

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

**Date:** 25 November 2021

**Classification:** **General Release**

**Title:** Joint Strategic Needs Assessment (JSNA) and  
Pharmaceutical Needs Assessment (PNA)

**Report of:** Bi-borough Director of Public Health

**Policy Context:** Local authorities and Clinical Commissioning Groups are jointly required to prepare a Joint Strategic Needs Assessment (JSNA) under the Local Government and Public Involvement in Health Act 2007. This function is exercised through the Health and Wellbeing Board (Health and Social Care Act 2012).

Health and Wellbeing Boards are required to publish and maintain a Pharmaceutical Needs Assessment by virtue of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.

**Wards Involved:** All

**Report Author and  
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### 1. Executive Summary

- 1.1. This report sets out our approach to refreshing the Joint Strategic Needs Assessment (JSNA) process and notes the requirement for the Health and Wellbeing Board to develop and publish Pharmaceutical Needs Assessments (PNAs) for Westminster and Kensington and Chelsea by October 2022.

## **2. Key Matters for the Board**

- 2.1. The Health and Wellbeing Board are invited to consider and note the refreshed approach to the Joint Strategic Needs Assessment (JSNA)
- 2.2. The Health and Wellbeing Board are invited to consider and note the statutory requirement to develop and publish an updated Pharmaceutical Needs Assessment (PNA) by October 2022.

## **3. Background**

- 3.1. Local authorities and Clinical Commissioning Groups have a statutory requirement to prepare a Joint Strategic Needs Assessment (JSNA) for their local area, with this function exercised through the Health and Wellbeing Board.
- 3.2. JSNAs identify and describe the health and wellbeing needs of an area, and provide a sound evidence base to inform local strategy and commissioning decision-making in order to improve health outcomes for residents and reduce health inequalities. In particular, the JSNA plays a key role in shaping and informing the Joint Health and Wellbeing Strategy.
- 3.3. In addition, each Health and Wellbeing Board is required to publish a Pharmaceutical Needs Assessment (PNA). Locally, the PNA is undertaken as part of the JSNA work programme, and is managed and coordinated by the Bi-borough Public Health department on behalf of the Health and Wellbeing Board

## **4. Update on Joint Strategic Needs Assessment (JSNA)**

- 4.1. Locally, the JSNA work programme is managed by the Bi-borough Public Health team in collaboration with key partners. During the pandemic the JSNA programme was largely put on hold as resources were diverted to supporting the local Covid19 response, with the exception of the development of the Covid19 Health Impact Assessments.
- 4.2. With the arrival of a new permanent Director of Public Health and ongoing work to inform forward planning, the JSNA work programme is currently being refreshed and a new process established to ensure alignment with local priorities and commissioning plans.
- 4.3. As part of this refresh, a number of regular JSNA products will be delivered including:
  - an annual summary which will provide an overarching narrative on health and wellbeing in each borough (or 'JSNA Story')
  - short thematic reports focussing on key issues which will directly inform commissioning plans
  - newsletters reporting on key findings from the JSNA products, as well as horizon scanning for emerging issues based on new data and research.
- 4.4. The focus will be on developing a suite of succinct, visual and timely products that will directly inform strategy development and commissioning plans.

## **5. Update on Pharmaceutical Needs Assessment (PNA)**

- 5.1. PNAs are a statement of the need for pharmaceutical services of the population in a defined geographical area (i.e. the area covered by the Health and Wellbeing Board).

- 5.2. PNAs are an important market entry tool. Anyone who wishes to provide NHS pharmaceutical services in a given area must apply to NHS England (NHSE) to be included on the local Pharmaceutical List, and prove that they are able to meet a pharmaceutical service need. The local PNA is used by NHSE to make such decisions in response to any applications.
- 5.3. PNAs are also used by commissioners to make decisions on which funded services need to be provided by local community pharmacies.
- 5.4. All Health and Wellbeing Boards were required to publish their first PNA by 1<sup>st</sup> April 2015, and then to publish a new PNA every 3 years. The current PNAs for Westminster and Kensington and Chelsea were published in 2018.
- 5.5. Under the existing NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the “2013 Regulations”), the next PNA was due to be published by April 2021. However, this was extended to October 2022 due to the Covid19 pandemic
- 5.6. The PNA project deliverables are:
  - A PNA report for each Borough in accordance with the “2013 Regulations”
  - A map of local pharmacy service provision for each borough
- 5.7. Detailed requirements on what needs to be included in the PNA are set out in Regulations 3-9 and [Schedule 1](#) of the “2013 Regulations”.
- 5.8. When assessing local need for pharmaceutical services, it is worth noting that general health need is not the same as the need for pharmaceutical services. For example, there will be health needs that cannot be met by pharmacies but will be treated, for example, by GPs.
- 5.9. When producing a PNA, Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once (and for a minimum period of 60 days). These bodies are:
  - Local Pharmaceutical Committee;
  - Local Medical Committee;
  - Any persons on pharmaceutical lists and any dispensing doctors;
  - Any Local Pharmaceutical Services chemist in the area with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
  - Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
  - Any NHS trust or Foundation Trust;
  - NHS England
  - Any neighbouring Health and Wellbeing Boards.
- 5.10. To deliver the PNA for 2022 the following options have been considered:
  - Option 1: Complete PNA in-house
  - Option 2: Commission PNA from a specialist provider
  - Option 3: Contract PNA support from Temporary Agency Contractors
- 5.11. Option 2 was adopted in 2018 and is the preferred option for the 2022 PNA. Delivery will be monitored closely by an established PNA Steering Group which will be managed by Public Health and include representation from key stakeholders including the Local Pharmaceutical Committee, NHS England, NWL Clinical Commissioning Group, and Healthwatch.

## **6. Legal Implications**

- 6.1. Local authorities and Clinical Commissioning Groups are jointly required to prepare a Joint Strategic Needs Assessment (JSNA) under the Local Government and Public Involvement in Health Act 2007. This function is exercised through the Health and Wellbeing Board (Health and Social Care Act 2012).
- 6.2. Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.
- 6.3. PNAs must be developed in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

## **7. Financial Implications**

- 7.1. The estimated cost to complete the PNA across the two boroughs will be no more than £60,000 with each local authority paying half of the total cost incurred.
- 7.2. The costs of completing the PNA will be funded from the Public Health grant received by each authority, with no impact on the Councils' General Funds.

**If you have any queries about this Report or wish to inspect any of the background papers please contact:**

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