



**DARLINGTON**

Borough Council

# Health and Wellbeing Board Agenda

3.00 pm

Thursday, 17 March 2022

Council Chamber, Town Hall, Darlington. DL1 5QT

**Members of the Public are welcome to attend this Meeting.**

1. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.
4. To approve the Minutes/Notes of the Meeting of this Board held on :-
  - (a) 16 September 2021 (Pages 5 - 8)
  - (b) 16 December 2021 (Pages 9 - 10)
5. Community Transformation NHS England: Tees Valley –  
Presentation by the Programme Manager, Community Transformation Tees Valley  
(Pages 11 - 22)
6. Integrated Care Systems –  
Presentation by the Chief Officer, NHS Tees Valley Clinical Commissioning Group  
(Pages 23 - 42)
7. Winter Planning and Winter Summit Update –  
Verbal Update by the Chief Finance Officer, NHS Tees Valley Clinical Commissioning  
Group  
(Pages 43 - 52)

8. Primary Care Network Living Well Service –  
Presentation by the Operations Manager, Living Well Service  
(Pages 53 - 64)
9. UK Health Security Agency Update –  
Presentation by the Senior Health Protection Nurse, North East Health Protection Team,  
UK Health Security Agency  
(Pages 65 - 76)
10. Pharmaceutical Needs Assessment Review –  
Report of the Director of Public Health  
(Pages 77 - 82)
11. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of  
an urgent nature and can be discussed at the meeting.
12. Questions.



**Luke Swinhoe**  
**Assistant Director Law and Governance**

**Wednesday, 9 March 2022**

**Town Hall**  
**Darlington.**

**Membership**

Councillor Clarke, Cabinet Member with Children and Young People Portfolio

Councillor Harker

Councillor K Nicholson, Cabinet Member with Health and Housing Portfolio

Councillor Mrs H Scott, Leader of the Council

Councillor Tostevin, Cabinet Member with Adults Portfolio

James Stroyan, Group Director of People

Penny Spring, Director of Public Health

Dr Posmyk Boleslaw, Chair, NHS Tees Valley Clinical Commissioning Group

David Gallagher, Chief Officer, NHS Tees Valley Clinical Commissioning Group

Michael Houghton, Director of Commissioning Strategy and Delivery, NHS Tees Valley Clinical Commissioning Group

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust

Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust  
Mike Forster, Operational Director, Children's and County Wide Community Care Directorate,  
Harrogate and District NHS Foundation Trust  
Alison Slater, Director of Delivery, NHS England, Area Team  
Joy Allen, Police, Crime and Victims' Commissioner, Durham Area  
Sam Hirst, Primary Schools Representative  
Nick Lindsay, Head Teacher Longfield Academy, Secondary Schools Representative  
Carole Todd, Darlington Post Sixteen Representative  
Dr Amanda Riley, Chief Executive Officer, Primary Healthcare Darlington  
Michelle Thompson, Chief Executive Officer, Healthwatch Darlington  
Rachel Morris, Head of Department for Nursing and Midwifery, School of Health and Life  
Sciences, Teesside University

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays e-mail [hannah.miller@darlington.gov.uk](mailto:hannah.miller@darlington.gov.uk) or telephone 01325 405801

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## HEALTH AND WELLBEING BOARD

Thursday, 16 September 2021

**PRESENT** – Councillor K Nicholson (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Clarke (Cabinet Member with Children and Young People Portfolio), Councillor Harker, Councillor Mrs H Scott (Leader of the Council), James Stroyan (Group Director of People), Penny Spring (Director of Public Health), David Gallagher (Chief Officer) (NHS Tees Valley Clinical Commissioning Group), Mark Pickering (Chief Finance Officer) (NHS Tees Valley Clinical Commissioning Group), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Sam Hirst (Primary Schools Representative), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative) and Jehanne Readman (Project Manager) (Primary Healthcare Darlington)

**ALSO IN ATTENDANCE** – Ken Ross (Public Health Principal) (Public Health), David Nelson (Planning Officer), Clare Iley-Christie (Policy Research Officer), Joanne Heaney (Head of Commissioning, Performance and Transformation) (NHS Darlington CCG), Jo Murray (Associate Director - MH/LD Partnerships and Strategy) (Tees, Esk and Wear Valley NHS Foundation Trust), Nicola Childs (Commissioning Lead for Children and Young People) (NHS Tees Valley Clinical Commissioning Group) and Hannah Miller (Democratic Officer)

**APOLOGIES** – Mike Forster (Operational Director, Children's and County Wide Community Care Directorate) (Harrogate and District NHS Foundation Trust), Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington), Steve White (Chief Executive) (Police, Crime and Victims' Commissioner, Durham Police Area), Dr Amanda Riley (Chief Executive Officer) (Primary Healthcare Darlington), Christine Shields (Assistant Director Commissioning, Performance and Transformation)

### **HWBB1 DECLARATIONS OF INTEREST.**

There were no declarations of interest reported at the meeting.

### **HWBB2 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELLBEING BOARD AGENDA.**

No representations were made by Members or members of the public in attendance at the meeting.

### **HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 18 MARCH 2021**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 18 March 2021.

**RESOLVED** – That the minutes be approved as a correct record.

**REASON** – They represent an accurate record of the meeting.

#### **HWBB4 CHILDHOOD OBESITY PLANNING OPTIONS IN RELATION TO HOT FOOD TAKEAWAYS**

The Public Health Principal, Principal Planning Officer and Policy Research Officer submitted a PowerPoint presentation on Childhood Obesity Planning Options in relation to Hot Food Takeaways, following a recommendation from Cabinet that the Board investigate the impact of hot food takeaways on the health of residents, and in particular on childhood obesity in Darlington.

It was reported that defining overweight and obesity in children was a complex process and details were provided of the method used to determine a child's BMI; in relation to causes of obesity, there was no single cause but a multitude of factors; and that healthy weight needed to be everybody's business. Reference was made to the prevalence of obesity by age for 2019/20, with 12 per cent of children in Reception and 22.5 per cent of children in Year 6 living with obesity; that the prevalence of child obesity was concentrated in town centre wards; and details were provided of Darlington's performance compared to its statistical nearest neighbours.

Reference was also made to contributory factors and details were provided of the policy and guidance in place; and that the Town and Country Planning Association (TCPA) and PHE set out 6 elements to help achieve healthy weight environments through planning in the 2014 publication 'Planning Healthy Weight Environments.

It was reported that the use of exclusion zones for takeaway food outlets around locations often frequented by children and families such as schools, could be adopted as planning policy to promote health. Reference was made to the hot food takeaways in Darlington which had been plotted on a map, with a 400m buffer zone applied to all secondary schools. Of the takeaways in Darlington there were 14 existing takeaways within the 400m buffer zones; that of these, three were open during school hours; and that this did not identify a clear link between obesity and hot food takeaways, which was required to implement a policy approach.

Details were provided of the objectives of the Childhood Healthy Weight Plan for Darlington 2019-2024 which had been adopted and fed into the Local Plan, to transform the environment, increase making healthier choices easier and to support services needed to tackle excess weight; and that a range of actions were being undertaken in relation to understanding and adapting the obesogenic environment, out of home food provision, access to green space and active travel.

Discussion ensued in respect of the ease of implementing exclusion zones in the town centre; and it was requested that buffer zones be plotted for colleges in Darlington.

**RESOLVED** – (a) That the presentation be noted.

(b) That the findings of the investigation into childhood obesity planning options in relation to hot food takeaways be reported to Children and Young People Scrutiny Committee, Health and Housing Scrutiny Committee and Planning Applications Committee.

**REASONS** – To enable the Board to consider Childhood Obesity Planning Options in relation to Hot Food Takeaways.

## **HWBB5 DARLINGTON VACCINATION UPDATE**

The Chief Finance Officer, NHS Tees Valley Clinical Commissioning Group gave a presentation to update the Board on the Darlington Vaccination programme.

It was reported that NHSE vaccination target was 90 per cent for first doses; that the data up to and including 12 September showed that Darlington had achieved 84.53 per cent for first doses, which was above the Tees Valley CCG and North East and North Cumbria averages; and had achieved 79.02 per cent for second doses.

Details were provided of the vaccination uptake for the JCVI cohorts and ethnic groups; the vaccination sites in Darlington were outlined; and Members were advised that capacity for vaccines outweighed demand.

The Chair extended their thanks for the commitment of the NHS in delivering the vaccination programme and in particular the work of the NHS and partners to deliver the satellite sites and vaccine buses.

Discussion ensued regarding the vaccination of 12 – 15 year old's, which was expected to commence in England on 22 September; and Members were advised that a bespoke targeted approach was to be implemented to reach the gaps in the cohorts.

**RESOLVED** – That the thanks of the Board be conveyed to the Chief Finance Officer, NHS Tees Valley Clinical Commissioning Group, for his informative update.

**REASONS** – To convey the views of the Board.

## **HWBB6 INTEGRATED CARE SYSTEMS**

The Chief Officer, NHS Tees Valley Clinical Commissioning Group gave an update to the Board on the Integrated Care Systems (ICS).

It was reported that the Health and Care Bill, which was progressing through parliament and due for Royal Assent in the new year, would allow for the establishment of Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP); that ICB's were due to be in operation from 1 April 2022; the ICB would take on the NHS commissioning functions of CCGs and some of NHS England's commissioning functions; and that the ICP membership would include stakeholders and partners.

Members were advised that a number of ICP focused events had taken place; the themes from the events were being collated and an executive group had been established; with recommendations expected in October; and that further details would be provided at future meeting of this Board.

Concern was raised regarding the lack of input from Members in discussions and the need for consistent standards for all Health and Wellbeing Boards to ensure the success of the new approach.

**RESOLVED** – That the thanks of the Board be conveyed to the Chief Officer, NHS Tees Valley Clinical Commissioning Group, for his update.

**REASONS** – To convey the views of the Board.

**HWBB7 NEEDS LED NEURODEVELOPMENTAL PATHWAY**

The Head of Commissioning, Strategy and Delivery – Children and Young People, NHS Tees Valley Clinical Commissioning Group gave a presentation updating the Board on the Needs Led Neurodevelopmental Pathway.

Details were provided of the reasons for the changes to the pathway; the outcome of the parent carer consultation which was undertaken to understand the issues and complexities with the Autism diagnostic process; and a multi-agency partnership was established to look at the issues and determine a way forward.

It was reported that a family support service had been created and was due to go live in December 2021; a Darlington needs led neurodevelopmental website had been developed; details were provided of key areas of investment to improve diagnostic services; and the changes that families would see to services were outlined.

Reference was made to the Darlington Bubble of Support and services which were included in this bubble; the pathway flow chart; and the current position of the new pathway, which was already having a positive impact on the length of time families were waiting for decisions regarding the need for a diagnostic assessment. Reference was also made to the National Autism Strategy which had recently been published and the actions being taken to ensure that work encompasses this strategy were outlined; and details were provided of the next steps.

Concern was raised regarding the lack of communication in respect the work being undertaken in Darlington to improve the Autism diagnostic process; and that an update should be provided to the recently established Cross Party Autism Working Group.

**RESOLVED** – That the thanks of the Board be conveyed to the Head of Commissioning, Strategy and Delivery – Children and Young People for her informative presentation.

**REASON** – To convey the views of the Board.

**HWBB8 SUPPLEMENTARY ITEM(S) (IF ANY) WHICH IN THE OPINION OF THE CHAIR OF THIS BOARD ARE OF AN URGENT NATURE AND CAN BE DISCUSSED AT THE MEETING.**

The Chair informed the Board that changes to the Membership of the Board would be communicated to Members; this included the replacement of non-statutory Members with Community focused groups.

**RESOLVED** – That the update be noted.

**REASON** – To inform the Board.



## HEALTH AND WELLBEING BOARD

Thursday, 16 December 2021

**PRESENT** – Councillor K Nicholson (Cabinet Member with Health and Housing Portfolio) (Chair)

**ALSO IN ATTENDANCE** – Hannah Miller (Democratic Officer)

### NOTE

At the request of the Chair, and in order to offer immediate support to NHS and local government organisations in light of the latest situation regarding Omicron and other variants, no Members of the Health and Wellbeing Board were in attendance at the meeting; and the meeting was inquorate.

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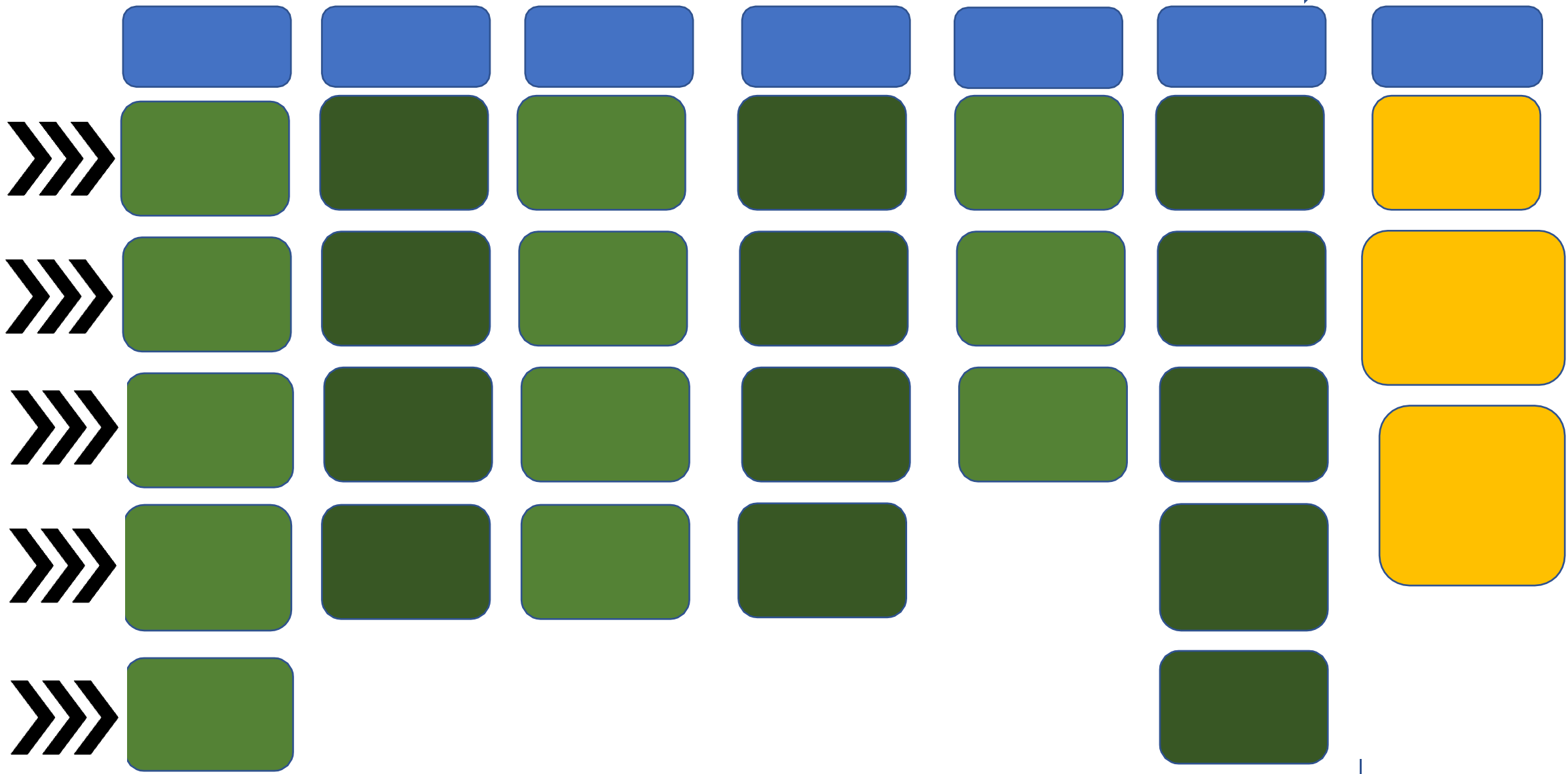


- **Better communication** to the public of what is available in terms of wellbeing support.
- **Awareness raising** in communities to reduce the stigma of mental health.
- **Easier access** through local community venues or supporting transport needs.
- **Greater accessibility** for those who face physical and mental health challenges.
- Provision of **more creative activity**, exercise, and social activity groups.
- **Shorter waiting lists**.
- **Longer therapy pathways** – for example more than 6 sessions.
- **Greater exploration of therapies** rather than medication.
- More **empathy, understanding, respect and awareness** of mental health conditions.
- **Supporting those who have caring responsibilities**, to attend wellbeing sessions themselves: care for the carer.

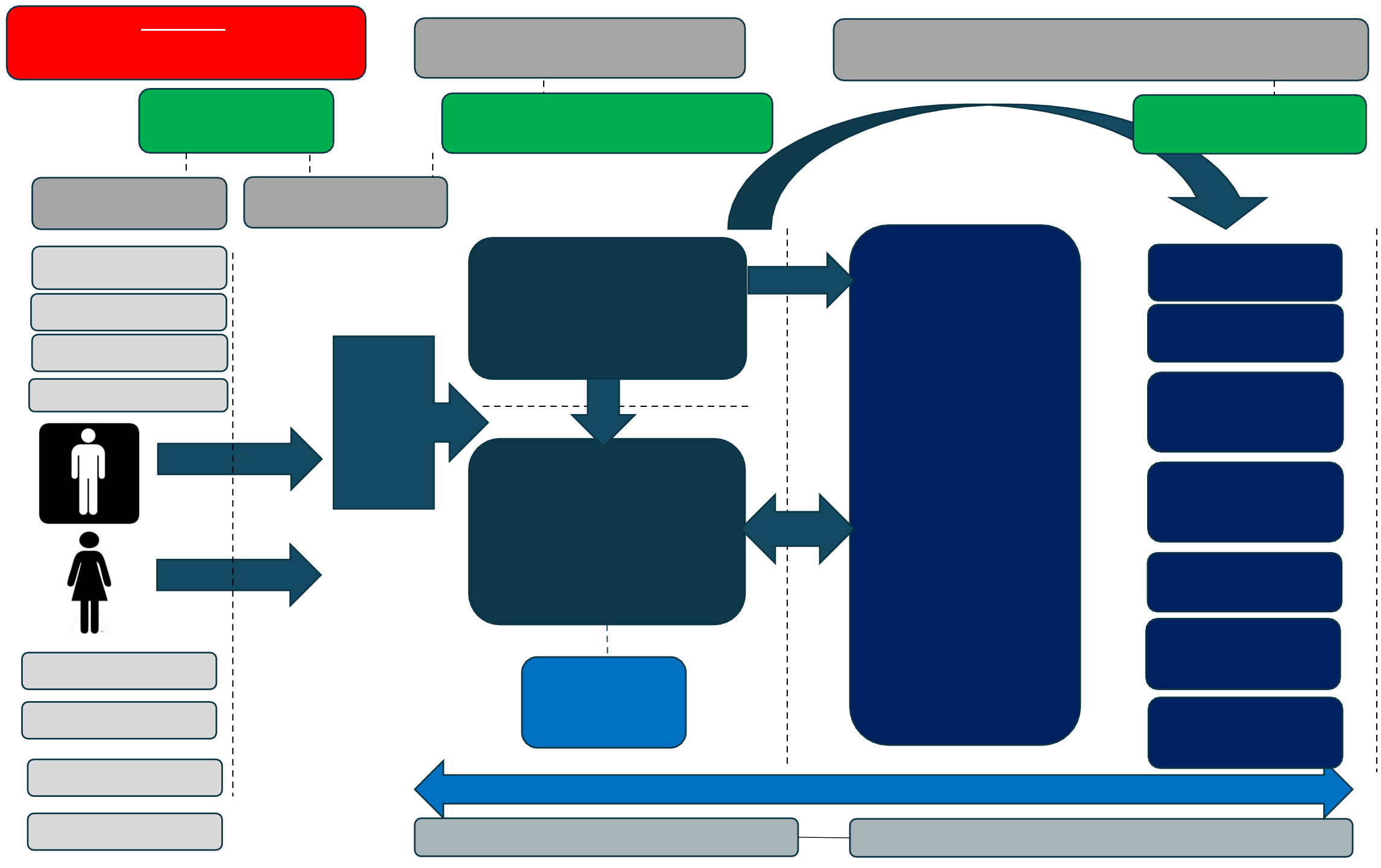
<b>Darlington</b>	Men (over 18)	Parent Carers and Carers (over 18)	Young people aged 16 to 25 in transition from child to adult mental health services
<b>Hartlepool</b>	Deaf community	Blind and Visually Impaired	Older People LGBT
<b>South Tees</b>	Carers	Visually Impaired	Refugees and Asylum Seekers
	Ethnic Minority groups (2)		Older People
<b>Stockton on Tees</b>	People with a learning difficulty / disability	Substance misuse	Carers


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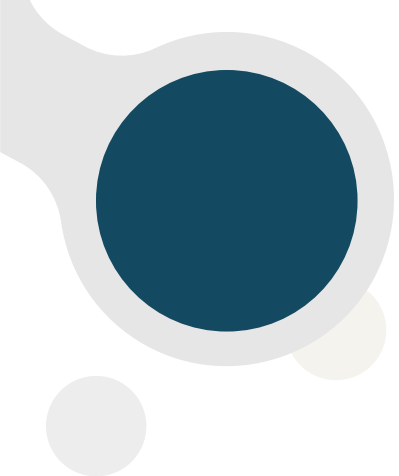
**900 people engaged in consultation across the Tees Valley**



















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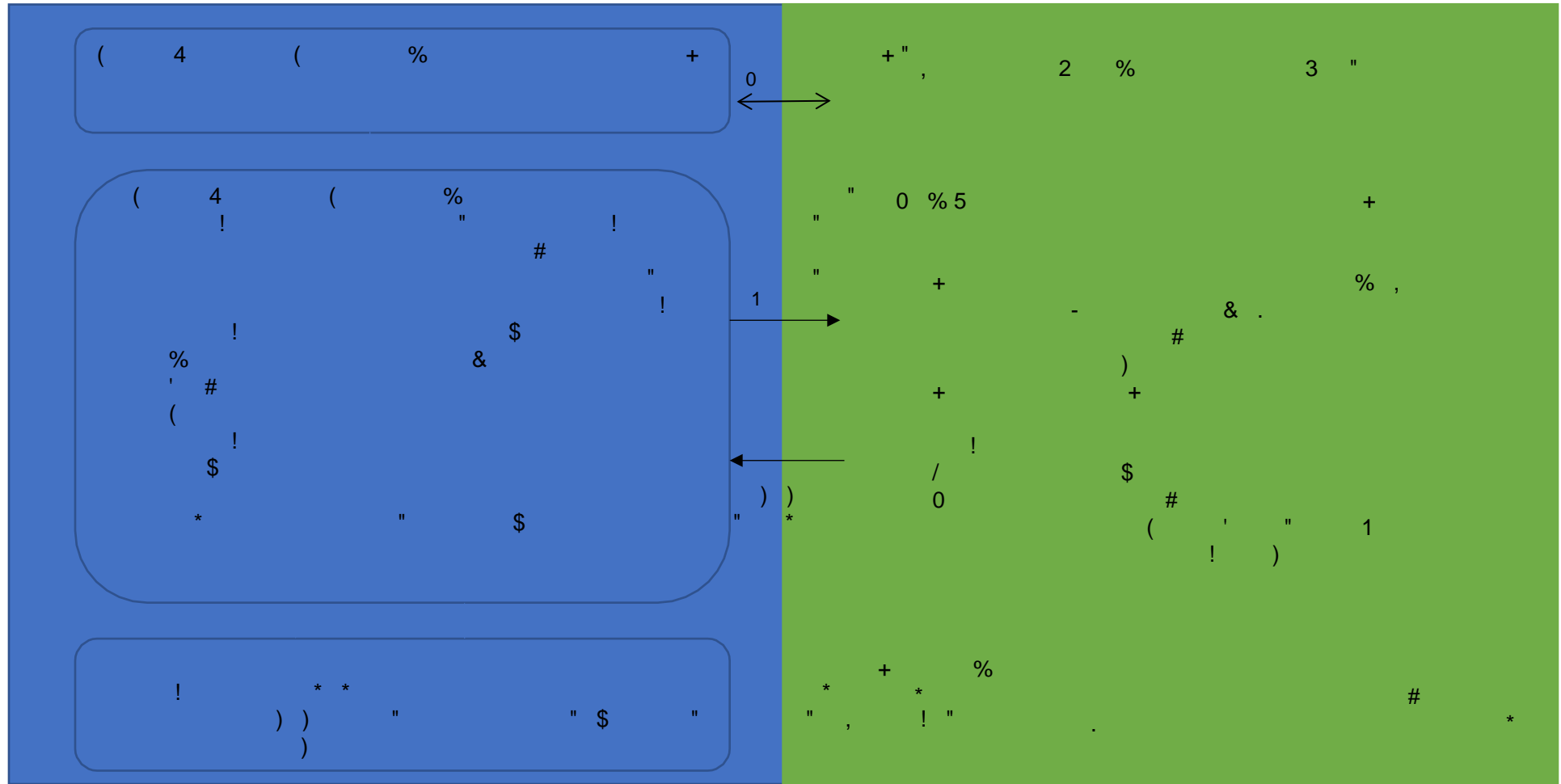
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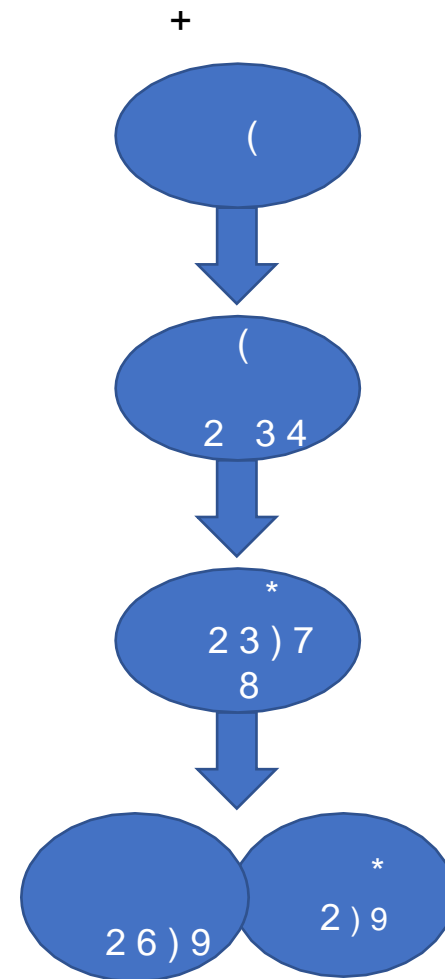
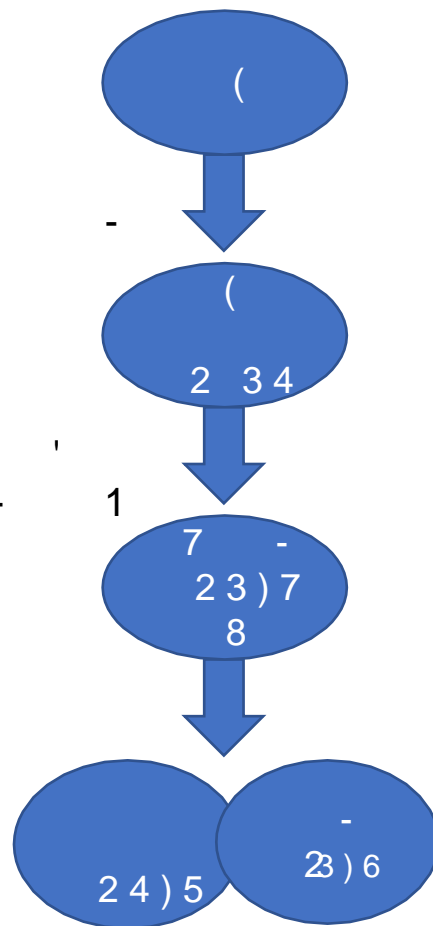
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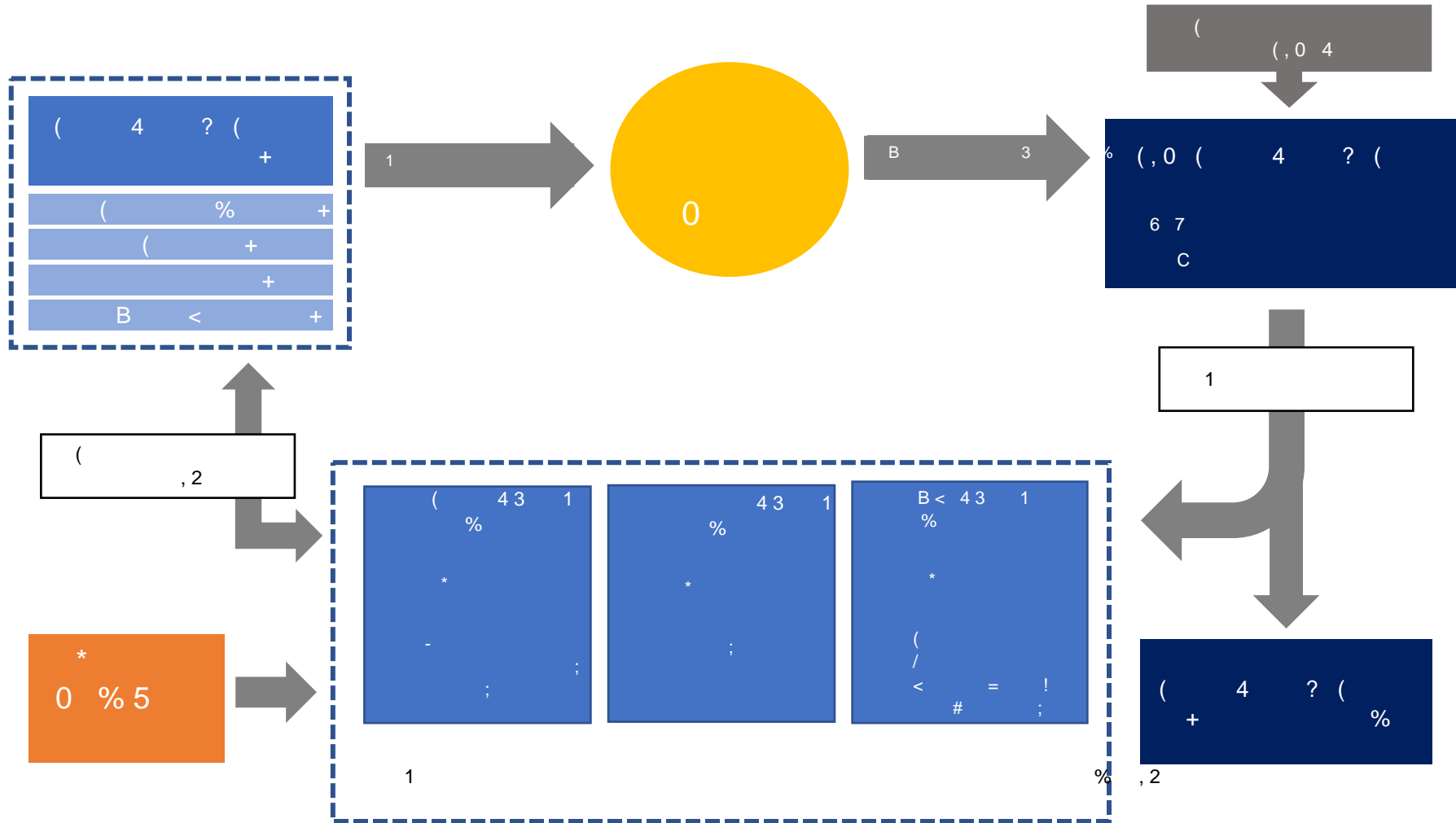


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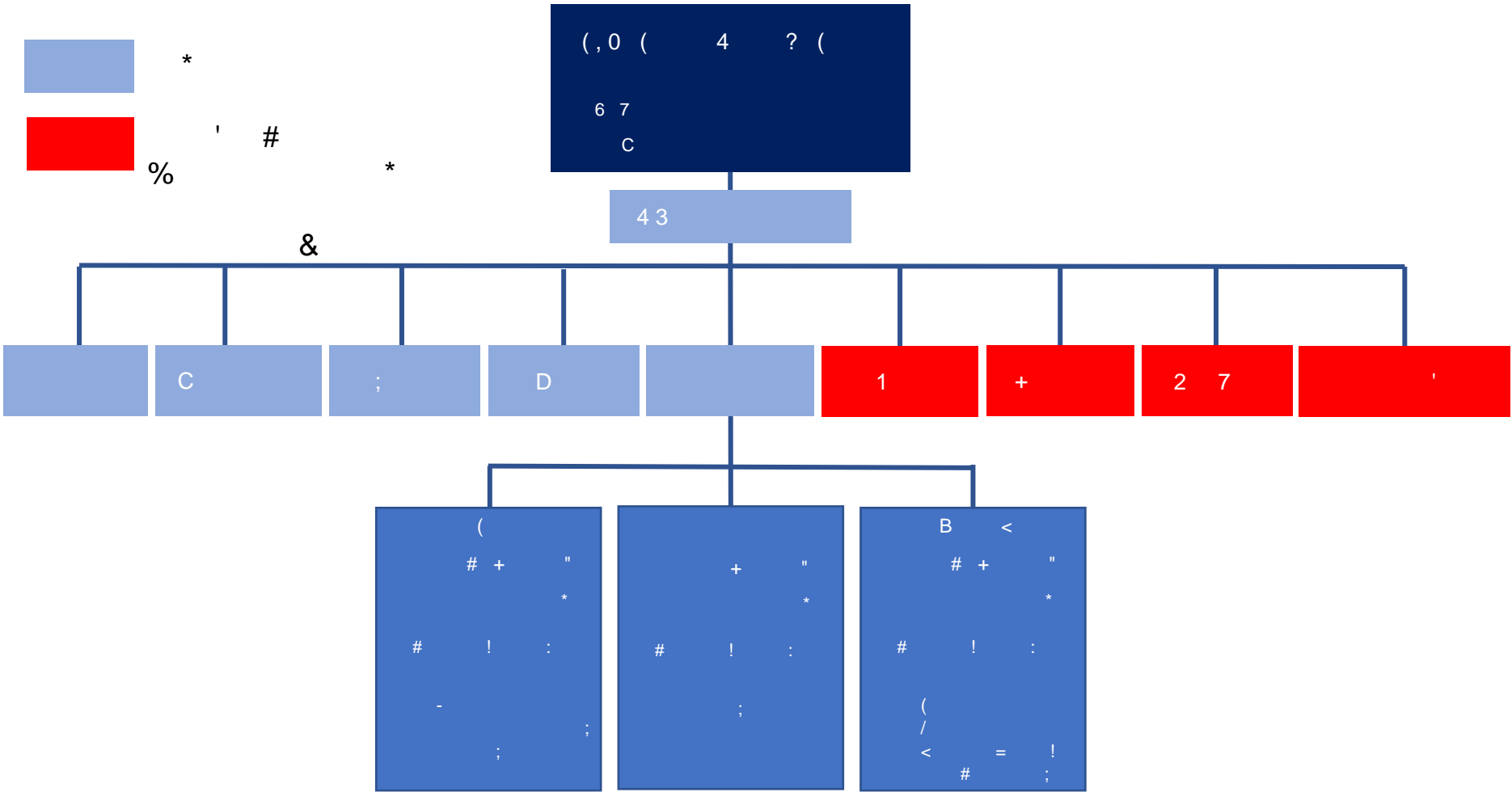
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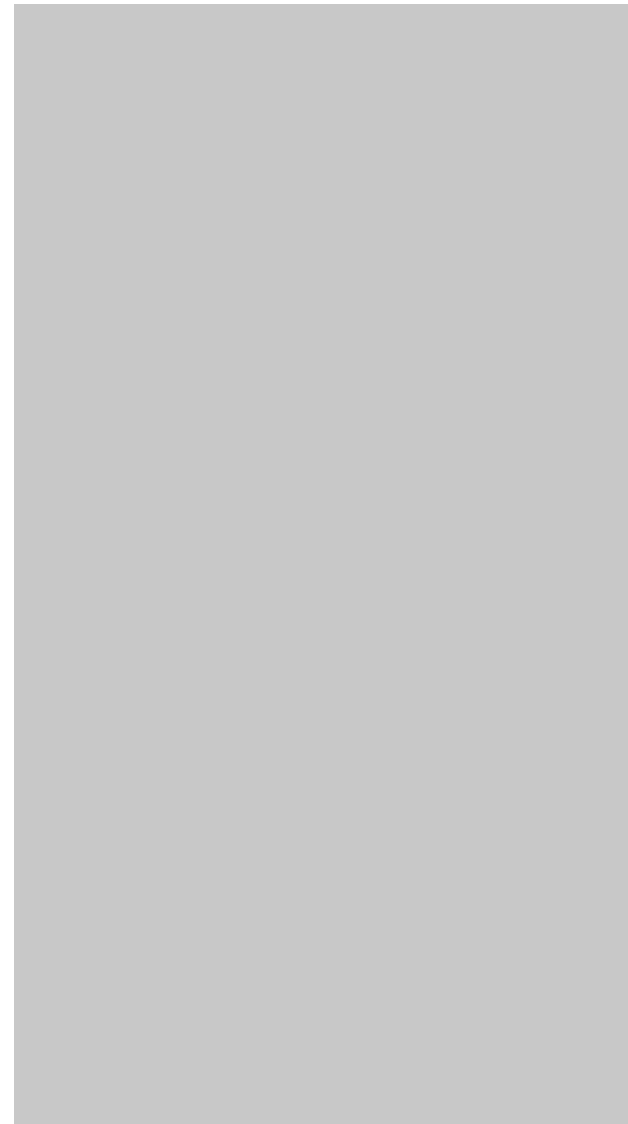
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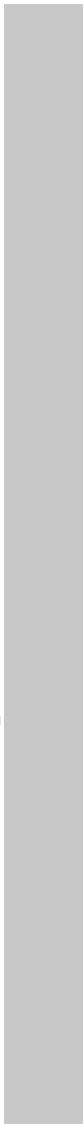
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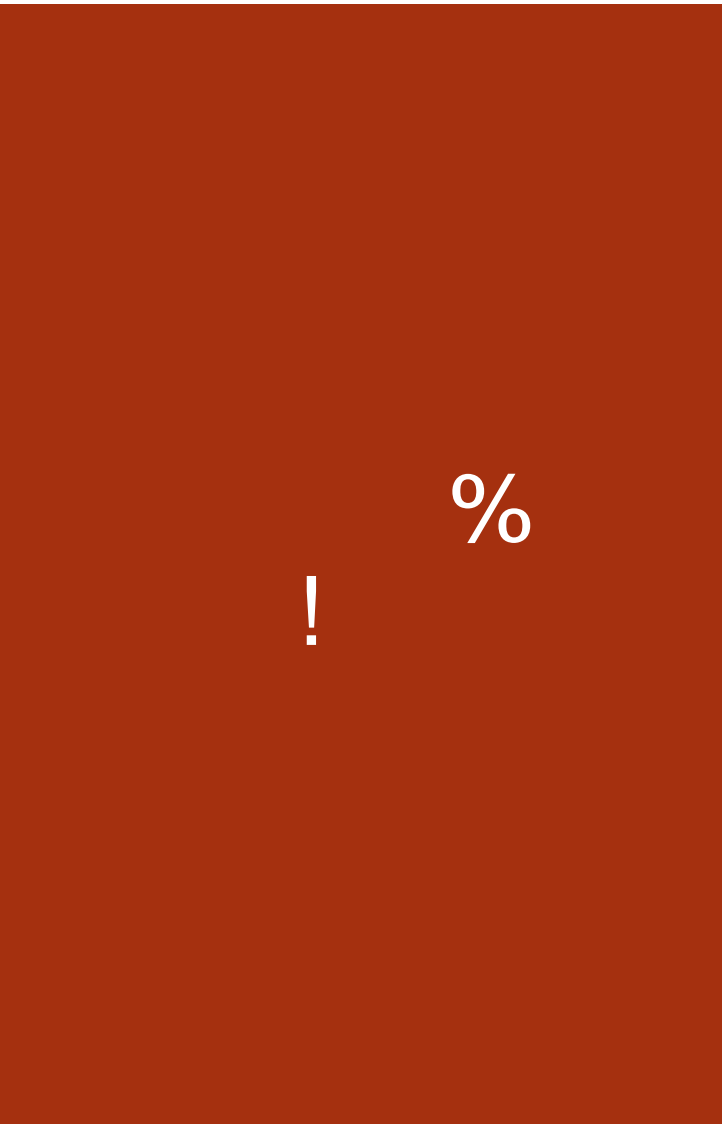
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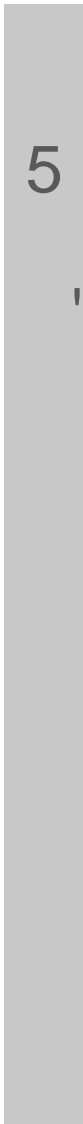
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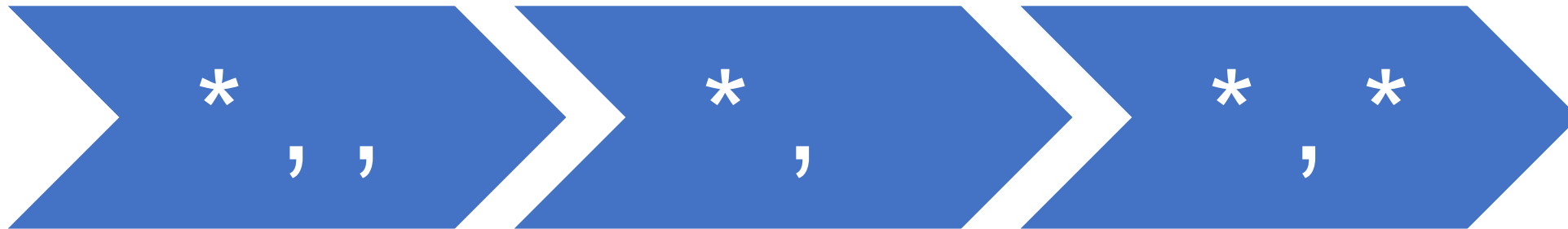
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**HEALTH AND WELL BEING BOARD  
17 MARCH 2022**

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**PHARMACEUTICAL NEEDS ASSESSMENT REVIEW**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To update the Health and Wellbeing Board (HWBB) of progress and plans for refreshing the statutory Darlington Pharmaceutical Needs Assessment (PNA). A new PNA must be produced by 30th September 2022.

**Summary**

2. Producing and publishing a PNA is a statutory responsibility of the HWBB. The Local Authority and Clinical Commissioning Group (CCG) are statutory partners in this process.
3. The Director of Public Health commenced the review process in autumn 2021, with key tasks, such as scoping and data collection, set out in the guidance already completed.
4. The PNA expires this year and requires to be reviewed, updated and published by 30th September 2022. This includes a statutory 60 day consultation period before final sign off.
5. The schedule of the HWBB meetings for 2022 is not conducive to meeting the statutory deadlines set by NHS England for completion of the Pharmaceutical Needs Assessment.

**Recommendation**

6. It is recommended that the Health and Wellbeing Board:-
  - (a) Support the plan and proposed timelines for the statutory review of the PNA;
  - (b) Approve delegated authority for a sub group to sign off the completed document.
  - (c) Review the draft of the PNA at the next Health and Wellbeing Board before it goes out to public consultation.

**Reasons**

7. The recommendations are supported by the following reasons :-
  - (a) The production and publication of the PNA is a statutory duty of the HWBB under The NHS Act 2006 and the Health and Social Care Act 2012
  - (b) The PNA expires in 2022 and a new one requires sign off no later than 30<sup>th</sup> September 2022.
  - (c) The timetable for HWB meetings does not fit with the deadlines set by NHS England .

- (d) The regulations allow for delegated authority from the HWBB to a nominated individual to sign off the PNA.

**Penny Spring**  
**Director of Public Health**

### **Background Papers**

[Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Ken Ross  
Public Health Principal  
Tel No. 01325 406200.

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	The PNA is a statutory duty of the HWBB and will ensure that essential community pharmacy provision is sufficient for the needs of the people in Darlington.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	This supplements the Council Plan in supporting the growth of the borough
Efficiency	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers or amend

## MAIN REPORT

### Information and Analysis

8. A Pharmaceutical Needs assessment (PNA) describes the health needs of the population and the services delivered by community pharmacies which are in place, or could be commissioned to meet those identified health needs. The PNA will map the health needs and the services to make sure there are no gaps, in order that Darlington Borough Council can be assured that its residents have good access to pharmacy services.
9. Services from community pharmacies are commissioned by local authorities, clinical commissioning groups, NHS Trusts, NHS England and other bodies.
10. The main use of the PNA will be for NHS England to decide whether additional pharmacies are needed in Darlington. Additional pharmacies may be needed if there are significant new housing developments, and the current infrastructure will be overstretched. However there is a balance between current provision and a free market, as we need to ensure that the pharmacies are commercially viable and in the locations which are best for all the residents of Darlington.
11. The HWBB has a statutory duty through the NHS Act 2006 and the Health and Social Care Act 2012 to produce a PNA every three years. The requirement to produce a PNA in 2020 was delayed, due to the pandemic.
12. The HWBB is now required to produce a PNA by September 2022. The DHSC produced updated guidance for Local Authorities in October 2021, which is prescriptive about what PNAs should contain. This is to ensure that the documents produced by local authorities are consistent to a standard and content to help reduce the number of applications for new community pharmacies across England, going to appeal and litigation with NHS England.

13. Work started in autumn 2021, and much of the information in the October guidance has been followed by the team working on the PNA, including:
  - (a) establishment of a Steering Group, led by Public Health
  - (b) development of survey for Community Pharmacies
  - (c) development of questionnaire for patients and the public
14. The timeline for the for production of the PNA is attached in Appendix 1
15. The deadlines for the completion of the PNA imposed by NHS England do not fit with the schedule of the meetings of the Health and Wellbeing Board.
16. To meet these deadlines, it will be necessary to delegate responsibility for final sign off to a subgroup. This should consist of the Chair of the HWB and The Director of Public Health.
17. The draft of the PNA will be presented to the Health and Wellbeing Board before it goes out to public consultation.
18. A report on the formal consultation along with any relevant comments, will be included in the final published document.



Appendix 1

**Timeline for production of PNA**

<b>PNA TIMELINE</b>	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Development of working group	■								
Preparation of questionnaire for contractors	■								
Sending out questionnaire		■							
Return of Questionnaire			■						
Development of public questionnaire about pharmacy services	■	■							
Send out public questionnaire about services			■						
Tabulation of results from questionnaire				■					
Preparation of narrative				■					
Completion of first draft					■				
Comments from Steering Group					■				
Redraft then take to HWB					■	■			
Consultation period							■	■	
Amendment of document following consultation									■
Document completed for board sign off									■

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