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Date of issue: 7th November 2013

MEETING	**SLOUGH WELLBEING BOARD** Councillor Rob Anderson, Leader Ruth Bagley, Chief Executive Superintendent Richard Humphrey, Thames Valley Police Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Colin Pill, Healthwatch Representative Neil Prior, Business Representative Paul Southern, Assistant Chief Fire Officer Matthew Tait, NHS Commissioning Board Councillor James Walsh, Health & Wellbeing Commissioner Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 13TH NOVEMBER, 2013 AT 5.00 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	GREG O'BRIEN 01753 875013

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Items 7, 8 and 12 were not available for publication with the rest of the agenda.

PART 1

AGENDA ITEM	REPORT TITLE	PAGE	WARD
7.	Pharmaceutical Needs Assessment *To consider report (Lise Llewellyn)* *(6.05 – 6.10pm approx.)*	1 - 4	

AGENDA ITEM	REPORT TITLE	PAGE	WARD
8.	Berkshire Public Health Spending *To consider budget and expenditure report for the Berkshire Public Health Advisory Board (Lise Llewellyn) (6.10 – 6.25pm approx.)*	5 - 8	
12.	MMR Immunisation Audit - Update *To note update (Lise Llewellyn) (6.55 – 7.00pm approx.)*	9 - 14	

Berkshire Pharmaceutical Needs Assessment

Scoping document

Rationale

The Health and Social Care Act 2012 transferred responsibility for developing and updating the Pharmaceutical Needs Assessments (PNAs) to health and wellbeing boards (HWBs). Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list was transferred from PCTs (Primary Care Trusts) to NHS England from 1 April 2013. The first HWBs' PNA needs to be published by 1st April 2015.

Each Health and Well-being Board must in accordance with Department of Health regulations—

(a) assess needs for pharmaceutical services in its area, and

(b) publish a statement of its first assessment and of any revised assessment

The PNA will provide information on the current pharmaceutical services in Berkshire and identify gaps in the current service provisions, taking into account any known future needs.

Purpose of this document

- To set out the scope of the PNA

What will be included in the PNA [1, 2]

What will be included	Method
1. Necessary services – current provision Pharmaceutical services which are identified as services that are provided: (a) in Berkshire and which are necessary to meet its need for pharmaceutical services (b) outside Berkshire but which nevertheless contribute towards meeting its need for pharmaceutical services	Current services will be mapped to assess the adequacy of current pharmaceutical service provision
2. Necessary services – gaps in provision Pharmaceutical services that have been identified as services that are not provided in Berkshire but which will - (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; (b) will, in specified future circumstances,	Gaps will include gaps in pharmaceutical health needs and gaps by service type. These may be gaps in provision of essential services, opening hours, provision of dispensing services or access to pharmaceutical services

need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.	
3. Other relevant services – current provision Pharmaceutical services that are identified as services that are provided- (a) in Berkshire or in neighbouring counties, and which, although they are not necessary to meet the need for pharmaceutical services in Berkshire, nevertheless resulted in improvements, or better access to pharmaceutical services (b) in or outside Berkshire and, which do not fall under "necessary" category, help the pharmaceutical service provision in Berkshire	These may be pharmaceutical services that provide improvements to the provision or better access for the public whether at the current time or in the future.
4. Improvements and better access - gaps in provision Pharmaceutical services which are identified as services that are not provided in Berkshire but which - (a) will, if they were provided, secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type (b) will, if in specified future circumstances they were provided, secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type	These may be services that are not currently being provided but which will be needed to secure future improvements to pharmaceutical services – common examples are major industrial, communications or housing developments, service redesign as set out in, for example, the Joint Health and Wellbeing Strategy, or re-provision.
5. Other services Any NHS services provided or arranged by HWBs, NHS Commissioning Board, a Clinical Commissioning Board (CCG), an NHS trust or an NHS foundation trust, which affect- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in Berkshire (b) whether further provision of pharmaceutical services in Berkshire would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.	There may be services provided or arranged by the HWBs, NHS England, a CCG, an NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors.

Methodology

1) Existing pharmaceutical services in Berkshire will be mapped.

2) Joint Strategic Needs Assessment (JSNA) and other relevant existing documents will be used to identify health needs of the population

3) Choice in accessing pharmaceutical services, for example, in terms of opening hours (i.e. evenings, weekends and Bank Holidays) or location (for example close to residence or place of work)

3) Stakeholder consultation will be conducted as follows:

- Face-to-face interview (with professionals)
- Postal surveys (with public)

Following stakeholders will be consulted:

- Local Pharmaceutical Committee for Berkshire
- Berkshire Local Medical Committee
- Berkshire CCGs
- Any persons on the pharmaceutical lists and any dispensing doctors list for Berkshire population
- Any LPS chemist with whom the NHS England has made arrangements for the provision of any local pharmaceutical services for Berkshire population
- Any Local Health Watch organisation, and any other patient, consumer or community group in Berkshire, which has an interest in the provision of pharmaceutical services in Berkshire
- NHS Trusts
- Thames Valley NHS England Area Team

Timelines:

Milestones	Deadline
Scoping	4th - 8th November 2013
Meeting key stakeholders	November – December 2013
Draft report going out for consultation	1 April 2014
Consultation period	April 2014 – May 2014
Final report	30th June 2014

References:

1. Department of Health: Pharmaceutical Needs Assessment Information Pack May 2013

https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack (last accessed on 5th November 2013)

2. UK Legislations: National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

http://www.legislation.gov.uk/uksi/2013/349/regulation/8/made (last accessed on 5th November 2013

Berkshire Public Health Advisory Board

18 month plan Item no:

Report by:	Dr Lise Llewellyn	**Job title:**	Strategic Director, Public Health Berkshire
Date:	11th October 2013		
Contact Officer:	Neil Haddock		
Telephone:	01344 351385	**Email:**	Neil.Haddock@bracknell-forest.gov.uk

Summary	The figures over show the Joint Arrangement is currently predicted to be under plan by £1,187. The current plan for 2014/15 for the Joint Arrangement is £12,818 There are caveats for both figured which are detailed in the report
Recommendations	Advisory Board are asked to note the contents of this report.

Public Health Berkshire 18 month financial plan

The figures presented below are the **joint arrangement figures only** in respect of 2013/14, and forecast for 2014/15 . The local spend for PH is subject to the local budget management processes within Slough BC and are not presented here. The figures presented are at this stage heavily caveated, as planning remains at an early stage. Caveats and assumptions are as follows:

Shared Team

Costs for salaries increase by inflation, estimated at 1% pay award, and Increments can be absorbed within this cost – this is line with BFBC pay policy.
Costs for non-salary costs increase by inflation, estimated at 2% in line with Bracknell Forest budgeting assumptions

Slough Borough Council as provider

Costs increase by 1%, for salaries, estimating a 1% pay award. No inflation on non salary costs - costs are negligible

Smoking Contract

Inflation is 0%, as the contract states that prices are fixed for the duration of the contract.

Health Contracts

Inflation (net after notional efficiencies) is 1.5% on tariff. This may be subject to change as a national consultation on rates of inflation / deflation has just been received. It would be prudent at this stage to stick with this assumption

Sexual Health

Activity Levels remain at the same level

Type B to Type A contracts

As agreed by the advisory board changes will occur at the beginning of year only. Changes for sexual health have been built into the assumptions . Any changes will clearly it will be neutral at County level

Local Costs

Not included

General

These are draft planning assumptions and subject to update once the new JSNA, wellbeing strategy deliver plan is developed
All figures will need to be reviewed in line with any commissioning changes proposed for 14/15 and any service cost changes that arise as more activity data for 13/14 is received.

Performance in year

JOINT ARRANGEMENT COSTS 2013/14: ESTIMATE v CURRENT FORECAST at Q3

EAST	Shared		CSU		Smoking		Weight		Children 5-19		Sexual		Miscellaneo		Service Total Cost		
	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Over / (under) spend
Slough	113	113	14	14	361	422	59	56	421	418	1,449	1,431	5	149	2,421	2,603	183
Grand Tota	636	636	80	81	1,850	1,974	597	265	2,482	2,482	8,027	6,954	27	208	13,699	12,601	-1,098

The figures for Slough show an overspend because a budget that covers the miscellaneous expenditure actually sits within the Slough local team at present (Healthy Hearts) - Therefore 144k of the overspend will not occur as it is covered by the local budget. In addition the smoking contract is expected to reduce in volume and so ensure Slough expenditure matches its budget.

Budget for next year

JOINT ARRANGEMENT COSTS 2014/15 CURRENT ESTIMATES

	Grant 14/15 £m	% share	**Shared Team**	**CSU**	**Smoking**	**Weight MGT**	**Children 5-19**	**Sexual Health**	**Sexual Health, moving to Type**	**Misc.**	Service Total Cost
EAST											
Slough	5,487	45.55	114	15	361	57	424	1,453	211	149	2,783
Berkshire Total	29,301		643	82	1,850	268	2,514	7,252	0	209	12,818

Next years budget shows significant changes in the pattern of spend mainly in sexual health. The reason for this change is the movement of the contract from a risk shared contract to one based on activity. In this year as the provider for the start of the year was unable to allocate costs of activity by UA the Unitary Authorities agreed to risk share the contract based on population size. In year the activity has been collected on an actual usage basis and this now results in Slough picking up a higher cost for this service. The impact of this change will be managed through the remainder of the Slough PH budget

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: **13 November 2013**

CONTACT OFFICER: Lise Llewellyn
Strategic Director of Public Health
01344 355206

(For all Enquiries) 01344 355206

WARD(S): All

PART I

FOR INFORMATION

MEASLES, MUMPS AND RUBELLA (MMR) VACCINATION CATCH UP PROGRAMME – AUDIT OF GP RECORDS

1. **Purpose of Report**

The purpose of this paper is to update the Board on the Measles Mumps and Rubella (MMR) vaccination audit and the progress that the Thames Valley area team are making in delivering the national target. This report focuses on a recent local audit that was undertaken to provide information on the extent of and reasons for mis-coding of non-immunised 10-16 year olds in the clinical audit system.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report.

3. **The Slough Wellbeing Strategy, the JSNA and the Corporate Plan**

The report addresses the MMR catch up programme of activities which aims to improve health and wellbeing outcomes for people in Slough and addresses key priorities within the JSNA through addressing cross cutting themes such as prevention and early intervention.

4. **Other Implications**

(a) Financial
There are no financial implications of proposed action.

(b) Risk Management
There are no risk management issues arising from this report.

(c) Human Rights Act and Other Legal Implications
There are no human rights or other legal implications arising from this report.

(d) Equalities Impact
There are no equalities issues arising from this report.

5. Supporting Information

(a) Immunisations are a highly effective way of maintaining the health of the population by reducing the occurrence of infectious disease.

Immunisations are commissioned by NHS England Thames Valley Area team from a range of providers, with a focus on General practice. The role of local Public Health is to monitor the delivery of the vaccination programmes and give assurance to the HWB board on the effectiveness of these programmes on delivery to the local communities.

We have been meeting with the Thames Valley area team to support the local delivery of the national work. However the impact of the programmes has been limited both nationally and locally and so a second set of actions is now being planned, and it is anticipated that Slough will be a priority for these further actions given the low uptake of vaccine in our local population. However at this point I cannot assure the board that the national 95% MMR target will be delivered. Further up to date information on all childhood vaccination including MMR and further actions to improve the uptake will be presented later as this becomes clearer.

(b) Measles, mumps and rubella (MMR) Immunisation - Berkshire

In April 2013 The Department of Health, Public Health England and NHS England jointly launched a campaign aiming to drive up demand for MMR vaccination. This was in response to an increase in the number of measles cases in England over the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. There is a high rate of measles cases among teenagers, which has not been experienced in previous years. The 10 to 16 year old age group are mostly affected by the adverse publicity relating to MMR vaccine between 1998 and 2003 and therefore there are larger numbers of children of this age unimmunised or partially immunised against measles. This creates the potential for school based outbreaks as seen in Swansea and the north east of England

Although there has not been an increase in confirmed cases in Thames Valley there is still the potential for outbreaks particularly in those areas where coverage of MMR immunisation has been low in the past.

One dose on MMR vaccine is 90-95% effective at protecting against measles infection. Two doses will protect 99% of those immunised. There is a national target to immunise 95% of children with one dose of vaccine by the age of 2 years and 2 doses of vaccine by the age of 5 years.

(c) Immunisation among 10-16 year olds

Nationally it is estimated that as a result of the campaign the number of 10-16 year olds immunised against measles has increased by 1%. This data is not available at local level.

Since the beginning of July, coverage information on children up to the age of 18 years has been collected by Public Health England through the Immform weekly and monthly sentinel surveys. This system extracts information directly from a number of GP clinical systems.

It has been recognised nationally that obtaining accurate information on the coverage of MMR immunisation in 10-16 year olds is very difficult. Data on both General Practice clinical systems and Child Health Information systems becomes less accurate as children get older. As families move around the country or move in from abroad immunisation histories are less likely to be entered onto computer systems once a child is beyond the age of the routine immunisation programme.

Previous audits of records, including some work carried out locally by the public health team have estimated that 30 - 50% of 10-16 year olds whose electronic records identify them as *unimmunised* have actually had MMR immunisation. A national audit is about to start sampling records of 24 upper local authorities across England to estimate the magnitude of under recording. The results of this audit will be available in the autumn.

The proportion of children unprotected against measles was estimated to be over 14% in Slough and South Reading (data taken from Immform sentinel survey week ending 27th July 2013). These figures have not been adjusted to reflect the under-recording of immunisation discussed above.

Even allowing for under-recording, most areas would still be below the target of 95% children having at least one does of MMR. The coverage in Slough and South Reading is of particular concern.

(d) Audit of MMR practice data among 10-16 year olds - Slough

In order to investigate the level of and potential reasons for under-recording, an audit of a small number of practices was undertaken with the aim of to evaluating the records of 80 children (aged 10-16yrs) who are coded as unvaccinated at 4 GP practices in areas of Thames Valley with low MMR uptake.

(e) Audit Aims

- To collect accurate data on MMR vaccination to enable efficient use of resources in phase 2
- To identify truly unimmunised children and offer immunisation appointments

- To indentify reasons for poor immunization rates in certain areas of Thames Valley and to help design ways to improve this

(e) **Audit Methods**

Practice selection

Slough and South Reading CCGs have the highest rates of MMR unimmunized 10-16 year olds as of 18th August 2013 i.e. 13.4% and 13.6% respectively. Four practices were selected to take part in the audit, two of which are in Slough CCG. They are:

- Bharani Medical Centre, 450 Bath Road, Cippenham, Slough, Berkshire, SL1 6BB
- Dr Kumar Mlh & Partners, 16-18 Lansdowne Avenue, Slough, Berkshire, SL1 3SJ

Verbal permission was obtained from GP practice managers to access patient records and to contact parents directly. The project was approved by local authorities and the CCGs involved.

Step 1: Record review

Twenty 10-16 year olds coded as unvaccinated on GP systems were selected randomly from each practice. The age breakdown of the selected children are:

-8 children from the 10-12 yr age group
-6 children from the 13-14yr age group
-6 children from the 15-16yr age group.

The following data was extracted for each child where available:
Name, Surname, NHS Number, DOB, Sex, Patient registered at which GP, Telephone number, Evidence of immunization documented in written electronic clinical notes, Evidence of immunization in scanned records, Evidence of immunization in paper records, Reason for discrepancy in data, 1st dose MMR + date, 2nd dose MMR + date, Single (1 or 2) measles vaccine doses dates, MMR vaccine appointment offered by letter previously.

Step 2: Follow up

Steps were taken to contact the parents / guardians of those children identified in the audit in order to collect further information;

- What was the number of attempts made to contact guardian / time taken per consult?
- Would they like to book a vaccination appointment with the GP? yes/no
- Which school does the child attend?
- Where would it be most convenient to get a vaccine?
- Reason for patient to remain unvaccinated? E.G.: Personal choice / Clinical reasons / others: please specify

(f) **Audit Results - Slough**

Record review

For the two Slough practices **55% and 75% of 10-16 year olds audited (on the basis of being recorded as unimmunised on the clinical audit system) actually had a record of MMR vaccination in their electronic notes. T**here were no instances of MMR being recorded in scanned notes and only one instance of MMR recording in paper notes. The proportion of parents / guardians who had been sent a previous MMR letter was 67% in one practice and over 93% in the other.

Practices were given the updated results to enable them to update their electronic databases and were given a list of patients who would like or will be making an immunization appointment to be contacted. GP practices are following up these children to get them vaccinated as soon as possible.

The main reason for the discrepancy in both Sough practices was a software issue. The clinical audit system (Clinical audit version 25) cannot currently capture electronic coding of MMR accurately from electronic clinical records. Templates are on version 26. Vision Version 4.41 (DLM) needs upgrading to version 4.5.

This issue has been discussed with the Practice Managers and concerns have been raised with relevant authorities. They are working to upgrade the system within the next few months.

Follow up

As the majority of individuals had a record of MMR, there were small numbers of parents to contact for follow up (<10 per practice). Unfortunately only a small proportion of these were successfully contacted. MMR was confirmed in one case. It has therefore not been possible to explore reasons for non-immunisation with this cohort. This list was handed over to the GP practices to follow them up and update the children's records in their system including the contact details of these children.

6. **Progress in other ongoing MMR catch-up work streams**

A school-based campaign is currently underway across Berkshire to ensure Berkshire students' immunisation status is checked and any outstanding MMR immunisations should be offered along with the school leaver's booster vaccination. School nurses will be expected to liaise with GP practices to ensure patient records are updated with any new immunisations given. This will mirror the situation in neighbouring counties i.e. Buckinghamshire and Oxfordshire. The Area Team will require assurance from providers that they are improving and sustaining 'routine opportunities' (e.g. MMR is being offered to everyone in every school alongside routine School Leavers' Booster)

7. **Comments of Other Committees / Priority Delivery Groups (PDGs)**

No other committees or PDGs have been involved in this work.

7. **Conclusion**

The Board is asked to note the report and acknowledge the progress of the MMR catch up programme and the local audit which will inform phase 2 of the programme.

8. **Appendices Attached**

None

9. **Background Papers**

None.