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 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 Ascent 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 to 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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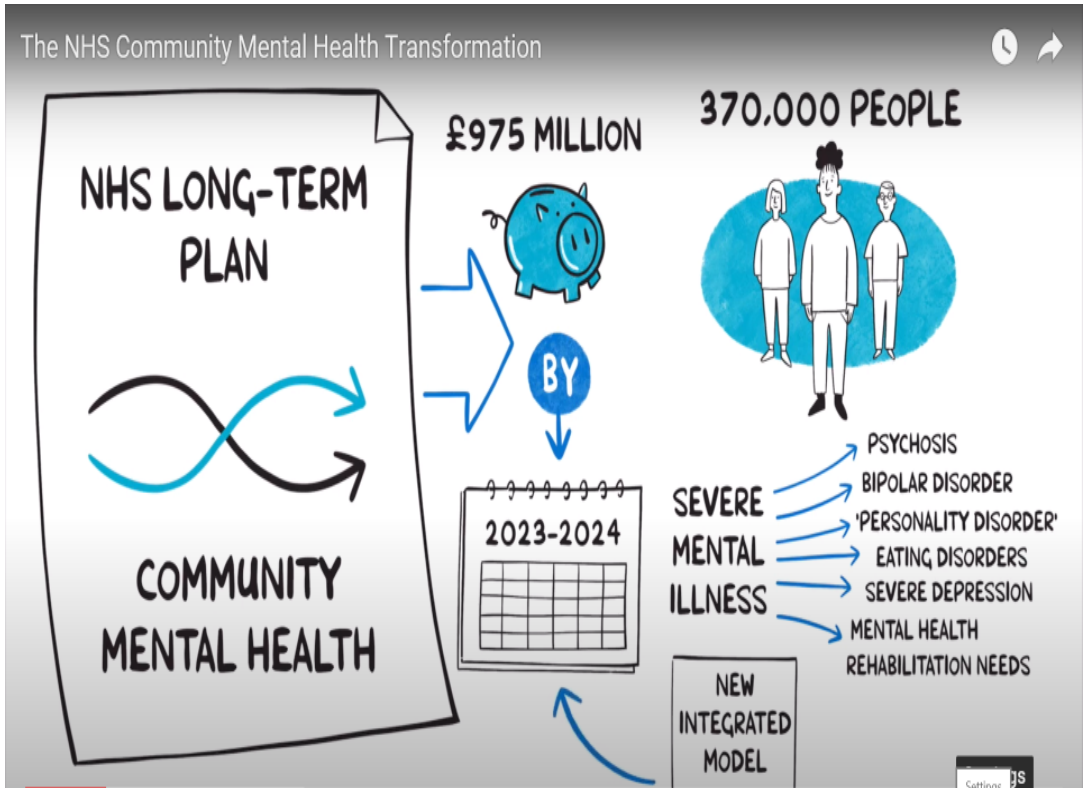
Working collectively to review the mental health system

COMMUNITY TRANSFORMATION
NHS ENGLAND: TEES VALLEY

Core aims of Community Transformation

Background:

- Driven by NHS England long term plan offering significant investment to enable those with severe mental health illness better access to integrated primary and community mental health care
- Move from fragmented silo working to integrated, holistic, person-centered care model
- Services and care pathways should be co produced with service users, carers and local communities.



What has been happening across the Tees Valley?

Healthwatch findings

Purpose of the report:

Understand each of the five local communities' need's: what keeps people well and how communities would like to access mental health services in each area.

Establish a baseline of what local people's knowledge of current services are and your expectations of mental health services.

Enable local communities to have **greater choice** and control over their care, and to live well within each community.

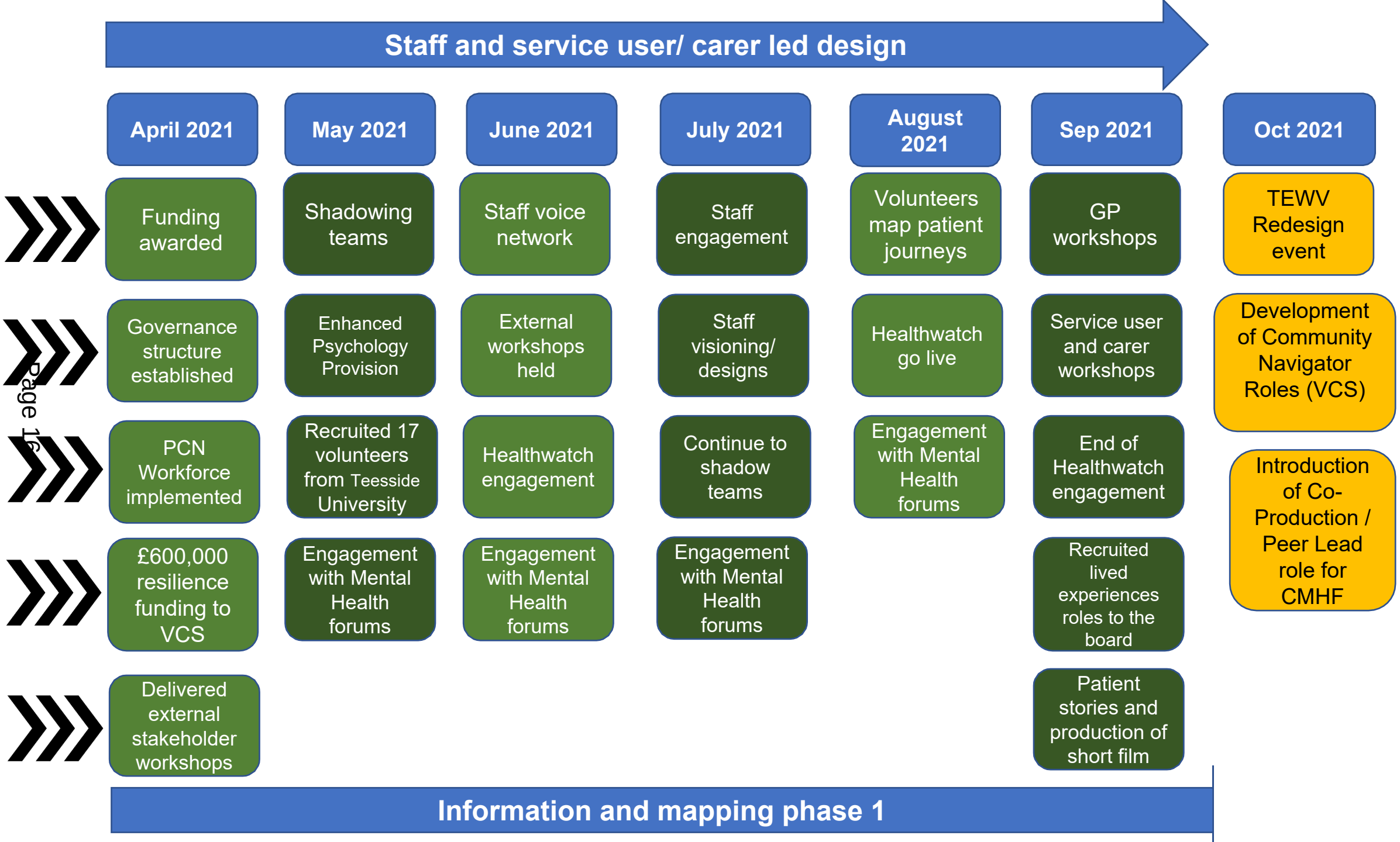
Develop **localised place-based** action plans that are held collaboratively as partners to meet the needs of local populations

- **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.

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

healthwatch

900 people engaged in consultation across the Tees Valley


Staff and service user/ carer led design
April 2021
May 2021
June 2021
July 2021
August 2021
Sep 2021
Oct 2021
Funding awarded
Shadowing teams
Staff voice network
Staff engagement
Volunteers map patient journeys
GP workshops
TEWV Redesign event
Governance structure established
Enhanced Psychology Provision
External workshops held
Staff visioning/ designs
Healthwatch go live
Service user and carer workshops
Development of Community Navigator Roles (VCS)
PCN Workforce implemented
Recruited 17 volunteers from Teesside University
Healthwatch engagement
Continue to shadow teams
Engagement with Mental Health forums
End of Healthwatch engagement
Introduction of Co-Production / Peer Lead role for CMHF
£600,000 resilience funding to VCS
Engagement with Mental Health forums
Engagement with Mental Health forums
Engagement with Mental Health forums
Recruited lived experiences roles to the board
Delivered external stakeholder workshops
Patient stories and production of short film
Information and mapping phase 1

Principles:
We accept each other's assessments.
We do not refuse a referral

Assessment, triage, support and advice

Intervention and treatment

Getting advice

Getting Help

Getting more help

Local community support

Primary Care networks

Libraries/ leisure centres

Parks/ recreation

Education

Places of worship

Family/Friends

Work/Colleagues

Online support/ self help

Social Media

Aligned by PCNs

Primary Care Network Mental Health Team
Based in GP surgeries

Community Hub
Senior clinical staff including peers and community navigators.

Co-located with VCS and LA

Physical health Review offer/ medication

Treatment and Intervention Services

One team per locality

EIP

ADHD/ ASD

Personality & Relational

MHSOP & Dementia Ax

Rehab

Eating Disorders

Perinatal

SUPPORTED BY NAVIGATORS

System one recording

CITO recording

What else has been happening in Darlington?

Darlington Resilience projects

- Eight resilience projects funded non recurrently to support COVID recovery across Darlington
- Age UK, Darlington Association on Disability, First Stop Darlington, Groundwork NE, Theatre Hullabaloo, Primms and Needles, St Teresa Hospice, Arts Culture and Heritage Adventures CIC
- Projects involve increasing capacity in counselling for those who have experienced bereavement, social connections and artistic sessions for individuals with low mood or anxiety, befriending services, female and male allotment sessions and social prescribing.

Tees, Esk and Wear Valleys
NHS Foundation Trust

PCN Mental Health Practitioners

Background:

- Practice Aligned Service rolled out in 2019 following the success of this service in the Durham area.
- Principles: offer a timely assessment for mild to moderate mental health conditions for adults 18 plus.
- Timely assessment at the patients local GP practice
- Referrals are triaged and offered a face to face appointment within 14days

ARRS roles:

- Appointed a further x2 full time Mental Health Nurses to support adults aged 18 plus, additional posts being considered for CYP
- 12 slots per day per practitioner
- Patients will be supported and signposted to community services that best
- Good relationships in place with Darlington community sector

Darlington next steps

- Working groups established for each area at place based- Darlington January 2022- funding resource allocated for Community work
- Shadowing Darlington TEWV Teams
- Co production of services through the introduction of Peer Lead role (recruited Dec 21 – expected start date Feb 2022)
- Possible expansion of the PCN-based workforce
- Sign off internally and externally to progress the model

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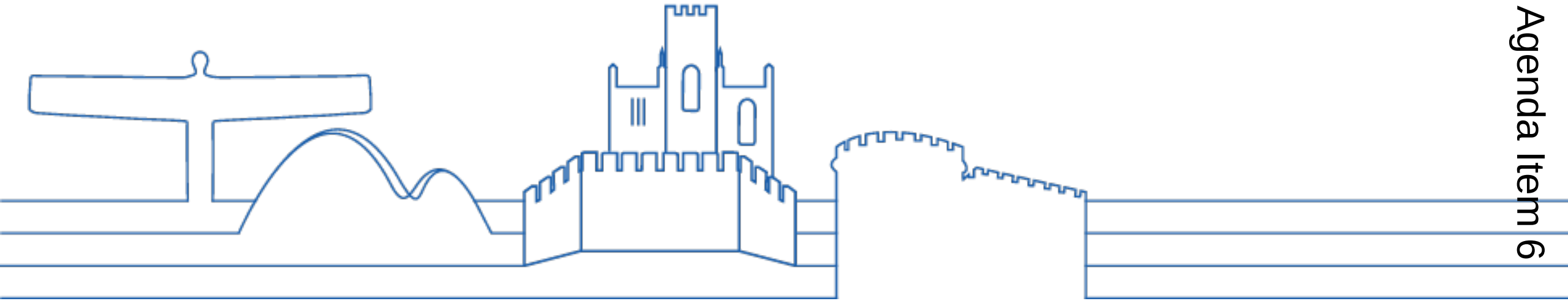
North East &
North Cumbria

Towards an Operating Model for NHS North East and North Cumbria Integrated Care Board



General update

- CEO designate recruited and in position
- Executive Director positions recruited to apart from 2 roles
- Expected go live date for the Integrated Care Board (ICB) 1st July 2022
- Moving to ‘Shadow Form’ from 1st April 2022
- We are working together across CCGs to support transition into the ICB – formal activities that need to take place
- Reviewing the meeting infrastructure to ensure it is fit for the future
- Working on formal governance arrangements to ensure we are safe from Day 1
- Undertaking further engagement with partners recognising the need to do more of this over the coming months ahead

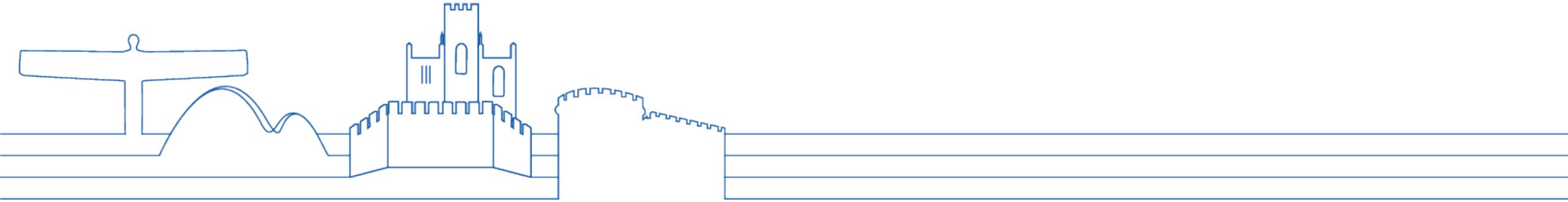
Guiding principles for ICS development agreed by JMEG

NHS North East & North Cumbria

- Secure **effective structures** that ensure accountability, oversight and stewardship of our resources and the delivery of key outcomes
- Create **high quality planning arrangements** to address population health needs, reduce health inequalities, and improve care
- Ensure the **continuity of effective place-based working** between the NHS, local authorities and our partners sensitive to local needs
- **'Stabilise, transition, evolve'** this year ahead of adoption of formal Place Board models by Apr 2023
- **Recognise our ICP sub-geographies** as a key feature of our way of working across multiple places
- Design the right mechanisms to drive developments, innovations and improvements in **geographical areas larger than place-level**
- Highlight areas of policy and practice where **harmonisation of approach** by the NHS adds value
- Maintain high and positive levels of **staff engagement and communication** at a time of major change and upheaval

Operating model development

- People and local communities at the centre of what we do
- National guidance and the JMEG process has shaped a high-level outline of how our ICB will work at system and place level
- Within the next few weeks we will need to finalise a more detailed operating model, including place-based working arrangements
- We need to ensure we get your views and expertise on how this operating model needs to look and this will be shared via local Accountable Officers
- This final model will shape how we deploy our staff, and will lead into a formal HR process



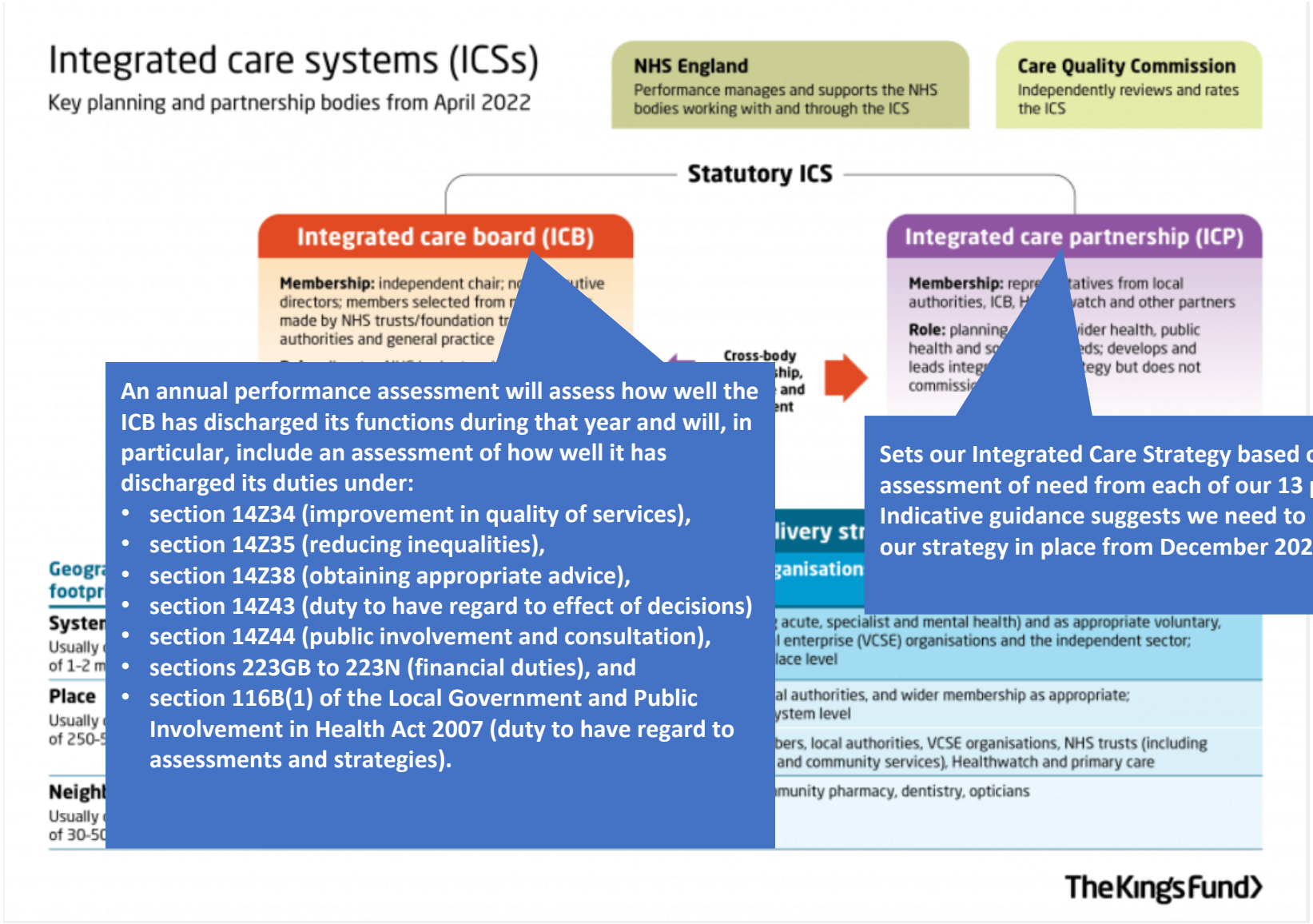
Integration White Paper

NHS
North East &
North Cumbria

- Published 9 February 2022
- Clear focus on ensuring we continue on with plans for implementation
- Also a clear focus on place and local accountability
- Requirement for shared plans and demonstrating delivery with against agreed outcomes
- Pooling of aligned resources and budgets being positioned for 2026
- System to have a minimum level of digital maturity by 2025
- Plans required for workforce integration
- Expected all areas to have agreed plans for place-based working by April 2023

Our objectives

NHS
North East & North Cumbria



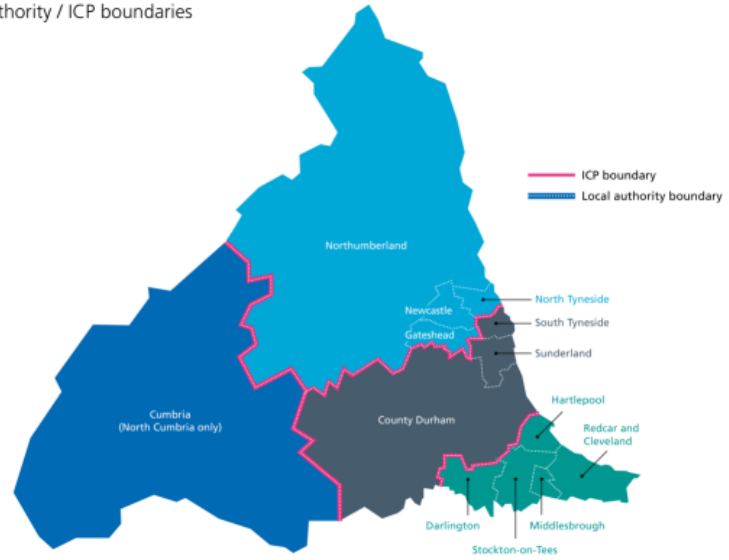
Progress on ICP Establishment

NHS
North East & North Cumbria

North Cumbria ICP

Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 4 District Councils)
North West Ambulance Service

North East and North Cumbria
Local Authority / ICP boundaries



North of Tyne and Gateshead ICP

Population: 1.079M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 22
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000
3 CCGs: South Tyneside, Sunderland, County Durham
Primary Care Networks: 22
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham

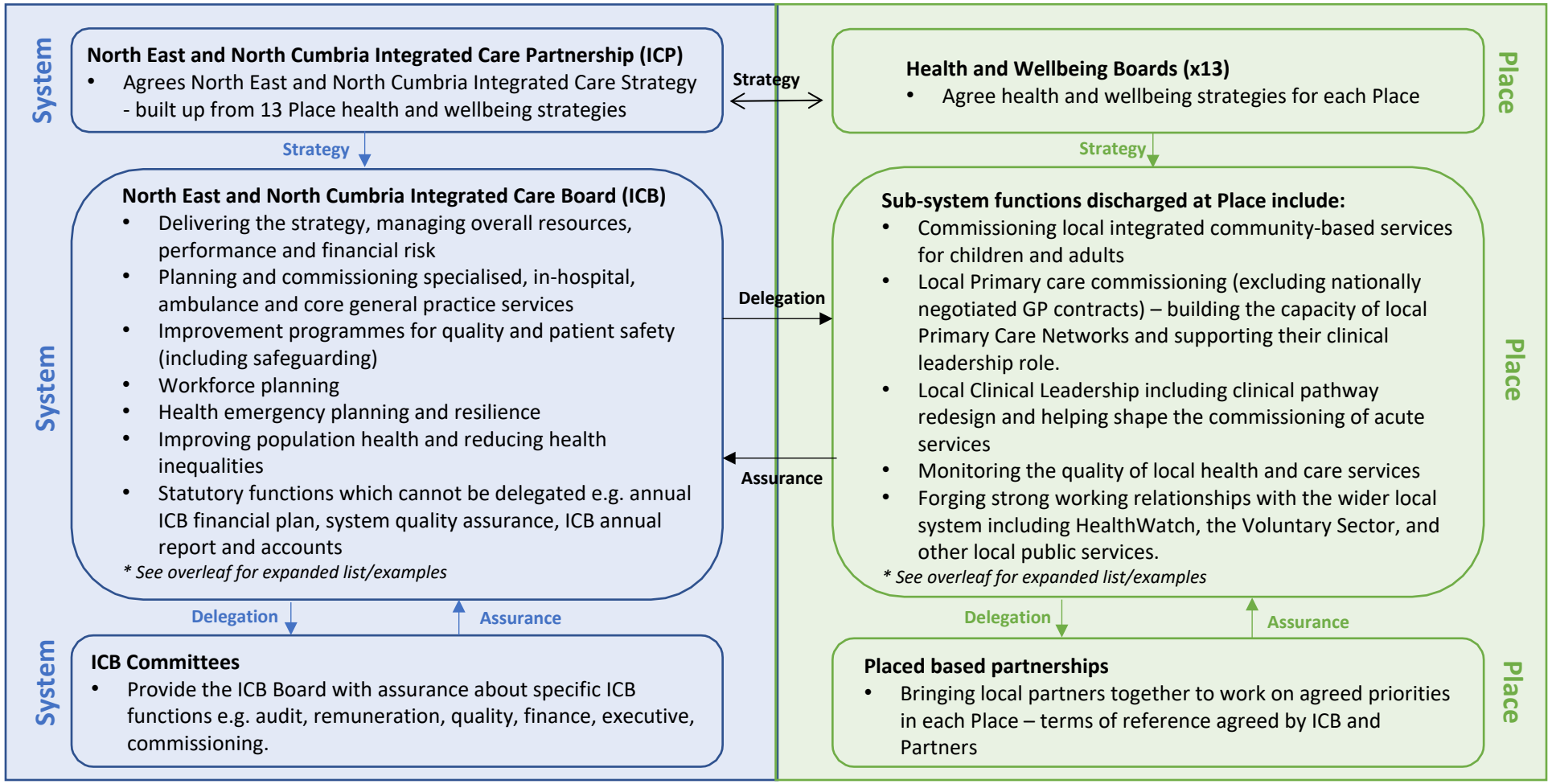
Tees Valley ICP

Population: 701,000
1 CCG: Tees Valley
Primary Care Networks: 14
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

- Agreed with partners that we will have one Strategic ICP supported by 4 ‘Sub-ICPs’
- This recognises long-established sub-regional partnership working between CCGs, Trusts and LAs
- These Sub-ICPs will build a needs assessment from each of their HWBBs, feeding into the Integrated Care Strategy
- The agenda of the Strategic ICP will also reflect the joint work of our ADASS, ADCS and DsPH networks
- We will also work closely with our Combined Authorities to strengthen the NHS’s contribution to regional economic growth
- Exploratory meetings now taking place with LAs, ahead of first formal meeting of the ICP in July

North East and North Cumbria Integrated Care Board - functions and decisions map

NHS North East & North Cumbria



North East and North Cumbria Integrated Care Board - functions and decisions map

NHS North East & North Cumbria

ICB functions discharged at system level

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised, in-hospital, ambulance and core general practice services
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning and futures
- Harnessing innovation
- Building research strategy and fostering a research ecosystem
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Improving population health and reducing health inequalities
- Strategic communications and engagement
- Statutory functions which cannot be delegated e.g. annual ICB financial plan, system quality assurance, ICB annual report and accounts

Sub-system functions discharged at Place*

- Building strong relationships with communities
- Service development and delivery with a focus on neighbourhoods and communities
- Commissioning local integrated community-based services for children and adults (including care homes and domiciliary care).
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – building the capacity of local PCNs and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Monitoring the quality of local health and care services – including support to care homes, e.g. infection prevention and control.
- Forging strong working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.
- Monitor Place based delivery of key enabling strategies.

In addition, there are formal place-based joint working arrangements between the NHS and Local Authorities which will also be part of the ICB delegated functions; they include:

- Participation in Health & Wellbeing Boards to develop Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies
- Joint initiatives to promote health, prevent disease and reduce inequalities
- Joint commissioning and leadership of local services:
  - Continuing Health Care
  - Personal Health Budgets
  - Community mental health, learning disability and autism
  - Children and young people's services (including transitions, Special Educational Needs and Disabilities, Looked After Children)
- Service integration initiatives and jointly funded work, e.g. the BCF & Section 75.
- Fulfilling the NHS's statutory advisory role in adults' & children's safeguarding.
- The provision of updates to local Scrutiny Committees and Lead Members on local health and care services.

** Some of these functions may have a policy or plan developed at a geography above Place for ICB consistency but the function would be delivered and nuanced at Place*

System level working example: Commissioning by the ICB

NHS North East & North Cumbria

Proposals developed by the Commissioning workstream:

- Commissioning is a tool to deliver the ICB's priorities (hence our ICB commissioning sub-cttee)
- ICB commissioning should be simpler than current arrangements
- We should do things once where possible, and avoid duplication
- Our commissioning resources should be used flexibly to support pressure points
- Our clinical networks should support performance and pathway improvement
- We can build on and refine what already works well - e.g. the lead commissioner model
- One contract per provider, with a clear nominated lead
- ICB rules should determine that contracts are handled as close to provider footprints as possible
    - Specialised Services and Ambulance Services at system level
    - Acute and community contracts across relevant places (ICP area level?)
    - BCF and smaller scale VCSE contracts managed at place
- Commissioning, performance and quality management could happen on the same footprints

Key question: Does this mean high value contract negotiation is done locally and at 'area' level – with sign off at the ICB Commissioning Committee?

Place-based working: Expectations in the Integration White Paper

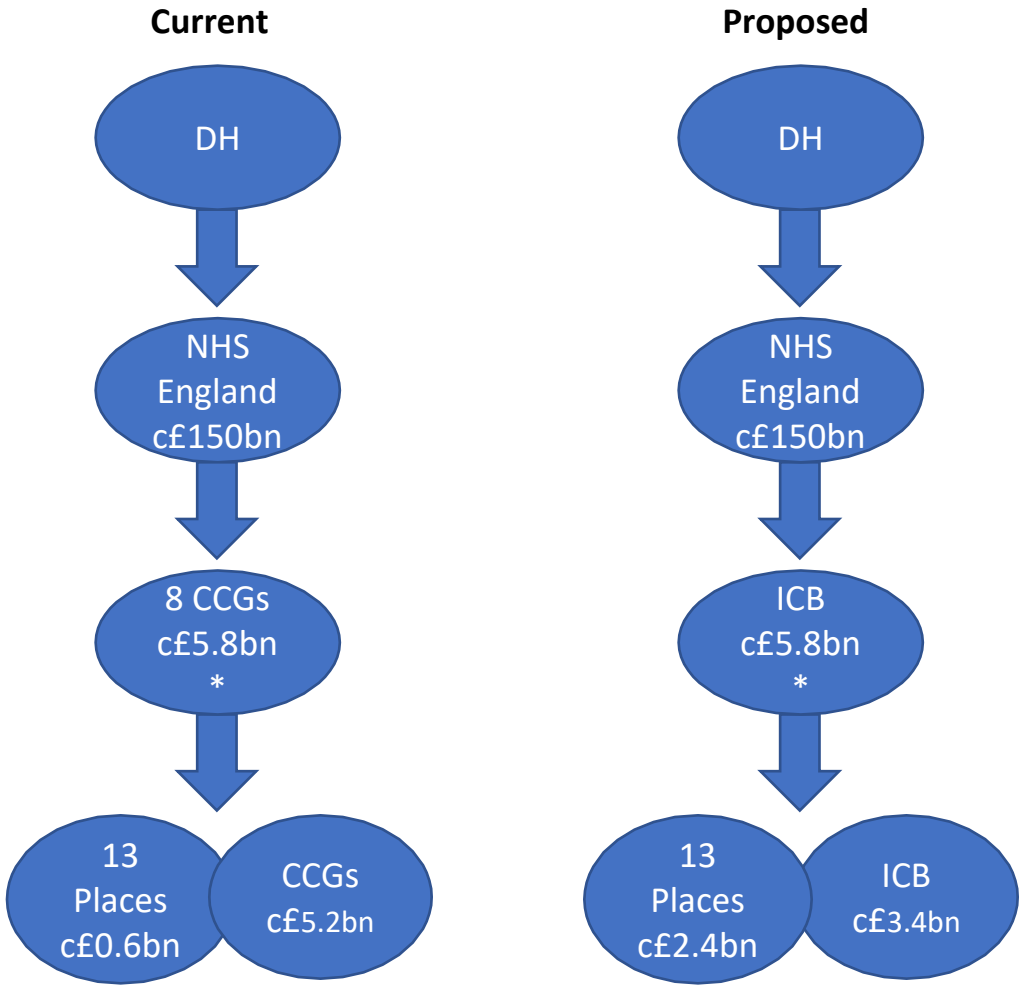
NHS North East & North Cumbria

- While strategic planning happens at ICS level, **places will be the engine for delivery** and reform
- Introducing a **single person accountable for delivery** of a shared plan at a local level – agreed by the relevant local authority and ICB
- Expectations for **place-level governance & accountability** through 'Place Boards' by Spring 2023.
- **Place governance should provide clarity of decision-making**, agreeing shared outcomes, managing risk and resolving disagreements between partners
- **Make use of existing structures** and processes including Health & Wellbeing Boards and the BCF
- All places will need to develop ambitious plans for the scope of services and pooled budgets
- ICS will support **joint health and care workforce planning at place level** to meet the needs of local populations, expanding multidisciplinary teams
- **The CQC will consider outcomes agreed at place level** as part of its assessment of ICSs
- **Place Boards will need** a holistic understanding of their populations and the voices of service users

Financial delegations to place agreed by FLG and JMEG

- The Finance Leadership Group recommended increasing the current allocation of resources overseen at Place
- Currently joint financial arrangements at place tend to focus predominantly on the *Better Care Fund* and those services closely aligned with it – e.g. the joint-funding of care packages, safeguarding, and elements of community and primary care.
- From 1 July 2022, Place-Based Partnerships will be responsible for all long-term care packages, community-based services, local primary care services and VCSE provision.
- Place Based Partnerships will therefore need robust governance to manage a more significant level of resource.

These are indicative allocations at this point



Each of our places has:

A **Health and Wellbeing Board** – a statutory committee of each local authority, responsible for assessing local health and care needs (JSNA) and developing a local strategy (JHWBS)

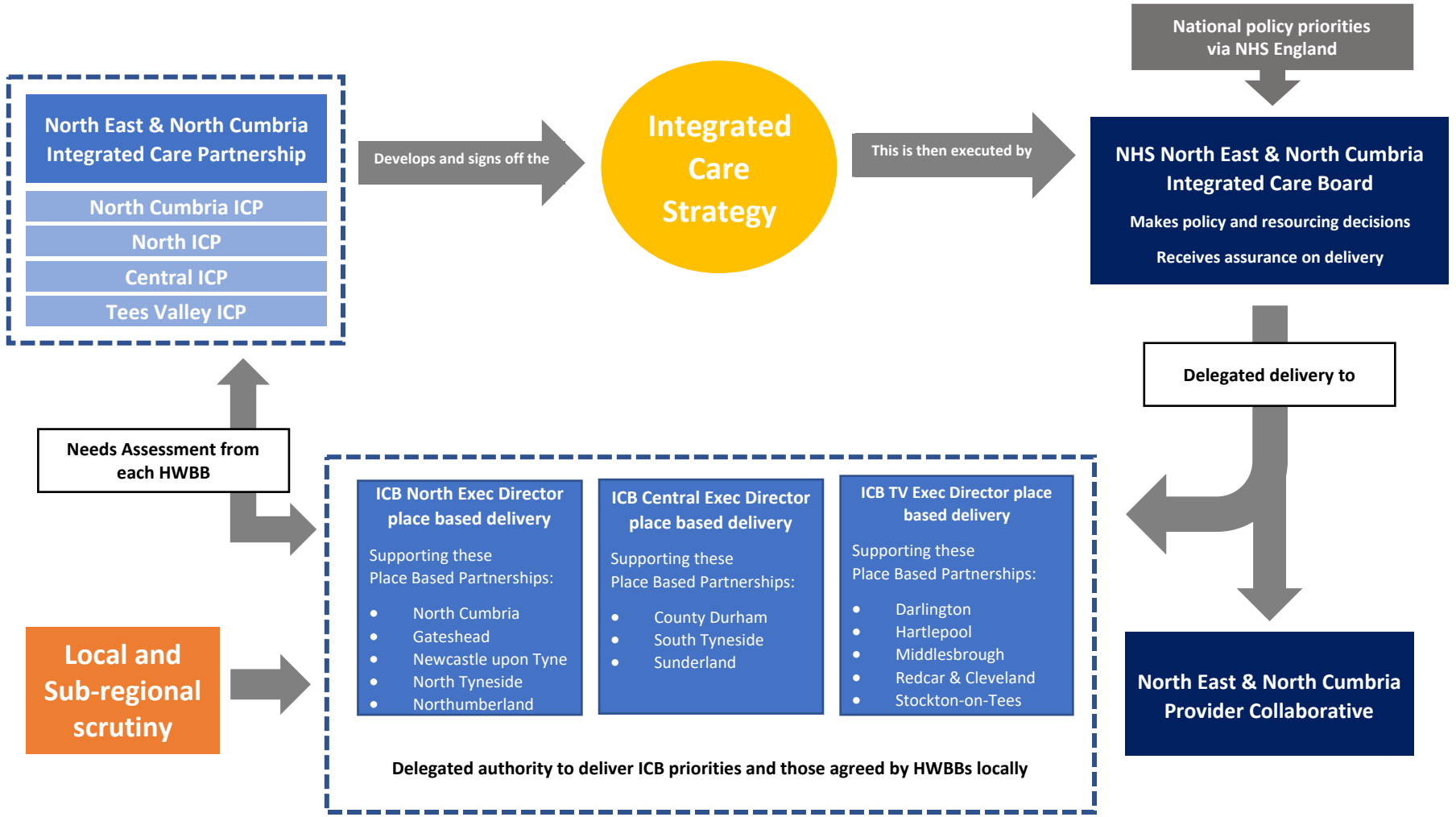
A **non-statutory local partnership forum** of NHS and LA executives –responsible for operationalising the JHWBS, developing local integration initiatives, and overseeing pooled budgets and joint financial decisions (S75, BCF).

Each Place-Based Partnership/Board/Committee will be accountable for the delivery of objectives set out by the ICB. Some of already have the design features and representation to move seamlessly into the new system – but some may need to evolve.

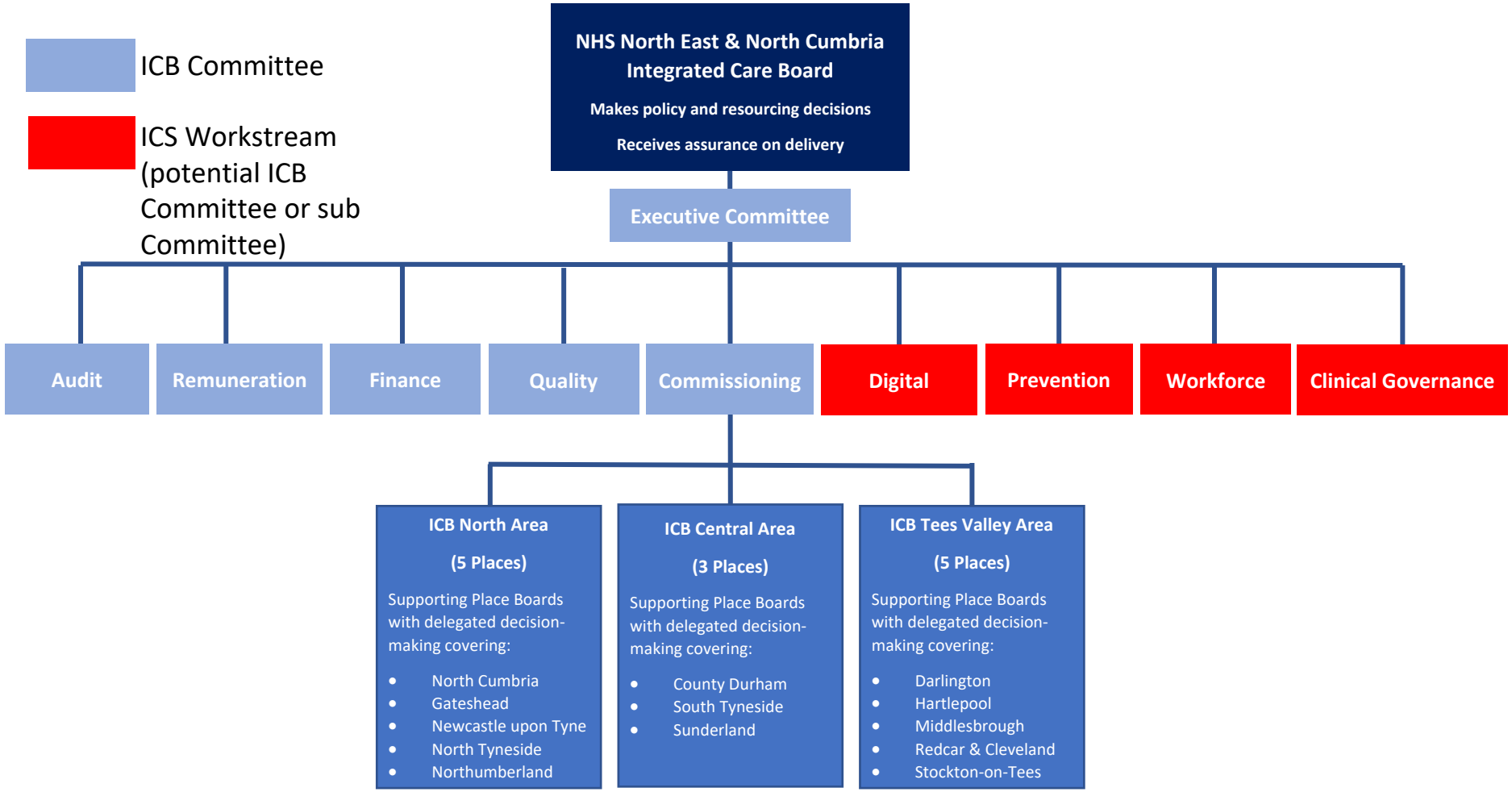
CCG	Local Authority	Partnership Forum
Cumbria	Cumbria County Council	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	Newcastle City Council	Collaborative Newcastle Executive Group
		City Futures Board (formerly Health & Wellbeing)
	Gateshead Council	Gateshead Care (System Board and Delivery Group)
		Gateshead Health and Wellbeing Board
Northumberland	Northumberland County Council	Northumberland System Transformation Board
		BCF Partnership
		Northumberland Health and Wellbeing Board
North Tyneside	North Tyneside Council	North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
		North Tyneside Health and Wellbeing Board
Sunderland	Sunderland City Council	All Together Better Executive Group
		Sunderland Health and Wellbeing Board
South Tyneside	South Tyneside Council	S Tyneside Alliance Commissioning Board & Exec
		South Tyneside Health and Wellbeing Board
Durham	Durham County Council	County Durham Care Partnership
		County Durham Health and Wellbeing Board
Tees Valley	Middlesbrough Council	South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	Adults Joint Commissioning Board
	Hartlepool Council	Hartlepool BCF Pooled Budget Partnership Board
		Hartlepool Health and Wellbeing Board
	Stockton-on-Tees Council	Stockton BCF Pooled Budget Partnership Board
		Stockton-on-Tees Health and Wellbeing Board
	Darlington Council	Darlington Pooled Budget Partnership Board
		Darlington Health and Wellbeing Board

NHS North East & North Cumbria

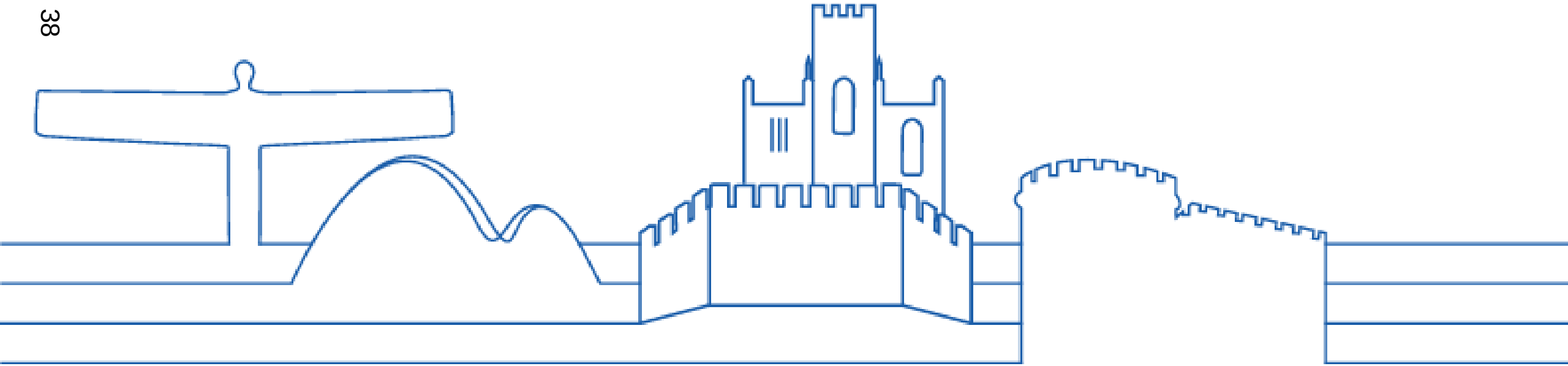
System Flow Chart



Accountability to the ICB



Testing our proposed operating model with our staff and partners



NHS
North East &
North Cumbria

Operating Model - some key questions to consider

- Given the proposed split of system and place-based functions agreed by JMEG, what key functions need to be managed within the ICB's corporate services?
- Based on the proposed functions and their allocation at place and system do you foresee any major safety, reputational or delivery issues
- Do you feel the mapping covers all of the functions you would expect to see in the area you work in and if not what is missing
- Do you think the proposed ICB committee structure is logical, what areas do you feel we may need to consider using sub committees for eg Primary care delegated
- What opportunities are there to further strengthen our place-based working arrangements with our partners? For example, pooling budgets, or joint workforce planning.
- Given the expectation in the Integration White Paper for place-based leadership and governance, what place-based infrastructure would be required to support this and can this only be delivered at place or across places
- How can we build on existing lead commissioning arrangements within our ICS? And could certain commissioning functions be carried out within our ICS sub-regions, and if so what?

Engagement with leadership groups

ICB team to share proposals with:

- Joint CCG Committee (for CCG chairs)
- CCG COOs group
- CCG Executive committees
- ICS Management Group
- ICS Workstreams

CCG Accountable Officers to lead local engagement:

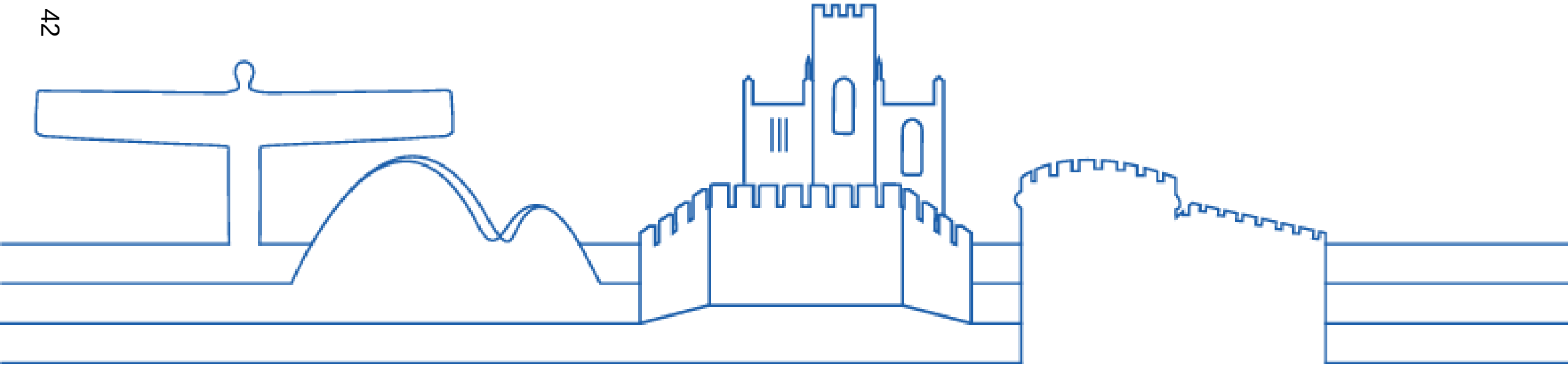
- Foundation Trusts
- Primary Care Networks
- Health and Wellbeing Boards
- VCSE sector

Next steps?

- Engage with our stakeholders on the detail of the proposed operating model in February and March and gather feedback
- Test the proposed model against a range of scenarios
- Review our Scheme of Reservation and Delegation to ensure alignment with operating model
- Review ICB committee roles and structures, and the governance of our ICS workstreams, with our Exec Directors as they are appointed.
- Conclude CCG staff mapping, and consider how our staff are best deployed to support the final agreed model
- Review current NECS SLA, and consider rebalancing how this support is best deployed across our system

Views? Questions?

https://www.surveymonkey.co.uk/r/VJ8SYVL



Winter Planning Update

Darlington HWBB 17th March 2023

NHS
Tees Valley
Clinical Commissioning Group

Overview

To advise stakeholders of:

- 21/22 Winter Planning including Extremis planning
- Additional support to the system
- What worked well
- Challenges and Risks
- Learning for 22/23

Winter Planning including Extremis planning

Ahead of 21/22 Winter each ICP was required to make a Winter Planning submission to NHSE/I by the 6th September 2021.

This required systems to provide assurance on plans against the following key headings:

- Front door plans
- Plans for improving flow
- Plans for improving discharges
- Plans for managing for peaks in demand over weekends and bank holidays
- Ambulance service / 111 provider plans
- Pandemic / Outbreak plans / IPC
- Other areas – other areas including Staffing capacity plans and adverse weather plans

These plans were submitted at ICP level but included assurances at Provider level (CDDFT & DBC).

Winter Planning including Extremis planning

Over the 21/22 winter period and in response to the rising system pressures there was a range of additional national guidance, including (but not limited to):

- H2 Planning Guidance
- UEC 10 point plan
- Ambulance Handover requirements

On the 1st November NEY NHSE/I released NEY Winter Operating Model for 2021/22.

This model outlined:

- NHSE/I Regional Operations Hub (ROH) would be stepped up to 7 day working
- Requirement for Provider level 7-day situational reporting (SitRep)
- Escalation Hierarchy with triggers for escalation including:
    1. Ambulance Handover Delays – any handover delay over 2 hours and/or 5 or more ambulance waiting over 1 hour
    2. Trust escalation to OPEL 4
    3. One or more 12hours DTA (trolley breaches)
    4. The decision to cancel or stand down significant levels of elective activity due to operational pressures

Winter Planning including Extremis planning

In response to the rising system pressures, locally across the South ICP we developed an Extremis plan to enhance our current Winter plans.

This sought to bring together partners from across the ICP to work together and develop plans to enhance our response over the winter period.

An Extremis Winter Summit event took place on November 4th and established a number of actions to take forward.

Four working groups were established to scope each of the 4 extremis themes:

1. Maintaining Elective Programmes
2. Decompression of ED & timely handover of Ambulance patients
3. Discharge and onward referral
4. Maintaining Access to Primary Care

This work was clinically led and developed a range of initiatives to support the system.

Additional support to the system

A number of additional schemes were implemented to support the system over the winter period. These were funded from a range of non-recurring funding sources, including:

- UEC Transformational Funding
- Primary care Winter Access Fund (UTC)
- Acute Capacity Funding
- TIF (Targeted Investment Fund)

Schemes that were funded relevant for Darlington locality were as follows:

- CDDFT - Additional capacity at Darlington UTC
- CDDFT - Emergency Front of House Darlington Memorial Hospital - Rapid assessment and treatment by senior clinician in Ambulance Handover Area
- CDDFT - Emergency Front of House Darlington Memorial Hospital - Home from ED support package
- CDDFT - Emergency Front of House Darlington Memorial Hospital - Avoiding Unnecessary Admissions Overnight
- DBC - Supporting hospital discharge and system flow within adult mental health services

Above only identifies the health funded schemes, system partners have implemented a range of other schemes to support the system.

What worked well

- Improved system relationships developed during Covid that are now embedded in our ways of working. This has allowed us to work at pace like never before.
- The additional monies that have been available across both Health and Social Care have inevitably allowed us to remove some of the barriers.
- Opportunity for us to agree key priorities as a system irrespective of funding positions in the future.
- Collaborative escalation and response processes, daily SURGE calls when required
- Extremis Plan, allowed us to think differently and enhance some areas of 'business as usual'
- Implementation of a Tees Valley wide planning forum enabling the 'joining-up' of opportunities, understanding pressures and responses and better planning how we work together

Challenges and Risks

- The on-going key risk across all system partners is staffing, with workforce being the limiting factor with most issues across Health and Social Care
- Removal/reduction of non-recurring funding across both Health and Social Care – how do we ensure that service and process changes that support improved outcomes for our population are retained when the additional non-recurrent monies end
- Competing priorities – for example from a health perspective Elective Recovery versus Urgent and Emergency Care, we need to balance the priorities and not create or increase inequalities
- Capacity to deliver services and respond to the demand from our population to access services across both Health and Social Care
- Infection Prevention Control; continuing to evolve in response to the pandemic and further variants
- Further variants or waves of Covid and how we respond to these at both local and national levels

Learning for 22/23

- Build upon and enhance improved system relationships
- Build upon Extremis work to produce a SURGE policy for 22/23 winter planning that covers all system partners including health and social care
- Evaluation of all non recurring schemes will be undertaken in April to understand impact and allow quicker process to implement similar schemes in 22/23 if required
- Development of system dashboard - Single Version of the Truth; enabling all system partners to understand the current position and pressures being managed across the Tees Valley
- Review and Enhancement of OPEL reporting across Health providers, aiding system wide understanding of the steps that will be taken and the support available or required to and from other partners including social care
- Implementation of Urgent Community Response enabling more of our population to receive the healthcare they need in their own homes reducing demand on Urgent and Emergency care services

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Darlington PCN Living Well Service

Ethna Parker – Living Well Operations Manager

Chris McEwan – PCN Lay Member

Darlington PCN

- Clinical Director - Dr Amanda Riley
- Covers all 11 GP Practices in Darlington
- Approx., 110,920 patients
- Working very closely with GP Federation - Primary Healthcare Darlington (PHD)
- Coterminous with DBC
- Building on good stakeholder relationships

Population Health

- Clinicians tend to focus on the patient in front of them
- Practices focus on their registered lists and contractual obligations (Quality and Outcomes Framework, etc.,)
- PCN provides an opportunity to approach healthcare from a population/locality level, working with partners to meet identified needs

DARLINGTON PCN PRIMARY CARE NETWORK

Health Inequalities

- We know that certain groups in our locality experience poorer health outcomes for multiple reasons
  - Deprivation and wider determinants of health
  - Difficulty accessing health care
  - Cultural and language barriers
  - Mental health problems
- We need to understand which specific groups face the poorest outcomes in Darlington in order to target services
- PCNs cannot do this alone- needs to be a system approach

DARLINGTON PCN PRIMARY CARE NETWORK

Data and evaluation

- Use data and local knowledge to identify focus of work
- Monitoring and continuous evaluation will be key
- Multiple data sources (e.g., LA, PCN and Trust) will provide more accurate view of what is happening
- Use of PCN data dashboards, e.g., Foundry
- Data needs to be interrogated by the right people to ensure we are asking the right questions
- Data alone won't tell the whole story

DARLINGTON PCN PRIMARY CARE NETWORK

The PCN Plan

- Over £300k PCN investment in service delivery and development, including:
  - Living Well Operations Manager
  - Practice Placement Facilitator for TNAs
  - Premises, desks, chairs, headphones, computers, laptops, mobile phones, training, etc.,
- The PCN has subcontracted the delivery of the Living Well Service to PHD
- Over £1million worth of Additional Roles Reimbursement Scheme (ARRS) staff annually:
  - Health Coaches
  - Social Prescribing Link Workers
  - Trainee Nursing Associates (TNAs)

DARLINGTON PCN PRIMARY CARE NETWORK

The PCN Plan

- Bigger focus on data and evaluation
- More cross organisational working
- Community focus and investment
- Identify ‘Anchor Organisations’ in Darlington and develop close working relationships
- PREMISES – how to do we support the new recruits?
  - hybrid working and hotdesking to ensure new recruits have access to IT facilities, networking, peer support and high-quality supervision

DARLINGTON PCN PRIMARY CARE NETWORK

10 public health priorities identified by Tees Valley CCG

1. Frequent attenders to Primary Care
2. A&E & Non-Elective demand
3. Alcohol
4. Healthy Weight (including physical activity)
5. Drug / substance misuse
6. Mental health
7. Poverty and wider determinants of health
8. Unknown to services / access health systems as emergency / late stage
9. Best start in life (0-2)
10. Older people / Loneliness (linked to falls / A&E admissions)

DARLINGTON PCN PRIMARY CARE NETWORK

Suggested Focus for Darlington

- Area 1 - Not known to Primary Care
- Area 2 - Frequent fliers
- Area 3 – Older people / Loneliness

DARLINGTON PCN PRIMARY CARE NETWORK

Progress so far…

- In development: a PCN Virtual Link Worker Service
- Co-location of a social prescriber at AGE UK
- Provisional agreement that the PCN will part-fund Age UK to develop and provide a befriending service for Darlington residents aged 50+
- Motivational interviewing/coaching education for existing PCN staff and ARRS workers
- Adverts out for:
  - Trainee Nursing Associates (TNAs)
  - Practice Placement Facilitator for TNAs
- Recruited:
  - Operational Manager
  - Social prescribers (9 = 6.2 WTE)

DARLINGTON PCN PRIMARY CARE NETWORK

Progress so far…

- Agreement to create a social prescribing drop-in service at the Dementia Café in Cockerton
- Agreement to create bookable social prescribing sessions and drop-ins at AGE UK
- Working with the Enhanced Care in Care Homes service to offer a bespoke social prescribing service to residents discharged from respite care
- Social prescribing drop-in sessions planned at Food Banks across the town
- Looking to work with St Teresa's Hospice to create bookable sessions and/or drop-in sessions with social prescriber and/or health coaches
- Bespoke referral pathways for GP Practices, Adult Social Care, MSK, CDDFT, cancer services, self-referrals and more
- THIS IS JUST THE BEGINNING!

DARLINGTON PCN PRIMARY CARE NETWORK

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UK Health Security Agency

UKHSA Update, HWB, Darlington Borough Council

Thursday 17th March, 3pm

Claire Stoker
Senior Health Protection Nurse

Outline

- Organisational change
- The HPT functions
- Infectious diseases over the last 2 years
- Infectious diseases showing a post pandemic resurgence
- The future

Our history

2003 2013 2021

PHE now UK Health Security Agency

- Responsible since April 2021 for UK wide PHP and infectious disease capability, replacing PHE. UKHSA became fully operational 1st October 2021

- The UK Health Security Agency (UKHSA) is responsible for protecting every member of every community from the impact of **infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats**. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure

- UKHSA is an executive agency, sponsored by the Department of Health and Social Care

NE Health Protection Team

- UKHSA:
  - Health Protection Team
  - NHS Test and Trace
  - Joint Biosecurity Centre

- PHE's Health Protection Teams simply moved over to UKHSA
- Still have the same function, purpose and capability

What we do: Health Protection

- We **protect** the health of the **population** from **infectious diseases**.
- We **prevent harm** when hazards involving **chemicals, poisons or radiation** occur.
- We **prepare for new and emerging threats** such as bio-terrorism and virulent new strains of disease.

NE Health Protection Team

- Health Protection Operations
  - Pan Regional Directorate
    - NE Health Protection Team

0300 303 8596

- Single team for the region based in Newcastle
- Provides 24/7 response to communicable disease incidents and other threats
- Consultants, nurses registrars and practitioners and specialists in the team

  Specialist services supporting the team:
  - Epidemiology team
  - Chemical Hazards and Radiation team
  - Communications

HPT – Reactive work

- Provide public health advice to responders, organisations and the public in relation to:
  - Water contamination incidents
  - Incidents involving chemical, biological and radioactive materials
  - Air quality including incidents involving fires
- Provision of the Science and Technical Advice Cell
- **Management of cases, clusters and outbreaks of infectious diseases**

1. Acute encephalitis
2. Acute infectious hepatitis
3. Acute meningitis
4. Acute poliomyelitis
5. Anthrax
6. Botulism
7. Brucellosis
8. Cholera
9. Diphtheria
10. Enteric fever
11. Food poisoning
12. Haemolytic uraemic syndrome
13. Infectious bloody diarrhoea
14. Invasive Group A Strep
15. Legionnaires' disease
16. Leprosy
17. Malaria
18. Measles
19. Meningococcal septicaemia
20. Mumps
21. Plague
22. Rabies
23. Rubella
24. SARS
25. Scarlet fever
26. Smallpox
27. Tetanus
28. Tuberculosis
29. Typhus
30. Viral Haemorrhagic Fever
31. Whooping cough
32. Yellow fever

+COVID

Work over the last year

- The HPT have and continue to support a number of Darlington care homes with COVID outbreaks
- In 2021 there were 36 outbreaks of Covid-19 in care homes in Darlington and there have been15 so far in 2022
- Work in relation to other notifiable infections has reduced
- Notably for gastro-intestinal and vaccine preventable infections, in 2021:
  - 5 GI care home outbreaks
  - 7 cryptosporidium, 117 campylobacter and 1 shigella case
  - 4 cases of whooping cough
  - 9 cases of mumps and;
  - 10 cases of meningococcal infection

Resurgence of infectious disease post COVID

- Enquiries and outbreaks of scarlet fever creeping up to pre-pandemic levels
- Scarlet fever is a common childhood infection caused by Streptococcus pyogenes, or group A streptococcus (GAS) causing sore throat, headache, fever, nausea and vomiting in most.
- Patients can develop complications such as an ear infection, throat abscess, pneumonia, sinusitis or meningitis in the early stages and acute glomerulonephritis and acute rheumatic fever at a later stage
- Letters have gone out to GP practices in the area to support case finding, prompt treatment and identification of clusters

Post pandemic plans

- Planning to return to business as usual
- Agreeing ways of working with external stakeholders post covid
- Ongoing training a newly expanded HP team
- Horizon scanning – imported infectious diseases and a rise in potential in infectious diseases from poor vaccine uptake
- Living with covid and planning for GI infections over the summer and winter preparedness including the weather (!), flu, norovirus and covid

HEALTH AND WELL BEING BOARD
17 MARCH 2022

PHARMACEUTICAL NEEDS ASSESSMENT REVIEW

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 contusive 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 that 30th 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)

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

PNA TIMELINE		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 questionaire about pharmacy services		■	■							
Send out public questionaire 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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