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DATE: 8 November 2023

## HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

**Meeting to be held on Thursday 16 November 2023**

**This briefing will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss.**

- 1 BETTER CARE FUND AND IMPROVED BETTER CARE FUND PERFORMANCE UPDATE - Q1 AND Q2 (Pages 3 - 16)**
- 2 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) REPROCUREMENT (Pages 17 - 22)**

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link: <http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

*Copies of the documents referred to above can be obtained from*  
<http://cds.bromley.gov.uk/>

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Report No.  
ACH23-046

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** Health and Wellbeing Board (HWB)

**Date:** 16<sup>th</sup> November 2023

**Decision Type:** Non-Urgent                      Non-Executive                      Non-Key

**Title:** Better Care Fund Q1 and Q2 (23/24) Performance Report

**Contact Officer:** Name: Ola Akinlade Integrated Strategic Commissioner  
Tel: 0208 313 4744    E-mail: ola.akinlade@bromley.gov.uk

**Chief Officer:** Kim Carey, Director of Adult Social Care, London Borough of Bromley  
Angela Bhan, Managing Director, Bromley Clinical Commissioning Group

**Ward:** All Wards

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1. Reason for decision/report and options

This report provides the Health and Wellbeing Board with an overview of Bromley's performance against the Better Care Fund and the Improved Better Care Fund metrics and an update on expenditure and activity for the period April to September 2023 (Quarter 1 and Quarter 2 of the 2023-24 BCF reporting period)

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2. **RECOMMENDATION(S)**

The Health and Wellbeing Board is asked to note:

- 2.1 Performance against BCF metrics and progress against BCF planning priorities for Q1 and Q2 (April to September 2023)
- 2.2 BCF spend for Q1 and Q2 (April to September 2023)
- 2.3 The revision of BCF costs as detailed under section 5 of this report.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: There is no negative impact. The service support both the local Corporate Plan priorities and statutory duty
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## Transformation Policy

1. Policy Status: Existing Policy:
  2. Making Bromley Even Better Priority:
    - For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence, and making choices.
    - For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
    - To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
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## Financial

1. Cost of proposal: BCF: £29,703k; iBCF: £7,730k; DFG: £2,754k
  2. Ongoing costs: BCF: £29,703k; iBCF: £7,730k; DFG: £2,754k
  3. Budget head/performance centre: Better Care Fund
  4. Total current budget for this head: £40,187k
  5. Source of funding: Better Care Fund, Improved Better Care Fund, Disabled Facilities Grant
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## Personnel

1. Number of staff (*current and additional*): N/A
  2. If from existing staff resources, number of staff hours: N/A
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## Legal

1. Legal Requirement: Statutory Requirement
  2. Call-in: Not Applicable:
- 

## Procurement

1. Summary of Procurement Implications: N/A
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## Property

1. Summary of Property Implications: N/A
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## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
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## Impact on the Local Economy

1. Summary of Local Economy Implications: N/A
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## Impact on Health and Wellbeing

1. Summary of Health and Wellbeing Implications: The Better Care Fund provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will also support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings.
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Customer Impact N/A

1. Estimated number of users or customers (*current and projected*): N/A
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments: N/A

### 3. COMMENTARY

3.1 As detailed in the BCF 2023-25 submission report to Bromley HWB (ACH23-032), NHS England made significant changes to BCF Planning requirements including the introduction of a 2-year plan (covering period 2023-25) and the measuring of an additional Metric (Falls). The report detailed below provides, where data and information are available, an update on Bromleys Q1 and Q2 performance and the current financial position.

#### 3.2 Update on Bromley Q1 & Q2 performance against BCF Metrics

The table below provides an update on Bromleys performance (where the data is available) against the 23-25 performance metrics.

Metric/ Description	Bromley BCF Target for 2023-24	Target for period detailed below	Actual for period detailed below	Comments
Avoidable admissions: Indirectly standardised rate (ISR) of admissions per 100,000 population <sup>1</sup>	440	147 (M <sup>2</sup> 1-M4)	192 <sup>3</sup> (M1-M4)	<p>The aim of this metric is for performance to be below or equal to 147 admissions for the reporting period (M1-4).</p> <p>Bromleys performance (M1-4). is 192. This is higher than projected however Bromley continues to have the lowest number of Admissions within SEL cluster.</p> <p><b>Mitigation:</b> An upward trajectory is due to an increase across respiratory conditions mainly, with a slight increase in Anaemia, Angina and Epilepsy. A partnership focus on respiratory conditions, including an end-to-end review of the respiratory pathway and increased focus for respiratory patients within the UCR offer is expected to improve performance in this area.</p>
Falls Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000 <sup>4</sup>	2097.8	524.45 (M1-M3)	323 <sup>5</sup> (M1-M3)	<p>The aim of this metric is for performance to be below or equal to 524.25 for the reporting period. (M1-M3)</p> <p>Bromleys performance (M1-3). is 323. Despite the anticipation of increased number of hospital admissions due to the increase in Bromleys elderly frail population, we continue to meet the target.</p> <p><b>Mitigation:</b> Some work is being done to reconcile the figure reported locally through the Southeast London BCF Dashboard with NHS England figures detailed in the BCF report template as these are different however, both figures (SEL and NHSE) are below the projected amount and will be reconciled in the Q3 update</p>
Discharge to usual place of residence	93.5%	93.5% (M1-M4)	93.8% <sup>6</sup> (M1-M4)	<p>The aim of this metric is to have at least 93.5% of people discharged from an acute setting to their usual place of residence.</p>

<sup>1</sup> [2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital](#)

<sup>2</sup> M means Month.

<sup>3</sup> [Unplanned ACSC Admissions Report \(sharepoint.com\)](#)

<sup>4</sup> [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

<sup>5</sup> [BCF Dashboard \(sharepoint.com\)](#)

<sup>6</sup> [BCF Dashboard \(sharepoint.com\)](#)

<i>Percentage of people in the HWB who are discharged from acute hospital to their normal place of residence</i>				Bromleys performance for the period (M1-M4) is 93.8%  <b>Mitigation:</b> None required
Residential Admissions <i>Long-term support needs of older people (age 65 and over)</i>	366.1	152 (M1-M5)	123 (M1-M5)	The aim of this metric is for residential admissions to be less than or equal to 152 for this reporting period (M1-5)  Bromleys performance for the period (M1-5) is 123 and Bromley continues to do well against this metric.  <b>Mitigation:</b> None required
Reablement <i>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.</i>	96.5%	96.5%	96.4 (M1-M3)	The aim of this metric is for performance to be equal to or above 96.5% within the reporting period.  Bromleys performance for this reporting period is 96.4 which is slightly below (by.1) the target although in 2 out of the 3 months (April and May) activity was above this target with activity dropping below in June (94.1)

Overall, Bromley has performed well against metric targets for Q1 and Q2 of this financial year. Levels of admissions for ambulatory care sensitive conditions for the reporting period are higher than projected and show a gradual increase in levels following reductions in the last 4 years although new service developments should mitigate against this trend in subsequent quarters.

### 3.3 Update on progress made against BCF Plan for Q1 and Q2 2023-24

The detail below (as well as information in Appendix A) provides an update with regards to Bromleys progress against our priorities as detailed in our 23-25 plan and shows that we have made good progress against the plan for Q1 and Q2 of this financial year (2023-24)

### 3.4 BCF National Condition 1-Approach to integration

BCF National Condition 1 requires BCF Plans to be agreed by the ICB(s) (in accordance with ICB governance rules) and the local council Chief Executive, prior to being signed off by the HWB. Within the BCF 23-25 plan, the partnership is required to demonstrate s75 pooled budgets and have a strategic approach to delivering the objectives of the BCF. Within Bromley's 23-25 plan, we have identified our strategic approach and key projects that exemplify and demonstrate our approach to progressing integration across Health and Social Care.

### 3.5 BCF National Condition 2 -Enabling People to stay well and stay independent.

National Condition 2 requires areas to agree how the services they commission will support people to remain independent for longer, and where possible support them to remain in their own home. The actions required to meet BCF Condition 2 are detailed in Appendix A of this report and show good progress being made against these actions.

### 3.6 National Condition 3 -Provide the right care at the right time.

National Condition 3 requires areas to agree how the services commissioned will support people getting the right care at the right time, including through the supporting of safe and timely discharge. A summary of key activities is detailed in Appendix A of this report:and show good progress being made against these actions.

### **3.7 DFG**

A key area of focus for DFG is the development of the Housing Assistance Plan 2023-25. Key actions include.

- The development of the DFG discretionary grant
- Reviewing the links between Housing and Health provision
- Fast tracking the processing of grants
- Review of Housing Hazards

Good progress is being made against these actions and is further detailed in Appendix A

### **3.8 Health Inequalities**

Bromley Public Health are overseeing a range of initiatives including.

- Collaboration between Orpington PCN and Healthcare
- Expansion of the Well Being café
- Co-design of asset mapping within the community
- Developing a Homelessness Health project

Good progress is being made against these actions and is further detailed in Appendix A

## **4 IMPACT ON VULNERABLE ADULTS AND CHILDREN**

All services are targeted at vulnerable adults with a focus on avoiding people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission. Funds also support the supported discharge of patients from hospital into the community.

## **5 FINANCIAL IMPLICATIONS**

5.1 The 2023 – 2024 Better Care Fund Plan, including Disabled Facilities grant and the improved Better Care Fund, is set out in the table below. At this stage in the financial year, the only forecast variance is a projected underspend of £1,008k on the Disabled Facilities grant-funded schemes. This position will be reviewed in subsequent quarterly monitoring reports.

5.2 The Better Care Fund Minimum NHS contribution has been uplifted by 5.66% for 2023/24 from 2022/23 and is assumed to be uplifted again by 5.66% for 2024/25. The uplift is currently identified as Neighbourhood Working Development. The allocation between schemes is likely to change during the year in respond to service pressures, and future reports to the Health & Wellbeing Board will advise of any such changes.

5.3 On 7 September 2023, the Government announced £50m of additional funding for the Disabled Facilities Grant in 2023-24. Bromley has been allocated an additional £213k, which is reflected in the table below.



5.4 Any underspends or unallocated amounts on each project can be carried forward into the next financial year. Quarterly reports are required by government to show the progress of the BCF/IBCF schemes.

Scheme Type		Scheme Name	2023/24 Plan Expenditure £'000	2023/24 Forecast £'000	Forecast variance £'000
<b>BCF Minimum ICB Contribution</b>					
ICB	Assistive Technologies and Equipment	Assistive Technologies	585	585	0
LBB	Assistive Technologies and Equipment	Assistive Technologies	461	461	0
ICB	Bed based intermediate Care Services	Intermediate Care Services	1,390	1,390	0
LBB	Bed based intermediate Care Services	Intermediate Care Services	1,286	1,286	0
ICB	Carers Services	Support for carers	576	576	0
ICB	Community Based Schemes	Risk pool	1,472	1,472	0
Joint	Enablers for Integration	Community and Social Care Development Fund	1,046	1,046	0
LBB	Enablers for Integration	BCF Post	44	44	0
LBB	Enablers for Integration	Learning Disabilities	27	27	0
ICB	High Impact Change Model for Managing Transfer of Care	Risk pool	617	617	0
LBB	High Impact Change Model for Managing Transfer of Care	Risk pool	56	56	0
ICB	Home Care or Domiciliary Care	Improving healthcare services to Care Homes	343	343	0
LBB	Housing Related Schemes	Improving healthcare services to Care Homes	457	457	0
ICB	Integrated Care Planning and Navigation	Assistive Technologies	413	413	0
LBB	Integrated Care Planning and Navigation	Assistive Technologies	58	58	0
ICB	Personalised Care at Home	Personalised Support/care at home	678	678	0
ICB	Personalised Care at Home	Reablement services	1,040	1,040	0
LBB	Personalised Care at Home	Protecting Social Care	10,850	10,850	0
LBB	Personalised Care at Home	Dementia Universal support service	569	569	0
LBB	Prevention / Early Intervention	Support for carers/assistive technology	1,837	1,837	0
LBB	Reablement in a persons own home	Reablement services	1,276	1,276	0
LBB	Home Care or Domiciliary Care	Discharge to Assess	458	458	0
LBB	ASC Discharge Fund	Discharge to Assess	1,001	1,001	0
ICB	ASC Discharge Fund	Discharge to Assess	1,511	1,511	0
LBB	Enhanced Care	Discharge to Assess	207	207	0
ICB	Neighbourhood working development	Neighbourhood working development	1,445	1,445	0
			<b>29,703</b>	<b>29,703</b>	<b>0</b>
<b>DFG</b>					
LBB	DFG Related Schemes	Disabled Facilities Grants	2,967	1,959	-1,008
			<b>2,967</b>	<b>1,959</b>	<b>-1,008</b>
<b>iBCF</b>					
LBB	Assistive Technologies and Equipment	Equipment	214	214	0
ICB	Enablers for Integration	D2A staffing	95	95	0
LBB	Home Care or Domiciliary Care	D2A DomCare	321	321	0
LBB	Home Care or Domiciliary Care	DomCare	72	72	0
LBB	Home Care or Domiciliary Care	Whole system reserve	1,677	1,677	0
LBB	Personalised Budgeting and Commissioning	Reducing pressures	4,863	4,863	0
LBB	Residential Placements	D2A Placements	83	83	0
LBB	Residential Placements	Placements	405	405	0
			<b>7,730</b>	<b>7,730</b>	<b>0</b>
<b>Grand Total</b>			<b>40,400</b>	<b>39,392</b>	<b>-1,008</b>

## 6 LEGAL IMPLICATIONS

- 6.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It provides the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers.
- 6.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. For 2017-19 NHS England set the following conditions to access the CCG element of the funding:
- The requirement that the Better Care Fund is transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.
  - The requirement that Health & Wellbeing Boards jointly agree plans for how the money will be spent with plans signed off by the relevant local authority and clinical commissioning group(s).
- 6.3 Under the amended NHS Act 2006, NHS England can withhold, recover or direct the use of CCG funding where conditions attached to the BCF are not met, except for those amounts paid directly to local government.
- 6.4 For 2017-19, NHS England require that BCF plans demonstrate how the area will meet the following national conditions:
- Plans to be jointly agreed.
  - NHS contribution to adult social care is maintained in line with inflation.
  - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care; and
  - Managing Transfers of Care
- 6.5 The Improved Better Care Fund Grant determination is made by the Secretary of State under section 31 of the Local Government Act 2003. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported.
- 6.6 The Council is required to:
- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption.
  - Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19 (revised 2019-20)
  - Provide quarterly reports as required by the Secretary of State

## 7 PROCUREMENT IMPLICATIONS

The current BCF programme is funded for 2 years commencing April 1<sup>st</sup>, 2023, and ending March 31<sup>st</sup>, 2025.

## 8 IMPACT ON HEALTH AND WELLBEING

The Better Care Fund provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will also support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings.

<b>Non-Applicable Headings:</b>	Personnel Implications, Property Implications, Carbon Reduction/Social Value Implications, Customer Impact, Ward Councillor Views.
Background Documents: (Access via Contact Officer)	N/A

## Appendix A - BROMLEY BETTER CARE FUND 2023 TO 2025: PROGRESS REPORT ON KEY ACTIONS

### National Condition 1: Overall BCF Plan and Approach to Integration

<p><i>Summary:</i> The Bromley Local Care Partnership signed off on the Bromley 5-year Plan for care and health in June 2023. With the three priorities of:</p> <ul style="list-style-type: none"> <li>• Improve population health and wellbeing through prevention and personalised care.</li> <li>• High quality care delivered closer to home delivered through our neighbourhoods.</li> <li>• Good access to urgent and unscheduled care and support to meet people's needs.</li> </ul> <p>Progress on actions to support the delivery of these objectives are detailed below:</p>
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Review of Better Care Fund spend	The Council's Finance Manager (Adult Social Care, Health & Housing) will lead a preliminary review of current spend in the second half of this financial year.
Neighbourhood teams	The One Bromley Executive have agreed the approach to developing neighbourhoods. Next steps are focused on the initial stages for delivery with care and health partners
Evidence driven prevention and population health	A strategy is being developed by the One Bromley Executive for agreement in autumn 2023
Primary care sustainability	This work is to be developed as a workstream within the wider Fuller Review implementation for integrating primary care services
Implement care closer to home programmes	The Virtual Ward has been expanded over the summer and is an exemplar for SEL in terms of remote monitoring and single point of access for referrers
Integrated urgent care	

### National Condition 2: Enabling People to Stay Well, Safe, and Independent at Home for Longer

<p><i>Summary:</i> National Condition 2 requires areas to agree how the services they commission will support people to remain independent for longer, and where possible support them to remain in their own home.</p> <p>Progress on actions to support the delivery of these objectives are detailed below:</p>
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Invest Market Sustainability and Improvement Funds to support	Agreements over funding and support arrangements are being made over September and October 2023
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Domiciliary Care Patch Providers to continue to expand their new services and ultimately deliver 60%-70% of packages of care in their geographical area.	100% of packages of care are being met currently either via the Patch, Framework or decreasingly via spot providers. The Patch providers will receive incentives and support to enable them to recruit more staff so that greater numbers of clients receive a lead provider package of care.
Develop the Trusted Assessment role of domiciliary care providers to give greater flexibility and personalisation to help people stay at home.	The team are currently seeking to recruit a Trusted Assessor project officer/social worker role. This will support adults social care to initiate the project.
Build on our progress in growing Direct Payments	Performance as of September 2023 is 24.71%, 2.29% short of 27% Target. Commissioning is taking steps to mitigate this risk including recruitment of PAs via linkmeup register and the development of bespoke adverts
Strengthen and expand the support offer to unpaid carers through a new Carers' Plan and Carer's Charter	A new Carers Plan was agreed by the Council's Executive in September 2023. Work, led by Bromley Well, to develop the Carers Charter has focused on consultation with carers and carer representatives over the Summer
Introduce a Housing with Care Strategy that, over time, will increase access to special housing and improve the current housing stock.	The Council's Executive agreed a Housing with Care Strategy in June 2023 further work has been developed to implement DFG priority actions including the development of a discretionary grant and a review of integration between Health and Housing provision.

National Condition 3: Provide the right care in the right place at the right time.

<p>Summary: ongoing development of the hospital discharge arrangements have continued to respond to residents changing needs. A recent 13 week 'sprint' has further embedded the vibrant voluntary sector offer and enable residents to transition smoothly through services as their needs change as they recover. On the whole demand has been in line with capacity projections however there has been a significant increase in Reablement and Rehab provision, in line with recent investment and delivering against the shared vision of maximising recovery and independence post discharge.</p> <p>Further work on developing commissioned pathways for those with the most complex needs will commence in H2 with the commissioning of D2A beds alongside a focus on responding to the internal audit recommendations. Further detail is provided in the table below.</p>
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Ongoing investment in the multiagency Single Point of Access	The SPA has been further strengthened with social worker, Reablement and voluntary sector presence 5 days per week managing social care discharge pathways alongside health colleagues.
Maintaining the discharge to assess model locally	Further investment has been made in D2A to ensure financial sustainability through redirected monies from other areas

A robust early intervention and prevention offer for the projected increase in people living with early frailty	Further investment being made in services supported people living with Frailty including the proposed incorporation of the Frailty Navigator Service into the Prevention and Early Intervention service (Bromley Well)
Complimented by a robust Reablement offer that uses assisted technology and provides support to a wider range of clients to regain independence	Significant investment in Reablement has increased capacity in the service by 85%. An Assisted technology offer is being piloted in reablement with a focus around medication management and routine support.
Mainstreaming the Home First offer piloted throughout Winter 22/23	A review of the Home first offer has created a more defined pathway for people to be supported home with enhanced care, with a greater focus on those with a resolving delirium. The new integrated pathway includes a dedicated MDT with the Standard Operating procedure endorsed by the Clinical and professional advisory group.
Develop integrated discharge pathways for those with the most complex health and care needs	The new Complex case lead role has been established and is providing the lead professional role for the most complex discharges. The interface between the SPA and the proactive care pathway has also been established with patients identified as benefiting for more proactive input to prevent readmission being referred into the pathway.
Implement any learning from the audit of the local Discharge to Assess assessment processes	The internal audit report was received in September with work, jointly led by commissioning and operations, underway to respond to the recommendations.
Health Inequalities	Public Health continue to develop initiatives to enhance collaboration between PCNs and Bromley Healthcare, promoting wellbeing through the development of wellbeing hubs, develop community asset mapping and the rolling out of case management managed via Integrated Care Network multi-disciplinary teams

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Report No.  
ACH23-055

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 16/11/23

**Decision Type:** Non-Urgent Non-Executive Non-Key

**Title:** Pharmaceutical Needs Assessment (PNA) reprourement

**Contact Officer:** Jonathan Walker, Head of Public Health Intelligence. Tel: 0208 313 4753. Email: [jonathan.walker@bromley.gov.uk](mailto:jonathan.walker@bromley.gov.uk)

**Chief Officer:** Nada Lemic, Director of Public Health. Tel: 0208 313 4220. [Nada.Lemic@bromley.gov.uk](mailto:Nada.Lemic@bromley.gov.uk)

**Ward:** Borough wide

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1. Reason for decision/report and options

- 1.1 This is to inform the HWB the public health team has started the process to reprocure a consultancy to produce and maintain the next Pharmaceutical Needs Assessment
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2. **RECOMMENDATION(S)**

This paper provides an information update to the Health and Wellbeing Board

Impact on Vulnerable Adults and Children

1. Summary of Impact: The PNA is intended to guide commissioning of pharmaceutical services by NHS England. The procurement itself has no impact
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Transformation Policy

1. Policy Status: Existing Policy
  2. Making Bromley Even Better Priority (*delete as appropriate*):
    - (1) For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
    - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
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Financial

1. Cost of proposal: Not Applicable
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre:
  4. Total current budget for this head: £
  5. Source of funding:
- 

Personnel

1. Number of staff (*current and additional*): Not Applicable
  2. If from existing staff resources, number of staff hours: Not Applicable
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Legal

1. Legal Requirement: Statutory Requirement
  2. Call-in: Not Applicable
- 

Procurement

1. Summary of Procurement Implications:
- 

Property

1. Summary of Property Implications:
- 

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
- 

Impact on the Local Economy

1. Summary of Local Economy Implications:
- 

Impact on Health and Wellbeing

1. Summary of Health and Wellbeing Implications:
- 

Customer Impact

1. Estimated number of users or customers (*current and projected*):
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

### **3. COMMENTARY**

- The HWB has a statutory duty to publish the PNA. It is an assessment of need for pharmaceutical services in its area which must be revised every three years. The PNA is used by NHS England and commissioners for informing decisions on applications for new pharmacies, changes in premises for existing pharmacies and changing services of existing pharmacies;
- The Health and Wellbeing Board has delegated responsibility for the PNA to the Public Health team, the latest production of which has been contracted out to the Healthy Dialogues Consultancy;
- The current contract with Healthy Dialogues for production and maintenance of the PNA runs out at the end of September 2024. The process for reprocurring a consultancy to produce and maintain the PNA for its next iteration has therefore been started. The next PNA must be ready for publication one year later. It is intended to procure a consultancy to produce and maintain the PNA over its next 2 cycles, each of which is 3 years in length;
- The HWB will be updated on a regular basis regarding progress.

### **4. IMPACT ON VULNERABLE ADULTS AND CHILDREN**

Not Applicable

### **5. TRANSFORMATION/POLICY IMPLICATIONS**

Not Applicable

### **6. FINANCIAL IMPLICATIONS**

There will be a cost associated with the reprourement

### **7. PERSONNEL IMPLICATIONS**

Not Applicable

### **8. LEGAL IMPLICATIONS**

The publication of the PNA is a statutory requirement of the Health and Wellbeing Board according to the Pharmaceutical Regulations 2013 and subsequent amendments

### **9. PROCUREMENT IMPLICATIONS**

Not Applicable

### **10. PROPERTY IMPLICATIONS**

Not Applicable

### **11. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS**

Not Applicable

*Detail here any environmental, social or economic implications that have been considered as part of this proposal. This section should consider requirements of the 2012 Public Services (Social Value) Act if procuring goods or services. Authors should detail how the recommendations in this report will lead to a positive impact in terms of the Council's Carbon Reduction ambitions.*

**12. IMPACT ON THE LOCAL ECONOMY**

Not Applicable

**13. IMPACT ON HEALTH AND WELLBEING**

Not Applicable

**14. CUSTOMER IMPACT**

Not Applicable

**15. WARD COUNCILLOR VIEWS**

Not Applicable

<b>Non-Applicable Headings:</b>	IMPACT ON VULNERABLE ADULTS AND CHILDREN; TRANSFORMATION/POLICY IMPLICATIONS; FINANCIAL IMPLICATIONS; PERSONNEL IMPLICATIONS; PROCUREMENT IMPLICATIONS; PROPERTY IMPLICATIONS; CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS; IMPACT ON THE LOCAL ECONOMY; IMPACT ON HEALTH AND WELLBEING; CUSTOMER IMPACT; WARD COUNCILLOR VIEWS
Background Documents: (Access via Contact Officer)	[List any documents used in preparation of this report - Title of document and date]

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