignment, marriage and civil partnership (only in respect of eliminating unlawful discrimination) pregnancy, maternity, race (this includes ethnic or national origins), religion or belief (this includes lack of belief) and sexual orientation. Due regard means giving relevant and proportionate consideration to the duty, in that whenever significant decisions are being made or policies developed consideration must be given to the impact/affect that implementing a particular policy or decision will have in relation to equality before making that decision.
- 7.2 Brent is one of the most diverse boroughs in London and in the UK. Evidence suggest that there is strong correlation between health inequalities and the levels of diversity in the population. For example, certain ethnic minority communities are exposed to a range of health challenges, from low birth weight and infant mortality through to higher incidence of long-term limiting illnesses such as diabetes and cardio vascular disease. Brent pharmaceutical services need to reflect the needs of the borough's diverse communities while providing a broad range of services to the entire population.
- 7.3 When conducting the Pharmaceutical Needs Assessment (PNA) review, the PNA Steering Group must pay due regard to the PSED and all relevant protected characteristics, including socio-economic groups. The consultation process must be accessible to all, particularly to the most vulnerable groups such as but not limited to: older residents, people with disabilities (incl those with learning disabilities, mental health needs, sigh and/or hearing impairments, etc.), LGBT communities, residents whose first language is not English.

#### 8.0 Climate Change and Environmental Considerations

8.1 The proposals in this report have been subject to screening and officers believe that there are no adverse impacts on the Council's environmental objectives and climate emergency strategy.

#### 9.0 Human Resources/Property Considerations (if appropriate)

9.1 Not applicable.

#### 10.0 Communication Considerations

# 10.1 Not applicable.

# Report sign off:

## DR MELANIE SMITH

Director of Public Health