



**DARLINGTON**

Borough Council

# Health and Wellbeing Board Agenda

3.00 pm

Thursday, 18 September 2025

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 consider the proposed dates and times of meetings of this Committee for the Municipal Year 2025/26 –
  - 4 December 2025, 3.00 p.m.
  - 19 March 2026, 3.00 p.m.
4. To hear relevant representation (from Members and the General Public) on items on this Health and Wellbeing Board Agenda.
5. To approve the Minutes of the Meeting of this Board held on 19 June 2025 (Pages 5 - 8)
6. Annual Review of the Joint Local Health and Wellbeing Strategy –  
Report of the Director of Public Health  
(Pages 9 - 26)
7. Fit for the Future - The 10 Year Health Plan for England –  
Presentation by Director of Place - North East and North Cumbria Integrated Care Board

(Pages 27 - 34)

8. Darlington Pharmacy Needs Assessment Consultation Report and Final Approval –  
Report of the Director of Public Health  
(Pages 35 - 136)
9. Darlington Better Care Fund 2024/25 End of Year Programme Report –  
Report of the Assistant Director Commissioning, Performance and Transformation  
(Pages 137 - 150)
10. Health and Wellbeing Board Forward Plan –  
Report of the Assistant Director Law and Governance  
(Pages 151 - 154)
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.



**Amy Wennington**  
**Assistant Director Law and Governance**

**Wednesday, 10 September 2025**

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

**Membership**

Councillor Harker, Leader of the Council, Leader of the Council  
Councillor Mammolotti  
Councillor Roche, Cabinet Member for Health and Housing  
Councillor Mrs Scott  
Councillor Tostevin  
James Stroyan, Executive Director People  
Lorraine Hughes, Director of Public Health  
Michelle Thompson, Chief Executive Officer, Healthwatch Darlington  
Martin Short, Director of Place - North East and North Cumbria Integrated Care Board  
Alison Smith, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust  
Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust

Jackie Andrews, Medical Director, Harrogate and District NHS Foundation Trust  
Joanne Dobson, NHSE/I Locality Director for North East and North Cumbria, NHS England, Area Team  
Alison MacNaughton-Jones, Joint Clinical Director, Darlington Primary Care Network  
Andrea Petty, Chief of Staff, Durham Police and Crime Commissioner's Office  
Ptolemy Neoptolemos, Head of Department (Nursing and Midwifery), Teesside University  
Sam Hirst, Primary Schools Representative  
Vacancy, Secondary School Representative  
Carole Todd, Darlington Post Sixteen Representative  
Deborah Robinson, St Teresa's Hospice

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, Resources and Governance, 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, 19 June 2025

**PRESENT** – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Mammolotti, Lorraine Hughes (Director of Public Health), Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Tostevin, Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Joanne Dobson (NHSE/I Locality Director for North East and North Cumbria) (NHS England, Area Team), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University), Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office), Michael Conway (Mayoral and Democratic Officer), Katie McLeod (Deputy Director of Delivery) (NHS Darlington Clinical Commissioning Group), Deborah Robinson (St Teresa's Hospice) and Jenny Steel (County Durham and Darlington NHS Foundation Trust)

**ALSO IN ATTENDANCE** – Councillors Curry (Cabinet Member for Adults) and Holroyd

**APOLOGIES** – Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative) and Councillor Mrs Scott

### **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 WELL BEING 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 13 MARCH 2025**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 13 March 2025.

**RESOLVED** – That the minutes are approved as a correct record

### **HWBB4 PREGNANCY AND EARLY YEARS - HEALTH AND WELLBEING STRATEGY DEEP DIVE**

The Portfolio Holder for Children and Young People introduced Board members to the report which aims to facilitate meaningful discussion regarding Pregnancy and Early Years priorities as identified in the Joint Local Health and Wellbeing Strategy.

The report is intended to support a deep dive review into the thematic priority of pregnancy and early years, with a focus on:

- a) Agreed priorities

- b) Related performance indicators
- c) Health inequalities
- d) Stakeholder engagement
- e) Key actions taken and / or planned
- f) Issues of concern or risk
- g) Ask(s) of Health and Wellbeing Board partners

Officers highlighted the ambitions of report and gives thanks to those who were involved in its production. Data on smoking in early pregnancy was presented to Board members with Darlington tending more positively than other North East regions but similar to national averages.

Board members were provided with a presentation covering the various areas of the deep dive, which included:

- The reasons why smoking during pregnancy is an important public health issue, such as lower birth weights and miscarriages and sudden infant death being 3 times more likely to occur.
- The drivers and results so far, including 727 fewer antenatal complications, 154 fewer missed appointments and 109 fewer non-scheduled overnight stays in hospitals.
- The actions of CDDFT to reduce smoking in pregnancy
- The focusses of the 0-19 service
- Delivery rates at Darlington Memorial Hospital by ward – showing a synergy with the deprivation map
- Age group analysis and variations
- Inequalities
- Tobacco dependency treatment service referrals
- Opportunities available, including closer working with partner organisations and stop smoking support before pregnancy

Discussions took place including the Chair highlighting that pinpointing inequalities remains the first step in an effective strategy and praising officers on the work conducted and data gathered thus far.

Further discussions included how to progress from this point – with officers informing Board members that they are currently utilising data to share across the trust and working sexual health teams. In terms of using data effectively, targeting specific patient groups is taking place, such as diabetic women. “Listening events” focussed on areas with highest tobacco dependency will now take place in Darlington

A Board member informed those present that the “Bump, Baby and Beyond” scheme is present and would be willing to collaborate.

Questions were raised with a member stating that 10% smoking while pregnant is still too high and asking what approaches are being taken in clinics with the response that huge variations can be present as smoking is an addiction not simply a change of lifestyle alongside many pregnancies being unplanned. Smoking wasn’t managed as a clinical pathway in the past (like e.g. diabetes). Incentive Schemes are now established and numbers are shown to be reducing. Although officers agree that 10% of pregnant women being smokers is still too high, they are confident it can be reduced.

It was asked as to whether data on the impact of vaping is available with the response that vaping is promoted to smokers and that data is being collected on those who have only ever vaped (without smoking) but is hard to track due to the nature of patient record collation.

A Board member asked as to whether smoking data is tracked following the birth date to determine what percentage of women return to smoking for example. Officers responded that initiatives are in place to try and prevent women from returning to smoking, including gathering data on household members with incentive schemes which also cover partners with everyone in the home being offered CO monitoring. The overall goal is for women to be non-smokers at the start of their next pregnancy should this occur.

It was asked whether alcohol and drugs are also a focus and it was confirmed that a multi-agency approach is present to ensure this. In addition, a Chair for the Tobacco Alliance is currently being recruited with the establishment of the group.

**AGREED** – Board members noted the content of the update, and the work carried out in the production of the deep dive, offering praise to those involved for the quality of the work produced. Member organisations agree to consider actions that could be taken to better support health during pregnancy and identify opportunities to develop partnership work.

#### **HWBB5 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024-2025 ACROSS THE LIFE COURSE: THE HEALTH OF DARLINGTON**

The Director of Public Health presented this annual report on the health and wellbeing of Darlington. This year's report provides a snapshot of health across the life course, describing some of the key health issues for Darlington and acknowledging the good work happening across the Borough. The report is based on the framework used within the Joint Strategic Needs Assessment, highlighting health and wellbeing needs across the life course of Starting Well, Living Well and Ageing Well. The report provides a snapshot of key data across the life course and thematic recommendations.

The report covers the areas of:

1. Starting Well, considering the importance of a good start in life
2. Living Well, considering the importance of staying healthy in adulthood
3. Ageing Well, considering the importance of staying healthy as we age

Discussions were held in which members were encouraged to work jointly with the Director of Public Health should there be any areas for which they believe their expertise could be of use.

Questions were asked which included a member querying that 25% of 5 year olds suffer from tooth decay and stating that no more fast-food outlets should be opened in the town. Officers responded that schemes are in operation to combat this including the ICB's Oral Health Strategy, supervised tooth-brushing schemes and Council-led oral health strategies which intend to target the most deprived wards.

It was questioned as to why only 1% of GP patients are listed as suffering from dementia with the response that only those with a full diagnosis are included and this is similar to the national average.

The Chair commended the Director of Public Health for the quality of the report and the depth and breadth of knowledge displayed in all areas covered.

**AGREED** – The Board members approve the report and the areas covered. Member organisations will identify any areas for which they can be of assistance in delivery of the recommendations and contact the Director of Public Health for such cases.

#### **HWBB6 POLICE CRIME AND JUSTICE PLAN 2025-2029**

Board members welcomed the OPCC Chief of Staff who presented the Police Crime and Justice Plan 2025-29. A summary of the role of the Police Crime Commissioner was provided along with how the plan can be linked into the goals of the Health and Wellbeing Board and Council Plan, namely “Best Start in Life”, “Staying Healthy” and “Healthy Places.

The goals of the plan were highlighted which included targeting the numbers of drink drivers, the recruitment of additional PCSOs, the desire to provide young people with opportunities to thrive, targeting those who look to exploit the vulnerabilities of others, the production of the Youth Police and Crime Plan and working towards creating healthier work environments where possible.

A Board member expressed their gratitude for the plan targeting the use of off-road motorcycles.

**AGREED** – The Board approved the plan and expressed approval towards the areas of focus highlighted.

#### **HWBB7 DARLINGTON HEALTH AND WELLBEING BOARD FORWARD PLAN**

The Chair proposed that the next meeting of this Board will include the items:

1. The Better Care Fund
2. 10 Year Plan
3. First Annual Review of the Health and Wellbeing Board Strategy.

It was also proposed that the December 2025 meeting of this Board will include:

1. Deep Dive on Mental Health

**AGREED** – Board members agreed the proposed agenda items for upcoming meetings.

## HEALTH AND WELLBEING BOARD 18 SEPTEMBER 2025

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### Annual Review of the Joint Local Health and Wellbeing Strategy

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#### SUMMARY REPORT

##### Purpose of the Report

1. The report provides a high level overview of progress against the agreed priorities and actions set out within the Joint Local Health and Wellbeing Strategy (JLHWS), which was published in December 2024.
2. The report provides detail for each of the four themes of the JLHWS, alongside a summary data report and a more detailed interactive performance dashboard. The performance dashboard will continue to be developed, as more localised data becomes available.

##### Summary

3. The report details a number of areas where good progress has been made, with evidence of an improvement in health outcomes. There are also examples of outcomes worsening overall and inequalities within Darlington widening.
4. A number of programmes and actions are underway, or in development, with a focus on reducing inequalities within Darlington and improving outcomes at a population level. The detail provided in the report demonstrates the breadth of work taking place, and some of the exciting plans being brought forward to address local need.
5. The JLHWS is a partnership strategy, and as such all partners represented have an important role to play in ensuring action against the agreed priorities.
6. This is the first Annual Review of the JLHWS and the first opportunity to present the performance dashboard. In addition to the Annual Review, two deep dive thematic reviews will be undertaken each municipal year.

##### Recommendation

7. It is recommended that:-
  - a) The Health and Wellbeing Board note the content of the Annual Review of the JLHWS as an opportunity to understand progress made against agreed actions, and the challenges which persist for improving health and wellbeing outcomes in Darlington.
  - b) All organisations consider opportunities in their work to support the health and wellbeing of local and residents and reduce health inequalities.

- c) The Health and Wellbeing Board receive the performance dashboard, which has been developed as a tool to see trends and variation in key performance indicators.

### Reasons

8. The recommendations are supported by the following reasons :-
- a) It is a statutory duty of the Health and Wellbeing Board to have a Joint Local Health and Wellbeing Strategy. The report provides a mechanism to understand progress made against agreed priorities and actions.

**Lorraine Hughes**  
**Director of Public Health**

### Background Papers

[Joint Local Health and Wellbeing Strategy 2025-2029](#)

[Health and Wellbeing Strategy Data Overview](#)

[Darlington Health and Wellbeing Board Performance Dashboard](#)

Lorraine Hughes extension 6203

Council Plan	The report describes progress against a number of areas within the Council Plan.
Addressing inequalities	The report considers inequalities at a population level and identifies actions to reduce inequalities.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	The report supports the identification of health and wellbeing priorities, which will support the efficient and effective use of resources.
Health and Wellbeing	The report set outs progress being made across a number of health and wellbeing priorities.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	The report focuses on the population of Darlington.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

## MAIN REPORT

### Best Start in Life (Children and Young People)

#### Performance Summary

9. In Darlington, the proportion of mothers smoking at the time of delivery is 10.6%. This is statistically significantly worse than England (7.4%) but similar to the North East (10.2%), (2023/24). Over the last five years, the percentage of babies born to mothers who smoke has reduced by 5.8 percentage points, representing a 34.2% decrease in the number of babies born to mothers who smoke. The gap between Darlington and England has narrowed over this time period. Initial data for 2024/25 indicates a continued downward trend in the proportion of mothers smoking at the time of delivery, which is encouraging.
10. The proportion of breastfeeding prevalence at 6 to 8 weeks was 40.6% in Darlington, in 2023/24. This is statistically significantly worse than England (52.7%), yet similar to the North East (38.5%). However, breastfeeding prevalence at 6 to 8 weeks has increased in Darlington by 26.2% since 2019/20.
11. In 2023/24 65.7% of children achieved a good level of development at the end of Reception. This is a percentage increase of 4.5% from 2022/23, in terms of the number of children achieving a good level of development. Darlington is statistically significantly similar to England (67.7%) and the North East (66.8%).
12. The proportion of children achieving the expected level in the phonics screening check in year 1 has remained fairly static over the last three years for Darlington, and was 77.7% in 2023/24. For the first time, this is statistically significantly worse than England (80.2%), but similar to the North East (79.2%).
13. Darlington is ranked 1 out of 153 local authorities in England for its rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years), at 252.2 per 10,000. This is statistically significantly worse than England (93.2 per 10,000) and the North East (140.7 per 10,000), in 2023/24. This rate has been increasing since 2021/22, which differs from the declining trend seen in England and the North East. This trend continues for children aged 0-14 years, with a rate of 149.0 per 10,000 population in Darlington in 2023/24, compared to 109.8 in the North East and 72.7 in England. The rate in Darlington is ranked 1 out of 153 local authorities in England.
14. 1 in 4 five-year-olds in Darlington have experience of visually obvious dental decay, in 2023/24. This proportion (25.3%) is similar to England (22.4%), and the North East (22.6%).

#### Local Action and Context

##### Smoking

15. The continued reduction in the proportion of mothers smoking at the time of delivery is due to co-ordinated efforts across the NHS and local authority to reduce smoking rates

among young people and adults, and address tobacco dependency as a strategic priority, including smoking during pregnancy.

16. Women who are identified as smokers during their pregnancy are given clear information about the risks to themselves and their unborn baby by their midwife at booking appointments and are referred to support to help them quit. Some of the initiatives driving this progress have included:
  - a) high quality training for frontline staff;
  - b) referral to stop smoking support and carbon monoxide (CO) monitoring by midwives (as an opt out approach, rather than an opt in approach).
  - c) provision of approved quitting aids to stay off lethal tobacco, including NRT and vapes, an approach [supported by the Royal College of Midwives](#).
  - d) investment in a smoke-free pregnancy incentive scheme, across NENC ICB.
17. Locally work has taken place across County Durham and Darlington NHS Foundation Trust (CDDFT) midwifery teams to ensure smoking status is accurately recorded, so that all pregnant smokers are referred into the Tobacco Dependency in Pregnancy (TDiP) Pathway.
18. Health Visitors in Darlington also offer stop smoking advice/education at antenatal contacts. CO monitoring is led by the midwifery service in the antenatal period, but is also now being offered by the Health Visitor during all mandated contacts, with a good take up to date.

#### Accident Prevention

19. Accidents are a leading cause of death and serious injury for children and young people, and in response to the high rates of hospital admissions amongst children in Darlington for unintentional and deliberate injuries audit work has been carried out (presented at the June 25 meeting of the Health and Wellbeing Board) to understand the data and pathways of care in more detail. Work is also underway to develop a multiagency accident prevention action plan, informed by the audit work and the evidence base for preventing accidents.
20. Some of the work taking place or under development is summarised below:
  - a) stakeholder engagement through the Injury Prevention Group, which covers Darlington and Durham, with partner organisations working together to agree accident prevention priorities, identify the evidence base for interventions and agree a joint approach to reducing unintentional injuries. This joint approach has been adopted in recognition of shared priorities and common stakeholders, including CDDFT and Harrogate and District NHS Trust, which provides the 0-19 public health services in both areas;
  - b) sharing of local comms and awareness information, to ensure consistent messages are provided;
  - c) development of a joint communication toolkit across Darlington Borough Council, Durham County Council and CDDFT, including a video resource;
  - d) provision of a bespoke training offer for reducing unintentional injuries, delivered by the Child Accident Prevention Trust (CAPT);
  - e) updating the relevant section of the Joint Strategic Needs Assessment (JSNA), to include all relevant fingertips and local audit data;

- f) plans to access the Hospital Episode System (HES) data, to inform an intelligence led approach going forward.

### School Readiness

- 21. School readiness remains a strategic priority in Darlington, where persistent inequalities and developmental gaps continue to affect early years' outcomes.
- 22. Recent data from the Early Years Foundation Stage (EYFS) assessments reveal that children in Darlington are falling behind national averages in key developmental areas. According to the latest data, only 68.5% of children in Darlington are achieving expected literacy levels by age five, and 73.8% are meeting expected standards in mathematics; both are below national averages. These figures highlight the need for targeted support, particularly in areas of deprivation, with a focus on those children eligible for free school meals, and among inclusion health groups such as the Gypsy, Roma and Traveller community.
- 23. In addition to school readiness being an area of focus in the JLHWS the Council has embedded school readiness within its broader ambitions for children and young people, as outlined in the Council Plan 2024–2027. Efforts to reduce child poverty, improve maternal and child health and enhancing access to high-quality early years education will play an important role in improving levels of school readiness.
- 24. A multi-agency steering group, led by Darlington Borough Council and supported by NHS trusts, education providers, and parent/carer representatives, is driving a whole-systems approach to school readiness, with all stakeholders working collaboratively to improve outcomes for children and families. Local data is being used to ensure a focus on quality improvement, to help identify areas of greatest need and support the delivery of tailored, responsive interventions for children and families. Implementation of the Darlington SEND Strategy will further compliment this work, by ensuring a focus on inclusive educational provision for children with additional needs.
- 25. The recently published National Best Start in Life Strategy has also emphasised the importance of improving child development, with national and local targets being proposed for the proportion of children achieving a Good Level of Development at the end of the 2027/28 academic year. The expansion of Best Start Family Hubs to all local authorities, including Darlington, will further contribute to these ambitions.

### Oral Health

- 26. Work is underway to develop a new Oral Health Promotion Strategy for Darlington (across the life course), led by public health, which will include a key focus on improving the oral health of children.
- 27. A supervised toothbrushing scheme is offered across Darlington, supported by the Oral Health Promotion Team employed by CDDFT. Public health has been working closely with nurseries and schools to expand coverage, and at the beginning of July 9 nurseries were offering the programme and 18 out of 28 (64%) primary schools. Efforts will continue to expand coverage further, with additional national funding available to support the continued roll out in early years settings and primary schools.

28. Free toothbrushing resource packs are also being provided through the health visiting service, to embed good toothbrushing habits at an early age, alongside a small supply of baby drinking cups to encourage parents to swap infants from a bottle to a cup at an appropriate age.
29. The government has also confirmed that, following public consultation in 2024, community water fluoridation will be expanded across the North East of England.

## **Staying Healthy: Living Well**

### **Performance Summary**

30. In 2023, the proportion of adults smoking was the lowest it has ever been in Darlington at 7.9%, which represents 1 in 13 adults. Darlington is statistically significantly better than England (11.6%) and the North East (11%) and has the second-lowest proportion of adult smokers in the North East, after Stockton-on-Tees.
31. Darlington is ranked 1 out of 153 local authorities in England for its suicide rate, which is 19.6 per 100,000 population, 2021-23. This is statistically significantly worse than England (10.7 per 100,000) and the North East (13.8 per 100,000). The rate for England is increasing slowly, whereas in Darlington we have seen a large increase since 2017-19. The number of suicides has increased by 47.4% during this period.
32. The proportion of successful completion of drug treatment, for opiate users, was 7.6% in Darlington in 2023, ranking Darlington the highest in the North East. This trend is increasing over time, overtaking the England average (5.1%) and the North East (4.1%).
33. The proportion of successful completion of drug treatment, for non-opiate users, was 21.8% in Darlington in 2023. This proportion is statistically significantly worse than England (29.5%), but similar to the North East (26.4%).
34. The proportion of successful completion of alcohol treatment in 2023 was 28.1% in Darlington. This is statistically significantly worse than England (34.2%), but similar to the North East (30%). Similar to the non-opiate drug treatment completion, the trend displays year-on-year variability.

### **Local Action and Context**

#### Smoking

35. The Tobacco and Vapes Bill is currently at committee stage in the House of Lords. If passed the Bill will:
  - a) make it illegal to sell tobacco products to children born on or after 1 January 2009, to prevent the next generation from becoming addicted to tobacco;
  - b) give the government powers to stop vapes and other consumer nicotine products (such as nicotine pouches) from being deliberately branded and advertised to appeal to children;
  - c) include an option to give the government powers to extend the ban on smoking in public places to some outdoor spaces and introduce vape-free areas.

36. In April 2025 the All Party Parliamentary Group on Smoking and Health published [‘A roadmap to a smokefree country’](#), setting out the urgent actions needed to end smoking in a generation and calls on all political parties to support a bold, fully funded tobacco control strategy.
37. The council commissions CDDFT to provide a Stop Smoking Hub, which offers specialist behavioural support to people who want to quit smoking. This was a small service with 1.5 WTE smoking advisor capacity, but through the additional Local Stop Smoking Services and Support Grant funding provided since 2024/25 the public health team agreed to increase staff capacity to 3 WTE.
38. The additional capacity means that the Stop Smoking Hub now offers telephone and face-to-face appointments Monday to Friday, between the hours of 9.30am and 5pm, with a later clinic also offered until 7pm on a Monday evening. The service operates from Darlington Memorial Hospital and a number of community venues across the Borough; Citizens Advice Bureau, PHD, Cockerton Pharmacy and Eastbourne Sport Complex.
39. Plans are underway to also offer a drop in at the food bank at The Edge Centre and offer in-reach to A&E, paediatrics and the eye clinic. Furthermore, outreach support into primary care practices is also in the process of being established; this will provide support to individual practices on a monthly rotation, subject to capacity.
40. During 2024/25 314 people set a quit date through the Stop Smoking Hub, and 218 people successfully quit at four weeks. This represents a quit rate of 69.4%, which is amongst the highest in the region. The number of people using the service to make a quit attempt has increased compared to the previous year, as in 2023/24 162 people set a quit date and 134 successfully quit; in 2024/25 351 people set a quit date and 229 successfully quit. Demand is continuing into this year.
41. The ‘swap to stop’ scheme is also offered in Darlington, providing an opportunity for people to swap their cigarettes for a vape. A number of ‘swap to stop’ events have been delivered over the last year, at Darlington Memorial Hospital, the town centre and at businesses such as Amazon, Aldi distribution centre and EE.
42. The service also had a presence at Darlington College Fresher event and the school nursing team offer CO readings at their secondary school drop ins, and can make direct referrals in to the service, as they now support under 18’s to stop smoking.
43. A full communications campaign has been delivered this year, led by Darlington Borough Council. This has included the development of a brand, targeted advertising on bus shelters and digital boards, promotion of key messages on social media and the delivery of a heart trail to promote the importance of heart health and encourage people to think about making a quit attempt.
44. In response to the growing demand for the service public health have agreed to provide a small amount of additional funding for a period of two years, to further increase capacity within the service and employ an additional 1 WTE staff member. This will enable additional outreach provision and support outside of core hours.

Mental Health and Wellbeing

45. Funded by Public Health in its first year, and recently securing ongoing funding from the PCN and ICB, the Darlington Mental Health Network has made significant positive contributions to the development of a collaborative approach to public mental health and prevention. The network has brought together statutory and VCSE services to share good practice, improve partnership opportunities, and strengthen the collective understanding of mental health services, for the purpose of improving the experience of Darlington residents.
46. The Darlington Suicide Prevention Partnership has been reinstated, with broad representation from VCSE, primary and secondary care, emergency services, education, probation, 0-19 service and specialist suicide prevention charities. The partnership will contribute to the development of the updated Suicide and Self-harm Prevention Strategic Action Plan for Darlington.

#### Addictions

47. The STRIDE service, delivered by WithYou, Recovery Connections and Darlington Borough Council, is available to offer support to young people and adults facing challenges with drugs and alcohol and a local recovery community.
48. There are ambitious targets for the number of people the drug and alcohol treatment services should be working with and the outcomes to be achieved, which are monitored on a quarterly basis.
49. Darlington continues to have a high level of unmet need for local residents with alcohol dependence and not accessing STRIDE. Estimates for unmet need are 68.4%, which is lower than rates for England at 75.9%, but remain too high.
50. Areas of progress have been the establishment of Drug and Alcohol Care Teams at TEVV and CDDFT, with engagement staff working into the alcohol care team at CDDFT on a daily basis, to assertively follow up those identified as requiring support.
51. A dedicated team has been established to build capacity within primary care, thereby taking treatment services directly to the patient.
52. There is now rapid access to 'day hab' and in-patient rehab provision; 80% of those accessing have been assessed as requiring support for alcohol use.
53. A 'same day' assessment process has been implemented to ensure rapid access to treatment and recovery support.
54. Work is now happening with maternity services to develop the service offer to pregnant women, with an enhanced referral pathway promoting a treatment first approach. A promotional video has been produced for use within the maternity department.

## Staying Healthy: Ageing Well

### Performance Summary

55. In Darlington 29.1% of the eligible population (9,410 people) were invited for a NHS Health Check in 2024/25. Of those invited, 35.5% of people took up the offer of a NHS Health Check, which represents 10.3% (3,343 people) of the eligible population having received a health check in 2024/25, which is statistically significantly better than England (9%), and the North East (9.1%).
56. In 2023/24, the rate for emergency hospital admissions due to falls in people aged 65 and over was 1,623 per 100,000. This rate has decreased since 2021/22, and is statistically significantly better than England (1,984 per 100,000), and the North East (2,122 per 100,000). The rate for females (1,821 per 100,000) is higher than the rate for males (1,354 per 100,000), but they follow the same declining trend.

### Local Action and Context

#### NHS Health Checks

57. NHS Health Checks is a targeted programme for eligible people between the ages of 40 and 74 years, providing an opportunity to identify early signs of poor health and thereby enabling earlier intervention to improve outcomes. People who are eligible should be invited for a health check once every five years. The programme is not offered to those in the age cohort who have already been diagnosed with one of the following conditions; heart disease, stroke, kidney disease and diabetes.
58. In Darlington NHS Health Checks are delivered by the GP Federation, Primary Healthcare Darlington (PHD). All 11 GP practices are engaged with the programme and overall the rates of the eligible population in the borough receiving a health check are consistently above regional and national averages.
59. The public health team has recently undertaken a data quality review, to ensure that the data received is collated in the most effective way. Public Health are working with PHD to explore how this data can be used more effectively to target those areas where uptake is lower, and expected need greater, to begin to address variation across practices and strengthen the focus on reducing inequalities.

#### Making Every Contact Count (MECC)

60. MECC is a proactive public health approach designed to embed health-promoting conversations into everyday interactions across a wide range of services. It empowers staff, whether in healthcare, education, social care, or community roles, to use brief, informal moments to support individuals to make positive changes for their physical and mental wellbeing.
61. These conversations are not formal consultations but short, supportive exchanges that can lead to signposting individuals to relevant services or encouraging small, manageable lifestyle changes.

62. In Darlington MECC is a central component of the public health approach to prevention and is being implemented through training programmes that equip professionals and volunteers with the skills and confidence to have meaningful conversations about topics such as healthy eating, physical activity, mental wellbeing, alcohol use and most recently, gambling.
63. Over the past year delivery partnerships have been strengthened and training capacity expanded. The Public Health team are working with Learning and Skills to develop a coordinated approach to the delivery of MECC training, to ensure trained tutors are ready to deliver sessions for individuals and staff from organisations across the Borough. Plans are also being developed for MECC to be embedded across Darlington Borough Council.
64. MECC is underpinned by a regional digital infrastructure, which continues to be developed and maintained. The MECC Gateway acts as a central hub for training materials, resources, and promotional content. This ensures continued access to training materials and promotional content, making resources easily accessible and supporting staff to deliver brief, health-focused conversations confidently.

#### Smoking

65. Making a quit attempt at any age brings immediate health benefits and the Stop Smoking Hub encourages and supports quit attempts across all ages, offering effective ways to stop smoking such as vapes, NRT products and pharmacological support, such as varenicline.
66. There is a continued focus on reducing exposure to tobacco smoke and normalising smokefree environments. Fresh are supporting the continued development of the ICB 'Healthier Together' website to promote new 'tobacco smoke is poison' resources to all health care partners and are also embedding key messages into the NENC asthma care bundle.

#### Maximising Independence

67. St Teresa's Hospice, in partnership with Darlington Borough Council's public health team, has launched an innovative eight-week Ageing Well Programme to support adults aged 65 and over. The programme is designed to:
  - a) increase understanding of ageing;
  - b) increase understanding of lifestyle choices that promote health and independence;
  - c) raise awareness and understanding of Advance Care Planning;
  - d) foster peer connection, emotional resilience and reduce social isolation.
68. Grounded in a strengths-based approach and aligned with both local and national health priorities, the initiative will be piloted with hospice volunteers, before being rolled out to the wider community.

## Healthy Places

### Performance summary

69. As of 2020-23, 4.5% of employees in Darlington had at least one day off in the previous week. This is statistically significantly worse than England (2.2%) and the North East (2.4%). This statistic is increasing over time, and Darlington ranks highest nationally.
70. In 2022/23 64.9% of the population with a physical or mental long-term condition were in employment in Darlington. This statistic remains static and is similar to England (65.3%), and the North East (57.1%).
71. In 2024, Darlington had 160 fast food outlets, which is the equivalent to 144.7 per 100,000 people. This is ranked second highest in the North East, next to Sunderland. It is statistically significantly worse than England (115.9 per 100,000 people), but is similar to the North East (130.4 per 100,000 people).

### Local Action and Context

#### Workplace Health and Good Work

72. The Health and Growth Accelerator programme is an early intervention initiative for employed but struggling individuals, aiming to prevent long-term work absence with NHS and GP support.
73. The program has three pillars:
  - (i) Scaling Patient Advisor Service (PAS): this expands a successful biopsychosocial support model, using medical record searches for patients with multiple-fit notes to encourage GP referrals via Local Enhanced Services (LES). ICB teams are commissioning these services, with plans to add clinical capacity for mental health and musculoskeletal health (MSK) and with £1.5 million earmarked for digital therapeutics.
  - (ii) NHS and Social Care Workforce Support: this pillar enhances an existing well-being hub by tripling mental health support, access to NHS staff (from 800 to 2400) and expanding into social care, with future plans for MSK support.
  - (iii) Supply of Good Work: this focuses on how the NHS Integrated Care System can promote "good work" through initiatives like Better Health at Work Awards, SHINE framework alignment, and leveraging NHS spending power (£7 billion) as an anchor institution. The idea of offering NHS Occupational Health services to local SMEs is also being explored.
74. Tees Valley Combined Authority has secured a £17.7 million to deliver a five-year "Connect to Work" programme, which is expected to go live in October. The aim is to help individuals with disabilities and severe health conditions return to work. The programme targets are to support approximately 4,500 people.
75. The Tees Valley Youth Guarantee Trailblazer recently secured three years of additional funding. A "soft launch" has been held, and the programme targets 18–21-year-olds who are NEET (Not in Education, Employment, or Training). The program acknowledges that a

lack of work experience is a major barrier for young people entering the job market. Key interventions include:

- a) convening role - bringing together partners (local authorities, colleges, training providers) to address the NEET agenda;
- b) work tasters and placements - £3.3 million of the initial £5 million budget is for paid, meaningful work placements, aiming for positive progression into employment or education;
- c) tracking and early intervention - tracking Year 13 leavers to identify NEET risks and engaging disengaged youth using social media (e.g. TikTok) to incorporate their "youth voice";
- d) mapping - identifying existing organisations, funding, and systemic "fill points";
- e) local evaluation - ongoing assessment of the program's impact.

76. The 'Get Tees Valley Working' plan, a local strategy responding to the national 'Get Britain Working' initiative, is a co-designed plan involving the Tees Valley Combined Authority, ICB and DWP. The ambitious goal is an 80% employment rate over the next decade, aiming to get approximately 37,000 more people into work and address the current 25% economic inactivity rate in Tees Valley.
77. Scoping work has begun in Darlington, working with businesses via a survey to seek views about workplace health, the Better Health at Work award and other programmes. The survey also seeks to understand if local businesses value workplace health and understand the benefits and gather views on what would be helpful to support them.

#### Good Food Local

78. Good Food Local is a benchmarking tool to help Local Authorities improve their food systems. Darlington has submitted its second benchmarking survey to assess progress against the Good Food Local framework. This provides a structured approach to improve local food systems, foster collaboration, and promote sustainable and healthy food environments. As we are in our initial steps our first Food Partnership meeting was held in July, with the next planned for September, bringing together local organisations to establish local priorities and develop workstreams.

#### Planning and Health Impact Assessments

79. The council continues to embed health into its planning processes through Policy DC3 of the Local Plan (2016–2036), which requires Health Impact Assessments (HIAs) for residential developments of 150+ homes and all major non-residential schemes. HIAs assess how developments may affect physical, mental, and social wellbeing, and guide developers in enhancing positive impacts and mitigating risks. Public Health supports this process with tailored tools, including a Comprehensive HIA Tool, helping developers align proposals with local health priorities.
80. Previously HIAs have been completed for large housing schemes such as Skerningham Garden Village and Greater Faverdale, where assessments considered access to green space, active travel infrastructure, and proximity to health services. These examples demonstrate how planning can actively support healthier living environments and reduce health inequalities. HIA expertise continues to be offered for development works.

81. A key area of focus has been the control of hot food takeaways, particularly in areas with high childhood obesity and deprivation. Work has been undertaken to establish planning policies to limit the development of new hot food takeaways near schools and in areas with an already high concentration of existing outlets. Implementation of the policies is subject to final approval. These measures also support the borough's broader commitment to shaping healthier food environments through spatial planning.

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## Starting Well

Indicator	Year	Darlington	Trend	England	North East
Smoking status at time of delivery	2023/24	10.6%	↓	7.4%	10.2%
Breastfeeding Prevalence at 6 to 8 weeks	2023/24	40.6		52.7%	38.5%
School Readiness: % of children achieving a good level of development at the end of Reception	2023/24	65.7%		67.7%	66.8%
School Readiness: % of children achieving the expected level in phonics screening check in year 1	2023/24	77.7%		80.2%	79.2%
% of 5 year olds with dental decay	2023/24	25.3%		22.4%	22.6%
Reception prevalence of healthy weight	2023/24	75.7%	→	76.8%	74.5%
Reception prevalence of overweight (including obesity)	2023/24	23.3%	→	22.1%	24.7%
Year 6 prevalence of healthy weight	2023/24	63.3%	→	62.5%	60.1%
Year 6 prevalence of overweight (including obesity)	2023/24	35.4%	→	35.8%	38.6%
Hospital admissions caused by unintentional and deliberate injuries in children (0-4 yrs)	2023/24	252.2 per 10,000	→	93.2 per 10,000	140.7 per 10,000
Hospital admissions caused by unintentional and deliberate injuries in children (0-14 yrs)	2023/24	149 per 10,000	→	72.7 per 10,000	109.8 per 10,000
Hospital admissions as a result of self harm (0-14)	2022/23	441.6 per 100,000	→	251.2 per 100,000	360.5 per 100,000

## Living Well

Indicator	Year	Darlington	Trend	England	North East
Adults in treatment at specialist alcohol misuse services (18+)	2020/21	2.7 per 1000		1.7 per 1000	2.5 per 1000
Adults in treatment at specialist drug misuse services (18+)	2020/21	6.7 per 1000		4.5 per 1000	6.8 per 1000
Successful completion of alcohol treatment	2023	28.1%	➡	34.2%	30%
Successful completion of drug treatment: non opiate	2023	21.8%	➡	29.5%	26.4%
Successful completion of drug treatment: opiate	2023	7.6%	⬆	5.1%	4.1%
Smoking prevalence	2023	7.9%		11.6%	11%
Suicide rate	2021-23	19.6 per 100,000		10.7 per 100,000	13.8 per 100,000

## Ageing Well

Indicator	Year	Darlington	Trend	England	North East
Emergency hospital admissions due to falls in people aged 65 and over	2023/24	1623 per 100,000	➡	1984 per 100,000	2122 per 100,000
People invited for an NHS health check (40-74)	2024/25	29.1%	⬆	24%	25.9%
People receiving for an NHS health check (40-74)	2024/25	10.3%	➡	9%	9.1%
People taking up for an NHS health check (40-74)	2024/25	35.5%	➡	37.5%	35.2%

### Key:

Increasing:      
 Decreasing:      
 No significant change: 

Worse than England:      
 Better than England:      
 Similar to England: 

## Life Expectancy

Indicator	Year	Darlington	Trend	England	North East
Life expectancy at birth (Male)	2021-23	77.6 years		79.1 years	77.4 years
Life expectancy at birth (Female)	2021-23	81.4 years		83.1 years	81.4 years
Healthy life expectancy at birth (Male)	2021-23	57.6 years		61.5 years	56.9 years
Healthy life expectancy at birth (Female)	2021-23	58 years		61.9 years	57.5 years
Inequality in life expectancy at birth (Male)	2021-23	15.7 years		10.5 years	13.4 years
Inequality in life expectancy at birth (Female)	2021-23	10.3 years		8.3 years	10.8 years

*It is not possible to include a trend direction for all indicators due to the small populations and statistical instability.*

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# Fit for the Future

## The 10 Year Health Plan for England

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Agenda Item 7

# Summary

- The Ten Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.
- It seizes the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.
- We are fundamentally reinventing our approach to healthcare, so that we can guarantee the NHS will be there for all who need it for generations to come.
- Through our three shifts – from hospital to community, from analogue to digital, and from treatment to prevention – we will personalise care, give more power to patients, and ensure that the best of the NHS is available to all.

# What we heard

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## GETTING THE CARE YOU NEED

### People told us:

- Access to GP and dental care is a struggle.
- Waits for ambulances, A&E and essential treatment are too long.

### The 10 Year Health Plan delivers:

- An end to the 8am phone queue - with thousands more GPs and a transformed NHS app.
- Better dental access – with new dentists to serve NHS patients first.
- Faster emergency care - allowing pre-booking through the NHS App or 111.
- Care closer to home - through a new Neighbourhood Health Service.

## SEAMLESS HEALTHCARE

### People told us:

- They have to repeat their medical history too often and travel extensively between appointments.
- NHS departments operate in isolation rather than as a coordinated service.

### The 10 Year Health Plan delivers:

- A single patient record - giving people control while ensuring every healthcare professional has their complete information.
- Care built around people via integrated healthcare teams working together in communities.

## FIXING THE BASICS

### People told us:

NHS systems are outdated, inefficient and time consuming.

### The 10 Year Health Plan sets out how we will:

- Upgrade IT so staff spend more time with patients.
- Enable appointment booking and health management on the NHS App.
- Ensure systems talk to each other.

## SICKNESS TO PREVENTION

### People told us:

The NHS should focus more on preventing illness and addressing the causes of poor health. More support is needed for mental health and healthy lifestyles.

### The 10 Year Health Plan sets out how we will:

- Invest in local health services with personalised care.
- Expand school mental health support.
- Increase access to free and healthier school meals.
- Create the first smoke-free generation.
- Improve the healthiness of food sales.
- Use scientific breakthroughs to develop gene-tailored preventative treatments.
- Invest in life-saving vaccine research.

## GREAT PLACE TO WORK

### People told us:

NHS staff are overworked, undervalued, and burdened by bureaucracy.

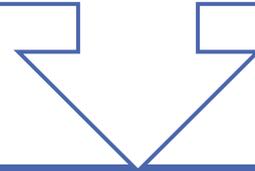
### The 10 Year Health Plan sets out how we will:

- Set new standards for flexible, modern NHS employment.
- Expand training with 2,000 more nursing apprenticeships and 1,000 postgraduate posts.
- Cut unnecessary mandatory training.
- Empower local leadership and reduce top-down micromanagement.
- Digitise records and use AI to reduce admin burden.

# Overview and Core Shifts

## Vision:

A bold and necessary new course for the NHS, leveraging technology, medicines, and innovation to deliver better care for all and ensure the NHS is sustainable for future generations.



## Three Big Shifts:

The plan is built upon three fundamental shifts to personalise care, empower patients, and ensure equitable access:

**From Hospital to Community:**  
Shifting care closer to home through neighbourhood health services, easier GP appointments, and better dental care.

**From Analogue to Digital:** Creating a seamless healthcare experience with a unified patient record, AI-enhanced services, and the NHS App as the primary digital front door.

**From Sickness to Prevention:**  
Focusing on preventing illness, addressing causes of poor health, and investing in mental health and healthy lifestyles.

# Enhancing Access and Seamless Care

## Improved GP and Dental Access:

- Ending the 8 am phone queue with more GPs and a transformed NHS app, alongside new dentists prioritized for NHS patients.

## Faster Emergency Care:

- Allowing pre-booking through the NHS App or 111 for urgent and emergency care.

## Integrated Care:

- Implementing a single patient record to ensure all healthcare professionals have complete patient information and building care around people via integrated healthcare teams in communities.

## Neighbourhood Health Service:

- Introducing a GP-led Neighbourhood Health Service with multidisciplinary teams, neighbourhood health centres in every community, and increased pharmacy services.

# Digital Transformation and Prevention Initiatives



**NHS App as the Front Door:** The NHS App will be transformed to manage medicines, prescriptions, vaccine status, children's health, and provide 24/7 AI-enabled advice and appointment booking.



**Digital Liberation for Staff:** Upgrading IT systems, introducing single sign-on, and deploying AI administrative and diagnostic tools to reduce administrative burden and free up staff time for patient care.



**Prioritising Prevention:** Investing in local health services, expanding school mental health support, increasing access to healthier school meals, creating the first smoke-free generation, and using scientific breakthroughs for preventative treatments and vaccine research.



**HealthStore:** Building a "HealthStore" to provide patients access to approved health apps for managing conditions.

# Workforce and Operating Model Reforms

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**Modernising the Workforce:** Setting new standards for flexible, modern NHS employment, expanding training (including 2,000 more nursing apprenticeships), and reducing unnecessary mandatory training.

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**Empowering Local Leadership:** Reducing top-down micromanagement and streamlining the NHS operating model to empower local providers with greater autonomy and flexibility.

---

**Outcome-Based Funding:** Moving to a system where financial incentives are aligned with delivering the best outcomes, with resources tied to outcome-based targets and a focus on investing more in primary and community services.

---

**Transparency and Quality:** Ushering in a new era of transparency by publishing easy-to-understand league tables ranking providers on quality, improving response times to patient safety incidents, and strengthening accountability for high-quality care.

# Delivery approach: immediate priorities

## Neighbourhood Health

- Design model inc. contracts, payment reform and financial flows, workforce, digital and estates specifications
- Select 42 Places for the National Neighbourhood Implementation Programme

## NHS App and Single Patient Record

- Launch user and supplier engagement and complete business cases for 2026 procurement by the end of Dec 2025
- Agree and publish a national usage and implementation policy

## Oversight, Model FT and Model IHO

- Launch performance segmentation, public league tables and national improvement offer
- Finalise and publish the revised Foundation Trust licensing model
- Early scoping of the Integrated Health Organisation model

## Financial foundations and medium term planning

- Publish new three-year planning framework in October
- Work on reform of block payments and development of a neighbourhood tariff
- Delivery Model Region and ICB clustering arrangements

## Quality

- Revamp National Quality Board and agree new quality strategy
- Develop modern service frameworks for CVD, mental health, sepsis and cancer
- Publish league tables inc. quality
- Roll out Maternity Outcomes Signal System (MOSS)

## Workforce

- Develop and publish new 10-year workforce plan
- Publish nursing and midwifery strategy for England
- Improve staff and student/trainee experience, and manage risks around industrial action
- Align workforce, service and finance planning in the MTP

**DARLINGTON PHARMACY NEEDS ASSESSMENT  
CONSULTATION REPORT AND FINAL APPROVAL**

---

## **SUMMARY REPORT**

### **Purpose of the Report**

1. The purpose of the report is to provide the Health and Wellbeing Board with an update on the consultation and to approve the final version Pharmacy Needs Assessment (PNA) which has been updated as a result of comments through the consultation.

### **Summary**

2. In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013), 60 day period of consultation took place between 1st July and 30th August 2025. Key statutory stakeholders including those who use pharmacy services were consulted.
3. Three consultation responses were received and analysed by the North of England Commissioning Support Unit on behalf of the Public Health Team. The draft Pharmaceutical Needs Assessment was updated considering these responses.
4. The overall conclusion of the pharmaceutical needs assessment was that there are sufficient pharmacy services in Darlington in place at this time and for the lifespan of the PNA (2025 – 2028). The three '100 hour' pharmacies in Darlington provide patients access and choice of pharmacies within the town centre and the main suburbs.

### **Recommendation**

5. It is recommended that:-
  - (a) The consultation report is noted.
  - (b) The Health and Wellbeing Board approve the updated Pharmacy Needs Assessment for publication.

### **Reasons**

6. The recommendations are supported by the following reasons :-
- (a) It is a statutory duty that the Council publishes the PNA by 1<sup>st</sup> October 2025.
  - (b) The Health and Wellbeing Board delegated authority to the Chair of the Health and Wellbeing Board and the Director of Public Health to manage and approve the PNA process at the March 2025 meeting.
  - (c) A 60 day consultation took place between 1<sup>st</sup> July and 30<sup>th</sup> August 2025
  - (d) Consideration was given to all feedback received. Amendments to the PNA following the consultation were minor and included adding further detail about notice periods for supplementary hours and adding references to the new 10 Year Health Plan for England.

**Lorraine Hughes**  
**Director of Public Health**

### **Background Papers**

Pharmaceutical Needs Assessment – final Draft

Author Ken Ross  
Ext 6200.

Council Plan	The report supports the Council Plan priority of Living Well as it focuses on the health and wellbeing of the population.
Addressing Inequalities	The Pharmaceutical Needs Assessment ensures that pharmaceutical services are accessible to all inclusion groups in Darlington.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme as actions delivered will need to be contained within agreed budgets.
Health and Wellbeing	The PNA is intended to be used in relation to the commissioning of services to meet the pharmaceutical needs of the local population
S17 Crime and Disorder	There are no implications arising from this report
Wards Affected	All
Groups Affected	The whole population of Darlington
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework
Key Decision	No
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children and Care Leavers

## MAIN REPORT

### Information and Analysis

7. The Health and Wellbeing Board (HWB) has the responsibility for the development and updating of the Pharmaceutical Needs Assessment (PNA) at least every three Years. The PNA for 2025 is required to be published by 1<sup>st</sup> October 2025.
8. A paper was brought to the meeting of the Health and Wellbeing Board in March 2025 which provided the Board with the background detail about the PNA including the process for collecting the information, how the PNA would be used and the services currently commissioned from community pharmacies.

### Outcome of Consultation

9. A 60 day consultation took place between 1st July and 30<sup>th</sup> August 2025 with the following groups being consulted as instructed by the regulations:
  - (a) Community Pharmacy Tees Valley (Local Pharmaceutical Committee);
  - (b) County Durham and Darlington Local Medical Committee
  - (c) All those currently on the pharmaceutical list and all dispensing doctors in the borough area;
  - (d) North East and North Cumbria Integrated Care Board
  - (e) Healthwatch Darlington

- (f) County Durham and Darlington NHS Foundation Trust, North East Ambulance Service NHS Foundation Trust and Tees Esk and Wear Valley Mental Health NHS Foundation Trusts
  - (g) NHS England (through North East and North Cumbria ICB as delegated commissioner of primary care services)
  - (h) Neighbouring Health and Wellbeing Boards in Durham County Council, Stockton-on-Tees Borough Council, and North Yorkshire Council.
10. 3 responses were received to the formal consultation, one from a pharmacy contractor, one from the local pharmaceutical committee and one from Healthwatch Darlington.
  11. 67% of respondents agreed that the PNA reflects the current provision of pharmaceutical services. 33% of respondents selected "not sure" when answering this question.
  12. 67% of respondents believed that there were no gaps in provision of pharmaceutical services for Darlington that were not identified in PNA.
  13. 67% of respondents felt the PNA reflects the needs of the local population. 33% of respondents selected "not sure" when answering this question
  14. 67% felt that the PNA provided enough information to inform future pharmaceutical provision and plans for pharmacies and dispensing appliance contractors. 33% of respondents selected "not sure" when answering this question
  15. 67% of respondents agreed with the overall conclusions presented in the PNA. 33% of respondents selected "not sure" when answering this question.
  16. A key theme from the comments received was the importance of promoting and raising awareness of the breadth of services offered by community pharmacy to improve the health and wellbeing of the population of Darlington
  17. Consideration was given to all comments received during the consultation when drafting the final PNA. The consultation report was attached as appendix 3 to PNA report.
  18. The overall conclusion of the pharmaceutical needs assessment was that there are sufficient pharmacy services in Darlington in place at this time and for the lifespan of the PNA (2025 – 2028). The three 100 hour pharmacies in Darlington provide patients access and choice of pharmacies within the town centre and the main suburbs.



**DARLINGTON**  
Borough Council

# DRAFT Pharmaceutical Needs Assessment 2025 –2028

## Darlington Health and Wellbeing Board

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## Executive Summary

The Health and Social Care Act 2012<sup>(1)</sup> transferred responsibility for developing and maintaining Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). Under this legislation, each board was mandated to publish its first PNA by 1 April 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA<sup>(2)</sup> for Darlington was published on 30 September 2022, with the next update scheduled for release by 1 October 2025.

PNAs play an important part in public health and healthcare planning. They are strategic documents used to inform the development of local healthcare planning and commissioning of services. PNAs assess the availability and accessibility of pharmaceutical services, taking into account the health needs of the local population, identifying where there may be a lack of pharmaceutical services or unmet needs.

The Health and Care Act 2022<sup>(3)</sup> restructured the commissioning of community pharmacy services, shifting responsibility from NHS England (NHSE) to Integrated Care Boards (ICBs), while NHSE retained oversight. As of 1 April 2023, NHS North East and North Cumbria (NENC) ICB assumed this role. Recent announcements indicate that the architecture of the NHS is likely to undergo significant changes during the lifespan of this Pharmaceutical Needs Assessment (2025-2028). These potential changes include shifts in service delivery models and integration with local healthcare systems. As these developments are subject to ongoing policy discussions and government reviews, the information provided in this document reflects the current position as of the date of publication.

The PNA remains a crucial document for the ICB in evaluating applications for inclusion in the pharmaceutical list and plays a key role in commissioning enhanced community pharmacy and locally tailored services.

To develop this PNA, Darlington Borough Council commissioned North of England Commissioning Support (NECS), an independent subject matter expert organisation. The PNA development was overseen by a steering group, comprising representatives from Darlington Borough Council, Community Pharmacy Tees Valley (CPTV) and Healthwatch Darlington. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in Darlington.

A statutory consultation was conducted between 1 July to 30 August 2025 gathering input from statutory consultees, the public, and other stakeholders. The final PNA integrates this feedback and aligns with the health priorities outlined in Darlington's Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup>. The reference section in Appendix 5

details data sources utilised in the production of this PNA. Unless otherwise stated, the information relating to services is correct as of May 2025.

This PNA examines the current provision of pharmacy services in Darlington and evaluates potential gaps in service delivery.

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities
- An analysis of current and future health needs
- A description of community pharmacies in Darlington
- An evaluation of existing service provision, accessibility, and any gaps
- Insights into potential future roles for community pharmacies
- An assessment of community pharmacy's contributions to the Health and Wellbeing Strategy<sup>(5)</sup>
- Key findings from stakeholder engagement and the statutory consultation
- A summary of findings and the PNA statement

The 2013 NHS (Pharmaceutical and Local Pharmaceutical) regulations<sup>(6)</sup> require the HWB to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation. For the purpose of this PNA, the HWB has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework<sup>(7)</sup>. Essential services are mandatory for all NHS community pharmacies.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population. Darlington HWB has identified advanced services and enhanced services as relevant services that secure improvements or better access to pharmaceutical services, contributing to meeting the need for pharmaceutical services in the HWB area.

Services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs.

### **Key Findings on Pharmacy Provision and Access**

Darlington has 19 community pharmacies (as of June 2025), which includes two distance selling pharmacies. There are also three dispensing doctors' sites which serve some of the local population. With an estimated population of 110,562<sup>(8)</sup>,

Darlington has an average of 15.4 community pharmacies per 100,000 population, compared with 17.3 per 100,000 in England (not including distance selling pharmacies).

Since the last PNA in 2022, the number and location of community pharmacies in Darlington have remained relatively stable despite recent pharmacy closures and ownership changes. No significant gaps in provision or access have been identified. Existing pharmacy locations, opening hours, and service capacity continue to meet the needs of Darlington's population, providing good coverage throughout weekdays, weekends, and bank holidays.

Pharmacies in Darlington dispense a higher average number of prescription items annually compared to the national average, reflecting both local health needs and utilisation by residents from neighbouring areas. All community pharmacies deliver essential services, and most also provide advanced services such as influenza vaccination, hypertension case-finding, contraception, and minor illness management via Pharmacy First. Ten pharmacies participated in the recent nationally commissioned COVID-19 vaccination programme, highlighting their vital role in public health responses.

Locally commissioned services complement national provision by targeting specific community priorities. These include the 'Think Pharmacy First' scheme operating in 18 pharmacies, specialist palliative care medicine stocking, antiviral medication readiness, maternity smoking cessation support via e-NRT vouchers, supervised opioid substitute consumption, and emergency hormonal contraception. These services reinforce pharmacies as accessible healthcare hubs supporting vulnerable populations and wider health system goals.

While current pharmacy provision is adequate with no unmet needs identified, the changing healthcare environment and any future changes in pharmacy numbers or service models will require ongoing monitoring. Any such changes during the lifetime of this PNA must be carefully assessed to ensure continued equitable access and quality of pharmaceutical services across Darlington.

### **Conclusions:**

These conclusions are factual statements required by the 2013 regulations (Regulation 4, Schedule 1, and Regulation 9). They summarise the Health and Wellbeing Board's assessment of necessary pharmaceutical services, any gaps, and services that secure improvements or better access, based on evidence gathered in this PNA.

### **Provision of necessary services**

- There is **no identified gap** in the **current provision** of necessary services across Darlington, either during or outside of normal working hours, to meet the needs of the population.
- **No gaps** have been identified in the need for pharmaceutical services in **future** circumstances across Darlington.

### **Improvements and better access**

- There are **no gaps in the provision of advanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Darlington
- There are **no gaps in the provision of enhanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Darlington.
- Based on current information **no current gaps have been identified in respect of securing improvements or better access to locally commissioned services or local enhanced services**, either now or in specific future (lifetime of this PNA) circumstances across Darlington to meet the needs of the population.

# 1 Introduction

## 1.1 Background

The Health Act 2009<sup>(9)</sup> established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. Subsequently, the Health and Social Care Act 2012<sup>(1)</sup> transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs).

Under this framework, each HWB was mandated to publish its first PNA by 1 April 2015. Thereafter, updates must be issued every three years following the previous publication or sooner if significant changes affect pharmaceutical service availability, provided an early update is warranted.

Darlington HWB last published its PNA in September 2022<sup>(2)</sup> and has now prepared an updated version for release by 1 October 2025.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> define the statutory requirements for PNAs. The development of this PNA adhered to the guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards<sup>(10)</sup>, published by the Department of Health in October 2021.

As stipulated by these regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB has determined are lacking within its area but are deemed necessary to:

- address a current need
- meet a future need in specified circumstances
- provide improvements or better access if implemented or
- provide future improvements or better access in specified future circumstances.

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors) and dispensing GP practices. Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

## 1.2 Purpose

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (section 4), assesses the availability of existing pharmaceutical services, and identifies any service gaps (sections 6, 7 and 8). Additionally, it highlights potential new services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2025 – 2029<sup>(5)</sup>.

The PNA is informed by the Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup> and serves as a key strategic commissioning document, primarily guiding North East and North Cumbria Integrated Care Board (NENC ICB) in determining applications for inclusion in the pharmaceutical list, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup>.

Beyond this primary function, the PNA is also instrumental in:

- Ensuring that decisions regarding market entry for pharmaceutical services are based on robust and relevant data.
- Informing commissioning plans for pharmaceutical services that could be delivered by community pharmacists or other providers to meet local needs - these services may be commissioned by local authorities, NHSE, or NENC ICB (sections 7 and 8).
- Supporting the commissioning of high-quality pharmaceutical services, including locally enhanced services.
- Ensuring that pharmaceutical and medicines optimisation services align with the health priorities outlined in the Health and Wellbeing Strategy.<sup>(5)</sup>
- Promoting opportunities for community pharmacies to play a vital role in improving the health and well-being of Darlington residents.

### **1.3 Pharmacy market**

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) play a crucial role in dispensing medications, medical appliances, and devices to NHS patients. While they operate independently from the NHS, they deliver essential healthcare services on its behalf to the public.

Under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>(6)</sup>, individuals or entities - such as pharmacists, appliance dispensers, or, in some rural areas, GPs - who wish to provide NHS pharmaceutical services must apply through Primary Care Support England (PCSE) for inclusion on the pharmaceutical list. Applicants must demonstrate their ability to meet a pharmaceutical need as outlined in the PNA.

There are five types of market entry applications for inclusion on the pharmaceutical list:

- Meeting a current need identified in the PNA
- Addressing a future need projected in the PNA
- Enhancing current access to pharmaceutical services
- Improving future access to meet anticipated demand
- Providing an unforeseen benefit, where an applicant presents evidence of an unanticipated need not identified in the existing PNA

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the public.

#### **1.4 National context**

The NHS Long Term Plan in 2019<sup>(11)</sup> set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government has developed a new plan for the NHS – Fit for the Future: 10 Year Health Plan for England<sup>(12)</sup>. The first step in developing the plan was Lord Darzi's independent report on the State of the NHS in England<sup>(13)</sup>. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. Recent announcements suggest that there will be future changes to the architecture of the NHS during the lifespan of this PNA, including abolition of NHSE, to help build the health service for the future.

Building directly on Lord Darzi's findings, the 10 Year Health Plan<sup>(12)</sup> outlines a vision to unlock the "huge potential" he identified by transforming community pharmacies into integrated, clinically active "neighbourhood health service" centres. These enhanced roles will see pharmacies contribute more significantly to prevention, long-term condition management, and local care delivery - addressing the risks Darzi warned of by shifting resources and services closer to where patients need them most.

HWBs, along with relevant partners, should continue to ensure that community pharmacy services continue to meet the needs of their populations.

#### **1.5 Pharmacy services NHS overview**

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24<sup>(14)</sup>.

This report notes that there were more than 12,009 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for around 90% of their total income<sup>(15)</sup>.

- Community pharmacies in England provide a range of services including:
- Dispensing and repeat dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (e.g. to promote healthy lifestyles)
- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24<sup>(14)</sup> indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
- The number of items dispensed by community pharmacies in England between 2022/23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022/23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022/23.
- Pharmacy First, which was introduced on 31 January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

## 1.6 Community Pharmacy Contractual Framework

The Department of Health and Social Care (DHSC), NHSE, and the Pharmaceutical Services Negotiating Committee (PSNC, now known as Community Pharmacy England) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual Framework (CPCF)<sup>(16)</sup> which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan<sup>(11)</sup>.

In April 2025, agreement was reached between the DHSC, NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the CPCF for 2024 to 2025 and 2025 to 2026<sup>(7)</sup>, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace.

At the time of publication of the 2025-28 PNA there was no community pharmacy contractual framework in place to support delivery of the 10 Year Health Plan<sup>(12)</sup> as contractual arrangements post April 2026 have yet to be agreed. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1 April 2025.

The criterial focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years.

## **1.7 Working across the North East and North Cumbria Integrated Care System**

Integrated care systems (ICSs) were set up in 2022 to facilitate joint working across local partners, such as the NHS, councils, voluntary sector organisations and others. Their aim is to improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities. They achieve this by creating services based on local need.

The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. ICSs were legally established on 1 July 2022, covering all of England. These arrangements built on partnerships that were already in place across the country.

They aim to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care partnership's integrated care strategy.

The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area. They may also take on additional responsibilities, as agreed locally between the members.

### **1.8 Darlington strategic objectives**

The Health and Care Act 2022<sup>(3)</sup> established ICBs and ICPs as part of the health and care system. The North East and North Cumbria ICP brings together Darlington Council, NENC ICB, NHS providers and other partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance Darlington.

HWBs continue to play a key role in setting the strategic direction to improve the health and wellbeing of people in their communities.

As part of its responsibilities, the board develops a Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup>, which evaluates the health and wellbeing of the Darlington population and compares it with national averages. Alongside the JSNA, the PNA is also an integral component of understanding health needs to inform the development of the Joint Health and Wellbeing Strategy<sup>(5)</sup>.

The Darlington Joint Health and Wellbeing Strategy 2025 – 2029<sup>(5)</sup> sets out a vision that by 2029 residents in Darlington will have improved physical and mental health and wellbeing, with a reduction in the gap of health inequalities that exist in Darlington.

The four themes of the strategy are:

- Best start in life (Children and Young People)
- Staying Healthy - Living well
- Staying Healthy - Ageing well
- Healthy Places

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## 2 The Health System in Darlington

GP Practices in Darlington deliver primary medical services for the same core hours of 8am until 6.30pm, Mondays to Fridays.

Within Darlington, Primary Care Healthcare Darlington provides enhanced access for patients between the hours of 6.30pm and 9pm Monday to Friday, between 8am and 5pm on Saturday and between 9am and 1pm on Sunday.

The GP out-of-hours service has appointments available seven days a week to cover the evenings and overnight, as well as on weekends and bank holidays.

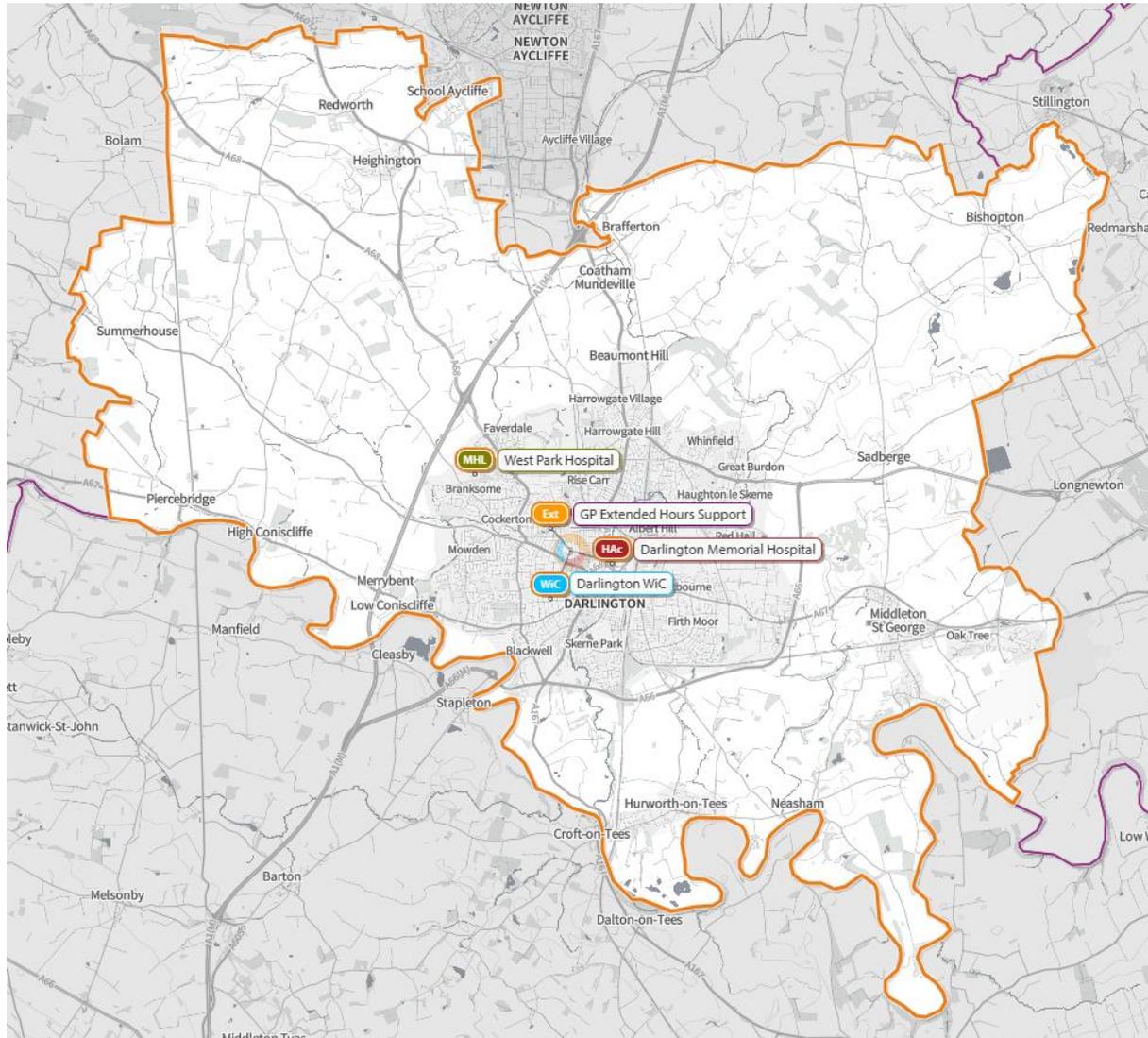
There is also an urgent care centre at Darlington Memorial Hospital, open 24 hours, 7 days a week.

People living in Darlington primarily go to County Durham and Darlington Hospitals NHS Trust (CDDFT) for hospital services. The Tees, Esk and Wear Valley NHS Foundation Trust provides mental health services for the residents of Darlington.

Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

Figure 1 shows the locations of hospitals, GP extended hours support, and urgent care centres in Darlington.

**Figure 1: Locations of hospitals, GP extended hours support, and urgent care centres in Darlington**



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### **3 Pharmaceutical Needs Assessment Process**

#### **3.1 PNA development group**

As set out within section 1 of this PNA, the legislation that describes the duties of the HWB in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 regulations also describe how each local PNA must be maintained by the HWB during its life.

Darlington Borough Council's Public Health team oversaw the development of this PNA on behalf of the Darlington HWB. In the process of undertaking the PNA, a steering group was established in February 2025. The core membership of the group included representatives from Darlington's Public Health team, Community Pharmacy Tees Valley (CPTV) and Healthwatch Darlington. Membership is set out in Appendix 1.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services and other NHS services
- Timeline of the PNA process
- Structure of the PNA document
- Process for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements

The group was responsible for overseeing the completion of the PNA and ensuring it met the minimum requirements set out in the regulations.

#### **3.2 Determination of localities**

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> state that, in making its assessment of needs, the HWB should have regard to the different needs of different localities in its area. In accordance with this, the steering group considered how to assess these different needs and concluded that it would not be appropriate to subdivide the borough into localities, as it operates as a single Primary Care Network (PCN). This was also the approach used in the previous PNA<sup>(2)</sup>, and aligns with how stakeholders commonly consider service provision across the borough, avoiding artificially created boundaries.

### **3.3 Necessary pharmaceutical services**

The 2013 regulations<sup>(6)</sup> require the HWB to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, the HWB has agreed that necessary services are defined as the essential services in the NHS CPCF. Essential services are mandatory for community pharmacies.

At the time of publication, the essential services are:

- Dispensing medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
- Signposting
- Support for self-care
- Discharge medicines service.
- Healthy Living Pharmacies
- Dispensing of appliances (in the "normal course of business")

These services are described in more detail in section 7.

The statement of pharmaceutical service provision in section 12 is based on this definition of necessary pharmaceutical services.

### **3.4 Other relevant services**

Pharmaceutical services not included as necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contributes to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Darlington.

The HWB has determined that relevant services for the purposes to this PNA are advanced services and national enhanced services within the NHS CPCF, and ICB-commissioned enhanced services. These are:

- Appliance Use Review

- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- The COVID-19 Vaccination Programme
- Think Pharmacy First
- Specialist palliative care medicines service
- Maternity e-Nicotine Replacement Therapy (NRT) voucher service

The HWB has also determined that services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical service provision in section 12 is based on this definition of other relevant services.

### **3.5 Other NHS services**

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
  - hospital pharmacies
  - personal administration of items by GP practices
  - public health services commissioned by the local authority:
    - Supervised consumption
    - Emergency hormonal contraception
  - ICB place based-commissioned pharmacy services
  - Influenza and Covid-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
  - GP out of hours services (where a prescription is issued)
  - walk-in centres and minor injury units (where a prescription is issued)
  - community nursing prescribing
  - dental services.

The statement of pharmaceutical service provision in section 12 is based on this definition of other NHS services.

### **3.6 Assessing health needs**

The Local Government and the Public Involvement in Health Act 2007<sup>(17)</sup> created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The Health and Social Care Act 2012<sup>(1)</sup> transferred this duty, to local authorities and CCGs to be exercised by HWBs, with the Health and Care Act 2022<sup>(3)</sup> transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Darlington JSNA<sup>(4)</sup> and the statement of health needs, presented in section 4 of this document, are consistent with it.

### **3.7 Current provision within Darlington**

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline, with updated information being provided by NHSBSA, NENC ICB and the Public Health service in Darlington.

### **3.8 Future provision**

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2)<sup>(6)</sup>, had regard to:

- The demography of Darlington
- Whether there is sufficient choice regarding obtaining pharmaceutical services within Darlington
- The different needs of the localities within Darlington
- The pharmaceutical services provided in the area of any neighbouring HWBs
- Any other NHS services provided for the population in or outside of Darlington
- Likely changes to the demography of Darlington and/or the risks to the health or well-being of its residents.

The Equality Act (2010)<sup>(16)</sup> requires that in making this assessment, the needs of different population groups have been taken into account. Section 4 describes the different groups that have been considered as part of this PNA. The final PNA has been subject to an equality impact assessment.

### **3.9 Stakeholder engagement**

Stakeholder engagement is a key part of the pharmaceutical needs assessment process. It ensures that the views of local people, pharmacy contractors, and other

relevant stakeholders are considered when assessing the current provision of pharmaceutical services and identifying any potential gaps.

In Darlington, due to the timescales involved in developing this PNA, there was limited opportunity to undertake separate surveys for members of the public or pharmacy contractors. However, both groups, along with wider stakeholders, will have the opportunity to provide their views during the formal 60-day public consultation on the draft PNA. This consultation period will be used to gather feedback on the PNA's findings, conclusions, and statements regarding current and future needs.

Although a dedicated pharmacy contractor survey was not undertaken, much of the information typically gathered through such surveys, including opening hours, advanced and locally commissioned services, and service availability, was already available to the PNA authors through other reliable sources. It was therefore agreed that a survey would be unlikely to provide additional insight and could place unnecessary burden on pharmacy teams already working under significant pressure.

The development of the PNA has also drawn on ongoing engagement and liaison with stakeholders including NENC ICB, local authority public health teams, and the Local Pharmaceutical Committee. These stakeholders have contributed local intelligence and service information to help shape the assessment.

### **3.10 Statutory consultation**

The formal consultation on the draft PNA for Darlington ran from 01 July to 30 August 2025 in line with the guidance on developing PNAs.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)<sup>(6)</sup>, all statutory consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback on the content and accuracy of the PNA and any areas which could be developed further.

In total, 3 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 3 of this document provide a summary of the outcomes of the consultation, including changes made to the PNA following the consultation.

## **4. An Overview of Health Needs in Darlington**

This section includes information from the latest published Darlington JSNA and the Darlington JSNA Dashboard. It provides a summary of the health needs of Darlington and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA.

For more detailed information on health needs, the JSNA can be accessed at: <https://www.darlington.gov.uk/your-council/council-information/documents/darlington-joint-strategic-needs-assessment/>

Most data and information in this section is directly from the JSNA and where this is not the case, sources are referenced.

### **4.1 Introduction**

Darlington is a large market town in North East England and part of the Tees Valley. The borough is semi-urban with the town centre the most densely populated area, with suburbs surrounding. Further out there are smaller pockets of communities; in Heighington and Coniscliffe to the North West, Hurworth to the South, and Sadberge and Middleton St George to the East. Due to the relatively compact nature of the borough, services tend to be focussed towards the town centre, with smaller retail areas further out of the town centre. Darlington sits at the crossing of the north-south A1 motorway and the east-west A66 trunk road providing easy access to Newton Aycliffe and the Tees Valley.

### **4.2 Population profile and demography**

Darlington has a population of around 110,562 as per 2023 mid-year estimates<sup>(8)</sup>. The 2021 census showed an increase of 2.1% in the population compared to the 2011 census. This is lower than the overall increase in England. GP registered population data shows 113,129 people registered with a Darlington GP.

Darlington has an index of multiple deprivation of 6 and is ranked 73rd out of 153 local authorities, which places it very slightly less deprived than average. The proportion of people in the general population aged between 18 and 64 (58.73%) is slightly lower than the national average (60.51%). The proportion of people over 65 years of age (21%) is slightly higher than average (18.69%). 81.05% of the population is white and the largest non-white ethnic group is Asian, representing 9.61% of the population.

### **4.3 Life expectancy**

Life expectancy is a barometer of the health and social determinants of health within an area. The latest data, for the period 2020/22, indicates that life expectancy in Darlington has fallen for both men and women compared to the period 2017/2019.

Life expectancy for men has fallen from 78.7 years to 77.2 and for women, the average life expectancy has reduced slightly from 81.8 to 81.3 years over the same period. It's important to note that life expectancy can vary significantly within Darlington itself. For instance, life expectancy is 13 years lower for men and 10.6 years lower for women between the best and worse areas of Darlington. These inequalities are widening over time. Life expectancy can be influenced by a variety of factors, including socioeconomic conditions, healthcare access, lifestyle, and more. These are averages, so individual life spans can vary widely.

#### **4.4 Wider determinants of health**

##### **4.4.1 Income and financial wellbeing**

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low-income households are particularly vulnerable to changes in the cost of living and increased health risks associated with poverty.

Average incomes for full time workers are below the England average for both males and females. Overall, average weekly earnings in Darlington during 2024 were £652.20, slightly lower than the North East average of £661.20 and significantly lower than the England average of £729.80<sup>(19)</sup>.

19.4 % of children (under 16s) are living in low-income families compared to 19.8% in England. During 2022, 11.2% of Darlington households were living in fuel poverty (low income, low energy efficiency). This is approximately 5,594 households and is slightly higher than the North East average of 10.9 but lower than the England average of 13.1%<sup>(4)</sup>.

15.2% of older people were living in poverty during 2019. This is higher than the England average of 14.2%<sup>(4)</sup>.

##### **4.4.2 Employment**

Good quality employment improves health and wellbeing and protects against social exclusion. Conversely, poor quality employment and unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

Of people aged 16 to 64 years living in Darlington, 81.2% were employed in the year ending December 2023. This is an increase compared with the year ending December 2022 when the local rate was 76.6%. This is higher than the national average recorded in 2022 (75.8%)<sup>(4)</sup>

During 2023, 33.1% of Darlington's economically inactive residents was due to long term sickness. The North East figure was 33.0% and the England figure 26.3%<sup>(19)</sup>.

### **4.4.3 Education, skills and qualifications**

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity and health behaviours. Educational attainment plays an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health.

During 2023/24, 7.8% of those aged 16-17 years were not in education, employment or training, compared to 5.4% for the North East and England<sup>(24)</sup>.

During 2024, 28.3% of those aged 16-64 were qualified to the Related Qualifications Framework level (Higher National Diploma (HND), Degree or Higher Degree or equivalent) or above. The North East figure was 39.6% and the England figure 46.7%<sup>(19)</sup>.

### **4.4.4 Crime**

Between May 2024 and April 2025, Darlington recorded an annual crime rate of 123 incidents per 1,000 residents, which is slightly below the North East regional average of 130 per 1,000<sup>(20)</sup>. The most frequently reported offences were violence and sexual crimes, accounting for 40.4 incidents per 1,000 people<sup>(20)</sup>. The Northgate and Park East wards experienced higher crime rates compared to other areas in Darlington<sup>(20)</sup>.

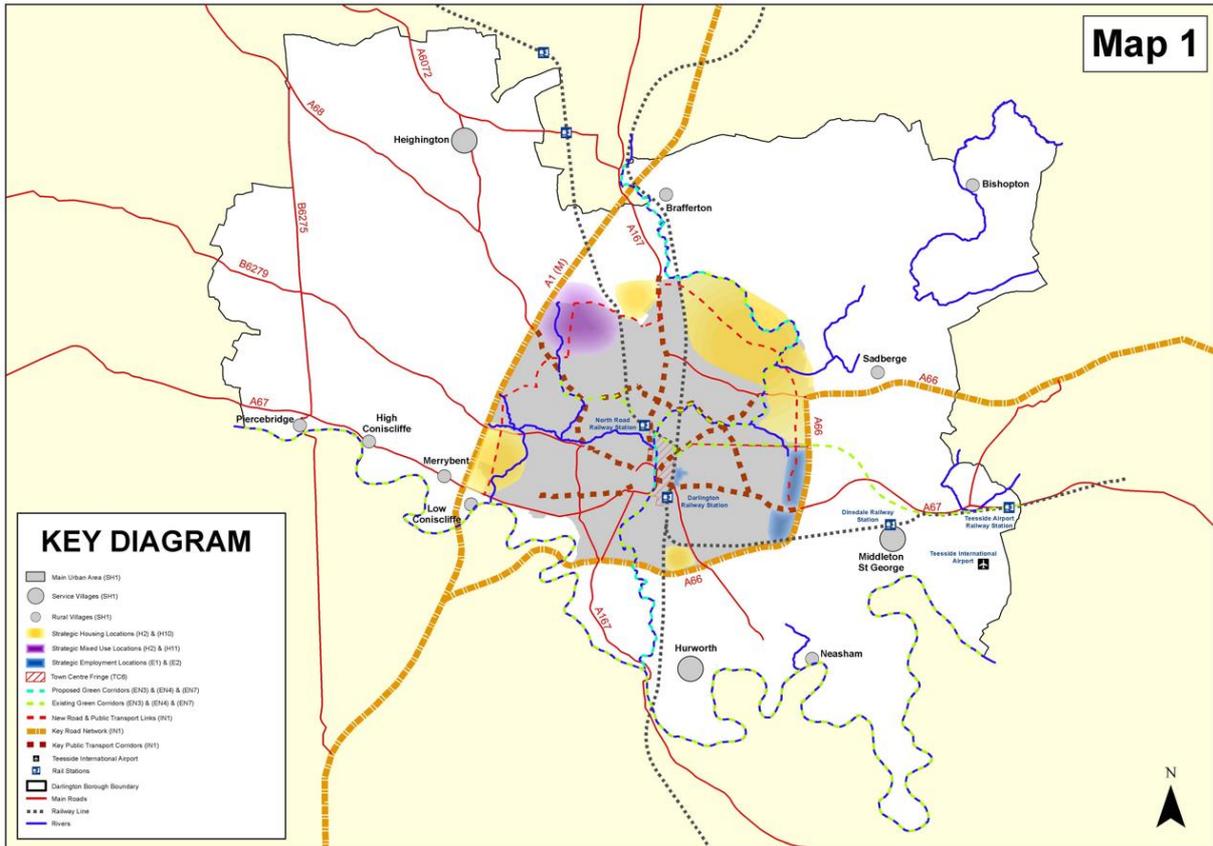
### **4.4.5 Housing and regeneration**

Darlington's Local Plan 2016 – 2036<sup>(21)</sup> was adopted in 2022 and seeks to:

- Deliver sustainable development to meet the Borough's needs through a cohesive plan which makes the best use of land and resources
- Protect and enhance the quality of Darlington's built, natural and historic environment, and to use it positively to create great places
- Deliver new development that is capable of facilitating local or strategic infrastructure
- Contribute to the satisfaction, fulfilment, health and wellbeing of the population of the Borough.

To meet housing needs, the plan aims to enable the development of 9,840 new homes over the plan's lifespan. Figure 2 shows the key strategic locations for development.

**Figure 2: Darlington's Key Strategic Locations for Development**



Source: Local Plan 2016 – 2036<sup>(21)</sup>

The Five-year Housing Land Supply Evidence Base<sup>(22)</sup> sets out sites for 3,050 new dwellings between 2024/25 and 2028/29.

#### 4.4.6 Transport

Darlington's Transport Plan 2022 – 2030<sup>(23)</sup> acknowledges the importance of having a transport system which offers choice, promotes health and wellbeing as well as supporting inclusive economic growth. The plan supports delivery of the Local Plan<sup>(21)</sup> which seeks to improve connectivity, minimise distance and length of journeys and make the best use the existing public transport and highways network while delivering sustainable transport choices. The majority of new residential, commercial and employment development is focussed on the main towns and larger villages and sustainable methods of transport are prioritised.

### 4.5 Health behaviours affecting health outcomes

#### 4.5.1 Smoking

It has been estimated that smoking accounts for half of the difference in life expectancy between the most and least affluent group. The Tobacco and Vapes Bill will see the gradual increase in the age of sale so anyone born on or after 1 January 2009 will never be able to legally buy tobacco; there will also be new regulation to

limit youth vaping. The National Annual Population Survey shows progress has been made over the last decade to reduce the prevalence of smoking in Darlington

The proportion of adults who smoke in Darlington during 2023 was estimated at 12.4. This is a downward trend and is now only slightly higher than both the North East (11%) and England averages (11.6%)(24).

Insights from the 2023 Healthy Lifestyle Survey(25), show 9% of secondary school pupils reported they have tried a cigarette. The survey showed 18% had tried a vape.

Community pharmacy support:

- Smoking cessation advice and support
- Nicotine Replacement Therapy
- Healthy living advice and signposting
- Smoking cessation advanced service
- Annual public health campaigns

#### 4.5.2 Alcohol

Levels of harmful and hazardous alcohol use remain high in Darlington. As well as being a risk factor which influences health outcomes, alcohol misuse impacts on individual health outcomes but also has wider social and economic consequences which affect families and communities.

Alcohol-related mortality in Darlington in 2023 was 63.4 per 100,000, this is higher than the North East average (56.7) and is the 3rd highest in England (40.7)(4).

Community pharmacy support:

- Signposting to services to get access to specialist alcohol treatment
- Healthy behaviours advice

#### 4.5.3 Substance misuse

Substance misuse can lead to significant crime, health and social costs. Evidence-based drug treatment can help reduce these and deliver real savings, particularly in relation to crime, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease.

The estimated rate of opiate and/or crack use (aged 15-64) during 2016/17 in Darlington, was 13.2 per 1,000 population(24).

Community pharmacy support:

- Signposting to specialist drugs assessment and treatment services
- Supervised consumption of opiate substitutes
- Healthy living advice

#### 4.5.4 Healthy weight

Excess weight is one of the most significant and complex public health challenges. It can undermine individual and family health and wellbeing, impact on business and education, and contribute to significant costs across health, social care and a wide range of services. Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

- Type 2 diabetes
- Hypertension (high blood pressure)
- Some cancers
- Heart disease
- Stroke
- Liver disease
- Musculoskeletal disorders

2023/24, 33.3% of Darlington's adult residents were living with obesity. This is higher than the England average of 26.2%<sup>(4)</sup>.

71.9% of Darlington's adult residents were living with either overweight or obesity during 2023/24. This is marginally higher than the North East region at 70.% and is above the England average at 64.5%<sup>(4)</sup>.

Community pharmacy support:

- Signposting to NHS weight management programme
- Hypertension case finding service
- Healthy living advice

#### 4.5.5 Sexual Health and Teenage Pregnancy

##### 4.5.5.1 Sexual Health

Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional and health costs as well as stark health inequalities. A number of key population groups can be identified for whom there are greater risks of experiencing sexual ill health. These include gay, bisexual or other men who have sex with men, some black,

minority and ethnic groups, sex workers and other inclusion groups as well as young people and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health and can lead to cervical cancer and infertility. With the exception of chlamydia, the rate of diagnosis in Darlington of most common sexually transmitted infections is similar to or below regional and national averages.

- During 2024, the number of new sexually transmitted infection diagnoses for Darlington was 438 per 100,000, lower than the national rate (482)<sup>(24)</sup>.
- The rate of gonorrhoea diagnoses was 94 per 100,000, lower than the England average of 124<sup>(24)</sup>.
- Long-Acting Reversible Contraception (LARC) prescription rates were higher in 2023 for Darlington at 42.9 per 1,000 compared to 43.5 per 1,000 England<sup>(24)</sup>.
- Abortion rates were slightly lower in 2021 in Darlington at 15.9 per 1,000, compared to the England figure of 19.2 per 1,000<sup>(24)</sup>.

#### **4.5.5.2 Teenage pregnancy**

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty and poor-quality housing and are more likely to have accidents and behavioural problems.

In 2021, the under 18 conception rate in Darlington is 17.1 per 1000 which is higher than the England figure of 13.1<sup>(24)</sup>.

Young people's services and healthy settings work with schools continue to support the sexual health and wellbeing of young people, including access to relationship and sexual health advice and access to emergency contraception and long-acting reversible contraception.

Community pharmacy support:

- Pharmacy contraception service
- Emergency hormonal contraception
- Referral to specialist contraception and sexual health services

#### 4.6 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. However, within Darlington, cancer remains a significant cause of premature death and health inequalities.

The under 75 mortality rates from 'cancer considered preventable' during 2021-2023 in Darlington was 58.5 per 100,000, this is higher than the North East (60.3) and significantly higher than the England (49.5) averages<sup>(24)</sup>.

The under 75 mortality rates from lung cancer during 2021-2023 in Darlington was 35.7 per 100,000, this is higher than the North East (33.6) and significantly higher than the England averages (25.3) averages<sup>(24)</sup>.

Community pharmacy support:

- Smoking cessation advice and support
- Smoking cessation advanced service
- New medicines service
- Medicines optimisation
- Discharge medicine service
- Signposting to specialist services
- Healthy living advice

#### 4.7 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan<sup>(11)</sup> has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity, particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People living in more deprived areas are at an increased risk of developing long term conditions, but better management can help to reduce health inequalities.

People with long-term conditions are likely to be more intensive users of health and social care services, including community services, urgent and emergency care and acute services.

#### **4.7.1 Cardiovascular disease**

Cardiovascular disease (CVD) includes a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), heart attacks, stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as high blood pressure (hypertension), diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment. However, within Darlington, cardiovascular disease remains a significant cause of premature death and health inequalities.

The rate of premature mortality from cardiovascular disease considered preventable in 2021-23 is 31.8 per 100,000 persons aged under 75, higher than the England average of 30.5 per 100,000<sup>(24)</sup>.

##### Community pharmacy support:

- New medicines service
- Medicines optimisation
- Discharge medicine service
- Hypertension case finding service
- Healthy living advice
- Signposting to other services

#### **4.7.2 Hypertension**

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease. The recorded (diagnosed) prevalence for hypertension for the adult population in Darlington is 17.7% compared to a prevalence of 14.8% in England. Estimated prevalence of undiagnosed hypertension stands at 8.6%<sup>(24)</sup>.

Community pharmacy support:

- New medicine service
- Medicines optimisation
- Discharge medicine service
- Hypertension case finding service
- Healthy living advice
- Signposting to other services

### 4.7.3 Atrial fibrillation

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. It can affect adults of any age, but it becomes more common with age and is more common in people with hypertension, atherosclerosis or heart valve problems. People with atrial fibrillation are at risk of blood clots forming in the heart and are at an increased risk of having a stroke. Persistent atrial fibrillation may weaken the heart and in extreme cases can lead to heart failure. The recorded (diagnosed) prevalence for atrial fibrillation in Darlington is 2.5% compared to a prevalence of 2.2% in England<sup>(24)</sup>.

Community pharmacy support:

- New medicine service
- Discharge medicine service
- Hypertension case finding service
- Healthy living advice
- Signposting to other services

### 4.7.4 Diabetes

Diabetes is a chronic and progressive disease that impacts almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

The recorded (diagnosed) prevalence for diabetes in Darlington is 8.7% (around 18,134 persons aged 17 and over) compared to a prevalence of 7.7% in England<sup>(24)</sup>.

Community pharmacy support:

- New medicine service
- Discharge medicine service
- Signposting to diabetes prevention programme
- Healthy living advice and referral to weight management and physical activity programmes
- Signposting to specialist services

#### 4.7.5 Chronic kidney disease

Chronic kidney disease is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from black and South Asian ethnic communities. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long-term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

The recorded (diagnosed) prevalence for chronic kidney disease in Darlington is 4.3% compared to a prevalence of 4.4% in England<sup>(24)</sup>.

Community pharmacy support:

- New medicine service
- Discharge medicines service
- Hypertension case finding service
- Healthy living advice
- Over the counter medicines advice
- Signposting to other services

#### 4.7.6 Respiratory

Respiratory diseases (those affecting the airways and lungs) are a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

Within Darlington, respiratory diseases are a significant cause of premature death with a death rate of 44.1 per 100,000 persons aged under 75 in 2021-2023, compared to the England average of 30.3 per 100,000<sup>(24)</sup>.

The rate of premature mortality from respiratory disease considered preventable is 31.2 per 100,000 population aged under 75 for 2021-2023 compared to 33.7 per 100,000 for England<sup>(24)</sup>.

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, therefore making smoking cessation and wider tobacco control measures the best prevention activities.

The recorded (diagnosed) prevalence for COPD is higher for Darlington than the England average (2.5% in Darlington compared to a prevalence of 1.9% in England in 2023/24)<sup>(24)</sup>.

Asthma is a long-term condition which affects the airways. In Darlington, the recorded (diagnosed) prevalence for Asthma is 7.3%, compared to the England average of 6.5%<sup>(24)</sup>.

Community pharmacy support:

- New medicines service
- Discharge medicines service
- Smoking cessation advanced service
- Healthy living advice
- Signposting to other services

#### 4.8 Older people

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

People in Darlington live shorter lives with more years in poor health compared to the England average. Healthy life expectancy is a measure of how many years of life a person can expect to be in good health for. Healthy life expectancy in Darlington for men for in 2021-23 is 58.0 years for women and for men it is 57.6 years, significantly less than England's averages of 61.5 years and 61.9 years

respectively<sup>(24)</sup>. As such, this poses significant challenges not only to the health and social care sector but also economic challenges in terms of employability and business growth. Prevention and early intervention offer opportunities to reduce long-term conditions and increase healthy life expectancy.

Emergency hospital admissions due to falls reduced to 1,623 per 100,000 amongst the over 65s during 2023/24. This is lower than the average North East figure (2,122) and the England figure (1,984)<sup>(4)</sup>.

#### Community pharmacy support:

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Suitable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (not a commissioned service but may be suitable adjustment)
- Advice to carers and supported living services regarding medicines
- Care home advice and support
- Healthy living advice
- Signposting to other services

## 4.9 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

The biggest risk factor for dementia is age, but dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future. The prevalence of dementia in over 65s in Darlington is 4.26% as at 2020<sup>(4)</sup>.

#### Community pharmacy support:

- Dementia friendly programme
- New medicine service
- Discharge medicine service
- Repeat dispensing service
- Provision of medicine in compliance aids (not a commissioned service but may be reasonable adjustment)
- Care home advice and support
- Healthy living advice
- Signposting to other services

#### 4.10 Mental health and mental wellbeing

There has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of “parity of esteem”. This seeks to improve investment in mental health services to ensure that mental health and physical health are equally valued. At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long-term physical illnesses suffer more complications if they also develop mental health problems.

The estimated prevalence of common mental disorders in those over 16 years old living in Darlington is 17.4%. This was similar to the national average of 16.9% and above the North East region average of 18.2%<sup>(4)</sup>.

The suicide rate in Darlington during 2021-23 was 19.6 per 100,000 population, higher than the North East rate (13.8), and significantly higher than the England rate (10.7). The suicide rate in Darlington has risen from the previous period: 16.6 in 2019-21<sup>(26)</sup>.

The suicide rate for men is significantly higher than women at 28.6 per 100,000 population compared to 16.4 in England.

Insights from the 2021-22 Health Lifestyle Report, show 68% of secondary school pupils reported that they "feel happy about their life"<sup>(25)</sup>.

Community pharmacy support:

- New medicine service
- Discharge medicine service
- Repeat dispensing service
- Compliance aid assessment
- Healthy living advice
- Signposting to other services

#### 4.11 Learning disability

A learning disability affects the way a person understands and processes information and how they communicate. This can impact on a person's ability to understand new and complex information, learn new skills or live independently.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Often people with learning disabilities have co-occurring physical and sensory impairments, and in some cases behavioural issues.

People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- Mental illness
- Chronic health problems
- Epilepsy
- Physical disabilities and sensory impairments

The recorded prevalence of learning disability in Darlington is 0.8% compared to a prevalence of 0.6% in England<sup>(24)</sup>.

Community pharmacy support:

- New medicine service
- Discharge medicine service
- Repeat dispensing service
- Compliance aid assessment and provision
- Healthy living advice
- Signposting to other services

## 4.12 Seasonal influenza and COVID

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

Community pharmacies make a significant contribution to the seasonal influenza immunisation campaign and continued support for this remains critical in protecting the population.

- 79.7% of persons aged 65 years and over were immunised compared to 77.8% across England<sup>(24)</sup>
- 43.8% of individuals at risk were immunised compared to 41.4% across England<sup>(24)</sup>.

Ten pharmacies in Darlington provided COVID vaccinations to eligible cohorts in the autumn 2024 campaign.

## 4.13 Summary of health needs analysis

Community pharmacy can and does make a significant contribution to improving the health of the population, treating illness and supporting a reduction in premature mortality.

- Darlington experiences higher levels of deprivation than the national average. Socio-economic deprivation is also associated with increased risk of a range of health conditions and health inequalities.
- The higher proportion of the population living in poverty has a significant impact on health and health inequalities across all ages and in particular in children and young people.
- Higher levels of smoking, poor diet, alcohol and substance misuse and low levels of physical activities lead to poor health outcomes and health inequalities.
- People in Darlington have more mental health needs than nationally, this also impacts on physical health.
- A growing aging population is likely to increase demand on pharmaceutical service. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.
- More people in Darlington are living with, and prematurely dying from, chronic disease than elsewhere in the country and Darlington has higher levels of health risk than England as a whole.
- Responding to health protection threats (infectious diseases) requires prevention work, rapid identification, and a swift targeted response to complex cases, particularly in high-risk places, locations and communities.

- COVID-19 had a significant impact on the health of the population and will continue to affect older and at-risk groups.
- The wider impacts of climate change and levels of carbon in our atmosphere impact significantly on the local environment and on mental and physical health.

DRAFT

## 5 Current Provision of Pharmaceutical Services

### 5.1 Overview

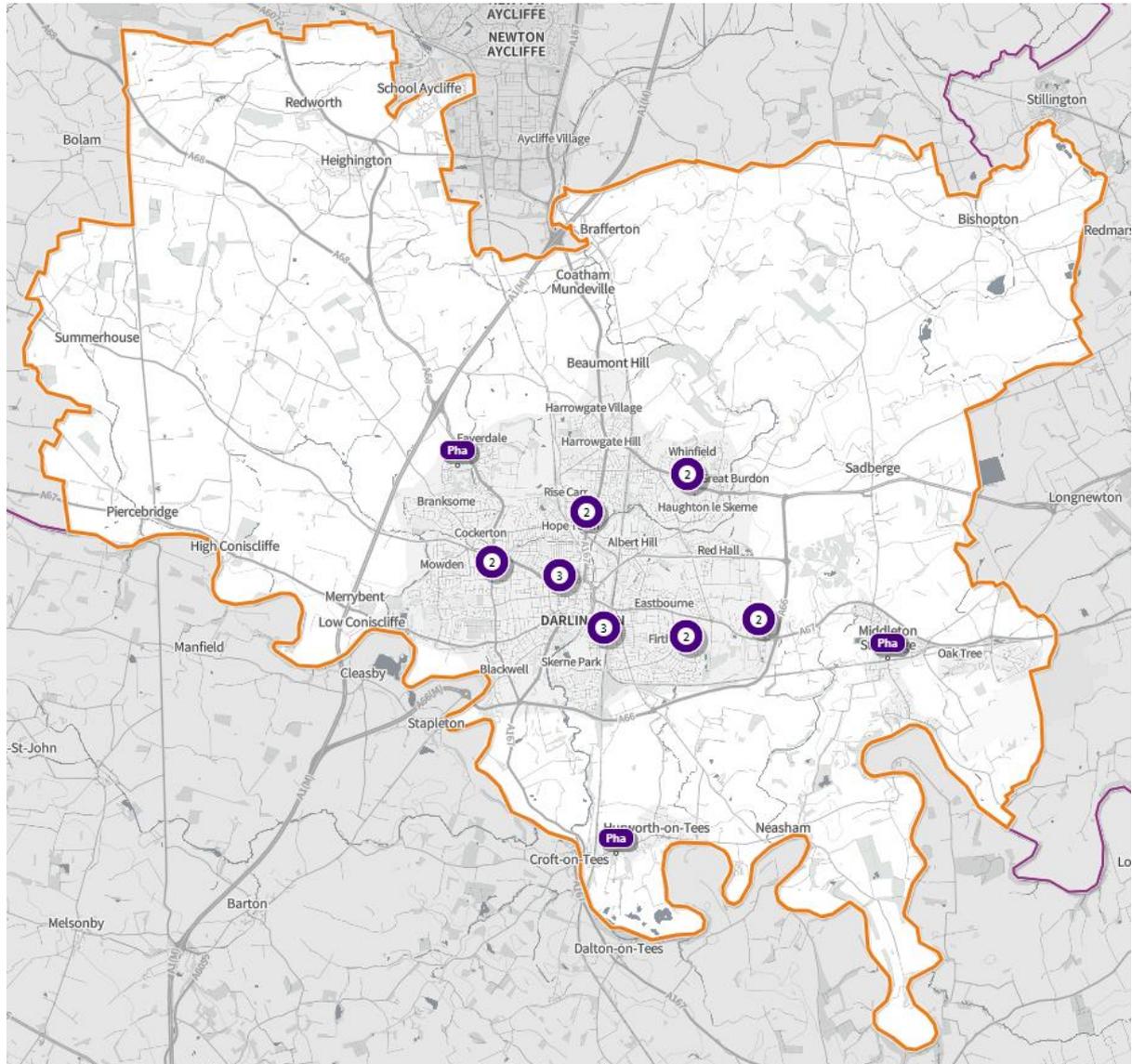
NENC ICB is responsible for administering pharmacy services and maintaining up-to-date information on the opening hours of all community pharmacies. The information presented in this section reflects the position as of June 2025.

Figures 3 and 4 illustrate the locations of pharmacies across the Darlington Health and Wellbeing Board (HWB) area, and table 1 provides the corresponding list of pharmacies along with their map index numbers. A table detailing pharmacy opening times is included in Appendix 2.

Figure 3 shows the full HWB boundary and the distribution of all 19 community pharmacies across the borough. Seventeen of these pharmacies are located within Darlington town centre, and therefore appear densely clustered on the map. The remaining two pharmacies, located in Hurworth and Middleton St George, are situated in more rural parts of the borough. The SHAPE Atlas<sup>(27)</sup> mapping tool used to generate this map displays cluster symbols with a number indicating how many pharmacies are located in close proximity at each point.

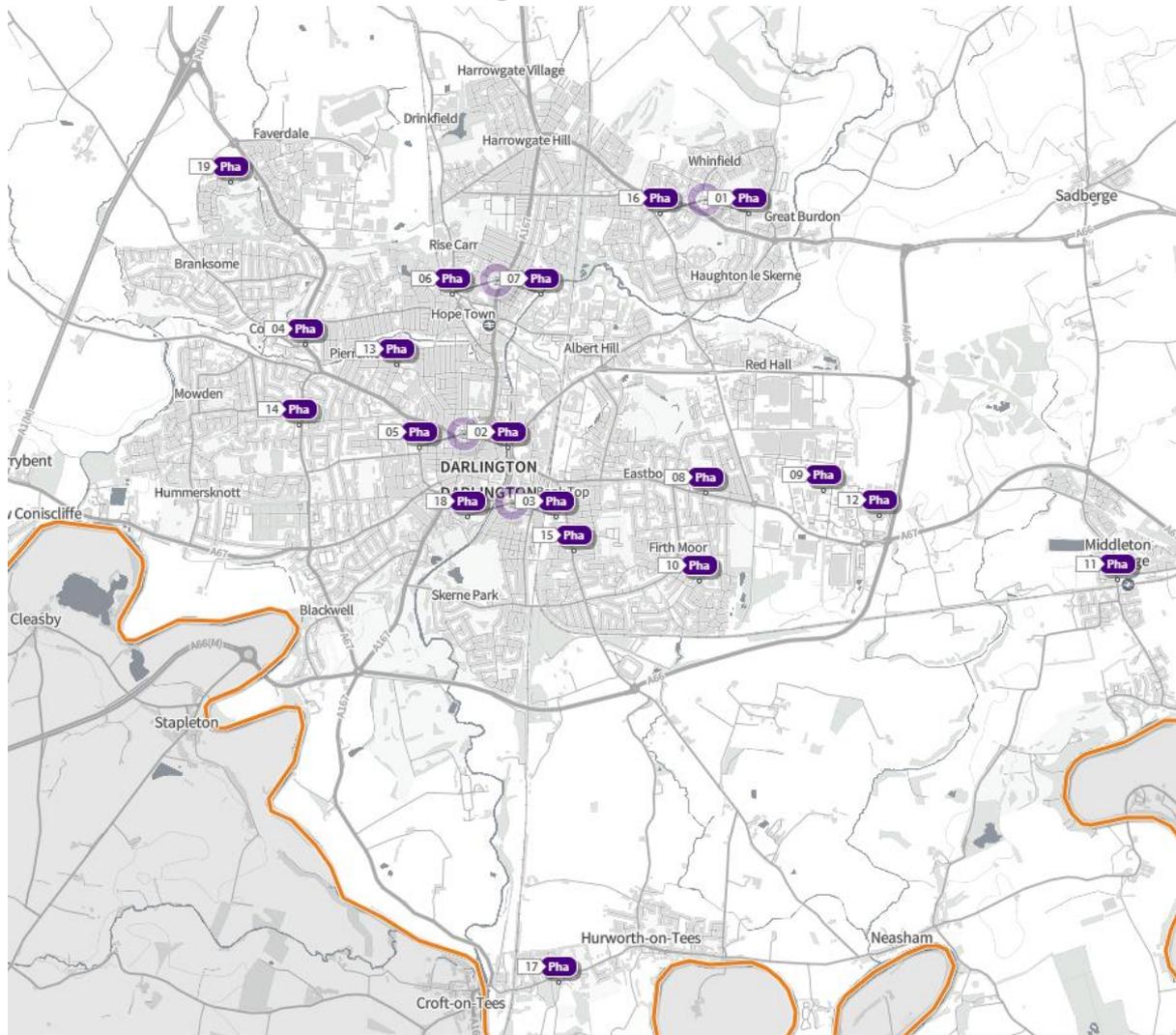
To aid interpretation, figure 4 provides a more detailed view of the town centre and the surrounding area including Hurworth and Middleton St George. This smaller-scale map allows for clearer visualisation of individual pharmacy locations, although it does not display the entire borough. Pharmacies on this map are numbered to correspond with table 1, which provides full names and addresses.

**Figure 3: Map showing the location of pharmacies in Darlington**



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**Figure 4: Map showing the location of pharmacies in Darlington town centre, Hurworth and Middleton St. George**



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**Table 1: List of pharmacies in Darlington and map index**

Map Index	ODS Code	Pharmacy Name	Address
1	FED61	Asda Pharmacy	Whinbush Way, Darlington, DL1 3RB
2	FLA75	Boots UK Limited	47-53 Northgate, Darlington, Co Durham, DL1 1TT
3	FVQ08	Clifton Court Pharmacy	Clifton Court Medical Centre, Victoria Road, Darlington, DL1 5JN
4	FWQ54	Cockerton Pharmacy	5 West Auckland Road, Cockerton, Darlington, County Durham, DL3 9EJ
5	FW558	Darlington Pharmacy Bondgate	51 Bondgate, Darlington DL3 7JJ
6	FCK03	Day Lewis Pharmacy	Denmark Street Surgery, Denmark Street, Darlington, DL3 0PD
7	FVF81	Denmark Street Pharmacy	99 North Road, Darlington, Co Durham, DL1 2PS
8	FAQ64	James & Lindsey Clark Chemists	297 Yarm Road, Darlington, Co Durham, DL1 1BA
9	FD755	Lingfield Pharmacy (DSP)	Unit 34, Flexspace, Lingfield Way, Darlington DL1 4QZ
10	FPC68	Meds On Delivery Pharmacy (DSP)	Pharmacy Unit, Firth Moor Community Centre, 56 Burnside Road, Darlington, DL1 4SU
11	FKV30	Middleton Pharmacy	1 Belle Vue Terrace, Middleton-St-George, Darlington, DL2 1BN
12	FDM89	Morrisons Pharmacy	Morton Park Way, Morton Park, Darlington, DL1 4PJ
13	FK431	Pharmacy Express	9 Damson Court, Orchard Road, Darlington, DL3 6JA
14	FC821	Rowlands Pharmacy	Cardinal Gardens, Darlington, Co Durham, DL3 8SD
15	FG826	Rowlands Pharmacy	155 Neasham Road, Darlington, Co Durham, DL1 4BN,
16	FEJ33	Rowlands Pharmacy	Whinbush Way, Darlington, Co Durham, DL1 3RT
17	FC552	The Pharmacy	Rockcliffe Court, Hurworth Place, Darlington, DL2 2BJ
18	FCW18	Well	87 Victoria Road, Darlington, DL1 5JQ
19	FH557	West Park Pharmacy	Unit 8, West Park Com Village, John Fowler Way, Tillage Green, Darlington, DL2 2GL

### **5.1.1 Core hours**

Nineteen community pharmacy contractors provide essential services (see Section 7) as part of the NHS CPCF. Most community pharmacies provide a core of 40 hours per week although some pharmacies in Darlington are contracted to provide more core hours.

Core opening hours can only be changed by first applying to NENC ICB and as with all applications, these may be granted or refused.

### **5.1.2 Supplementary hours**

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur. Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

Thirteen pharmacies in Darlington currently provide some supplementary hours, ranging from three to 18 hours per week.

## **5.2 100-hour pharmacies**

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs.

Darlington has three 100-hour contracted pharmacies:

- Asda Pharmacy, Whinbush Way, DL1 3RB
- Cockerton Pharmacy, 5 West Auckland Road, Cockerton, DL3 9EJ
- Well, 87 Victoria Road, DL1 5JQ

Since this change in the regulations was introduced, all three of these 100-hour pharmacies have reduced their core hours to between 72 and 78 hours per week.

### **5.3 Pharmacy Access Scheme**

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy.

There are three PhAS providers in Darlington:

- Morrisons Pharmacy, Morton Park Way, Morton Park, DL1 4PJ
- The Pharmacy, Rockcliffe Court, Hurworth Place, DL2 2BJ
- West Park Pharmacy, Unit 8, West Park Com Village, John Fowler Way, Tillage Green, DL2 2GL

### **5.4 Dispensing appliance contractors**

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely and on a national level, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. They are not therefore directly linked to the provision of pharmaceutical services in any specific locality so are not considered as part of the needs assessment.

There are no DACs in Darlington. As part of the essential services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that most patients will obtain appliances delivered from DACs outside Darlington.

### **5.5 Distance selling pharmacies**

Distance selling pharmacies (DSP) are required to deliver the full range of essential services, though the 2013 regulations<sup>(6)</sup> do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the

post, dispense them at the pharmacy and then deliver them free of charge to the patient.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced and enhanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at the pharmacy premises. However, a recently announced change to the regulations states that DSPs will no longer be able to provide advanced or enhanced services to patients on the premises<sup>(28)</sup>. This is likely to come into effect from October 2025.

As of 31 March 2024, there were 409 distance selling premises in England, based in 115 HWB areas. This is an increase on the figures for 2020-21 when there were 372 DSPs in England.

Not every HWB therefore has one in their area, however it is likely that some of their residents will use one.

There are two DSPs in the Darlington HWB area:

- Lingfield Pharmacy, Unit 34, Flexspace, Lingfield Way, DL1 4QZ
- Meds On Delivery Pharmacy, Pharmacy Unit, Firth Moor Community Centre, 56 Burnside Road, DL1 4SU

## **5.6 Dispensing Doctors**

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are two dispensing GP practices in Darlington. These are detailed further in Section 6.1.

## **5.7 Hospital pharmacy services**

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

## **5.8 Out of area providers of pharmaceutical services**

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the area that provide dispensing services to the registered population of Darlington. This is detailed in section 6.2

## **5.9 Government consultations**

### **5.9.1 Pharmacy supervision**

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient-facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

### **5.9.2 Hub and spoke dispensing**

Hub and spoke dispensing occur when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

Following a government consultation in 2022, the government has committed to a change in legislation from the 1 October 2025. The change allows hub and spoke dispensing across different legal entities. This will allow independent pharmacies to develop similar models, which levels the playing field across the sector.

This change should create and/or preserve capacity for pharmacists to deliver patient facing services.

### **5.9.3 Independent prescribing**

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be

issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHSE and ICBs have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework for the commissioning of community pharmacy services that incorporate independent prescribing.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

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## 6 Access to Community Pharmacy Services in Darlington

Since the last PNA in 2022, there have been several changes to pharmacy provision in Darlington.

Three pharmacies have closed:

- **Boots**, 23 High Row, Darlington, DL3 7QW
- **Lloyds Pharmacy**, Sainsbury's, 150 Victoria Road, DL1 6JG – *previously a 100-hour pharmacy*
- **Rowlands Pharmacy**, 19 West Auckland Road, DL3 9EL – *closed as a result of consolidation with Rowlands Pharmacy, Cardinal Gardens, DL3 8SD*

A new distance selling pharmacy has opened:

- **S K Pharmicare Ltd**, trading as **Meds On Delivery Pharmacy**, Pharmacy Unit, Firth Moor Community Centre, 56 Burnside Rd, DL1 4SU

There have also been a number of ownership changes affecting existing pharmacies, all of which remain open:

- **Rowlands Pharmacy**, Denmark Street Surgery, DL3 0PD → now Day Lewis PLC, trading as **Day Lewis Pharmacy**
- **Rowlands Pharmacy**, Victoria Road, DL1 5JN → now Northeast Imaan Healthcare Ltd, trading as **Clifton Court Pharmacy**
- **Rowlands Pharmacy**, 99 North Road, DL1 2PS → now Northeast Imaan Healthcare Ltd, trading as **Denmark Street Pharmacy**
- **Rowlands Pharmacy**, John Fowler Way, Tillage Green, DL2 2GL → now Darlington Healthcare Ltd, trading as **West Park Pharmacy**
- **Rowlands Pharmacy**, 67 Bondgate, DL3 7JR → now HA Healthcare Ltd, trading as **Darlington Bondgate Pharmacy** (relocated to 51 Bondgate)
- **Lloyds Pharmacy**, 9 Damson Court, Orchard Road, DL3 6JA → now Alrahi & Singh Ltd, trading as **Pharmacy Express**

### 6.1 Number, type of pharmacies and geographical distribution

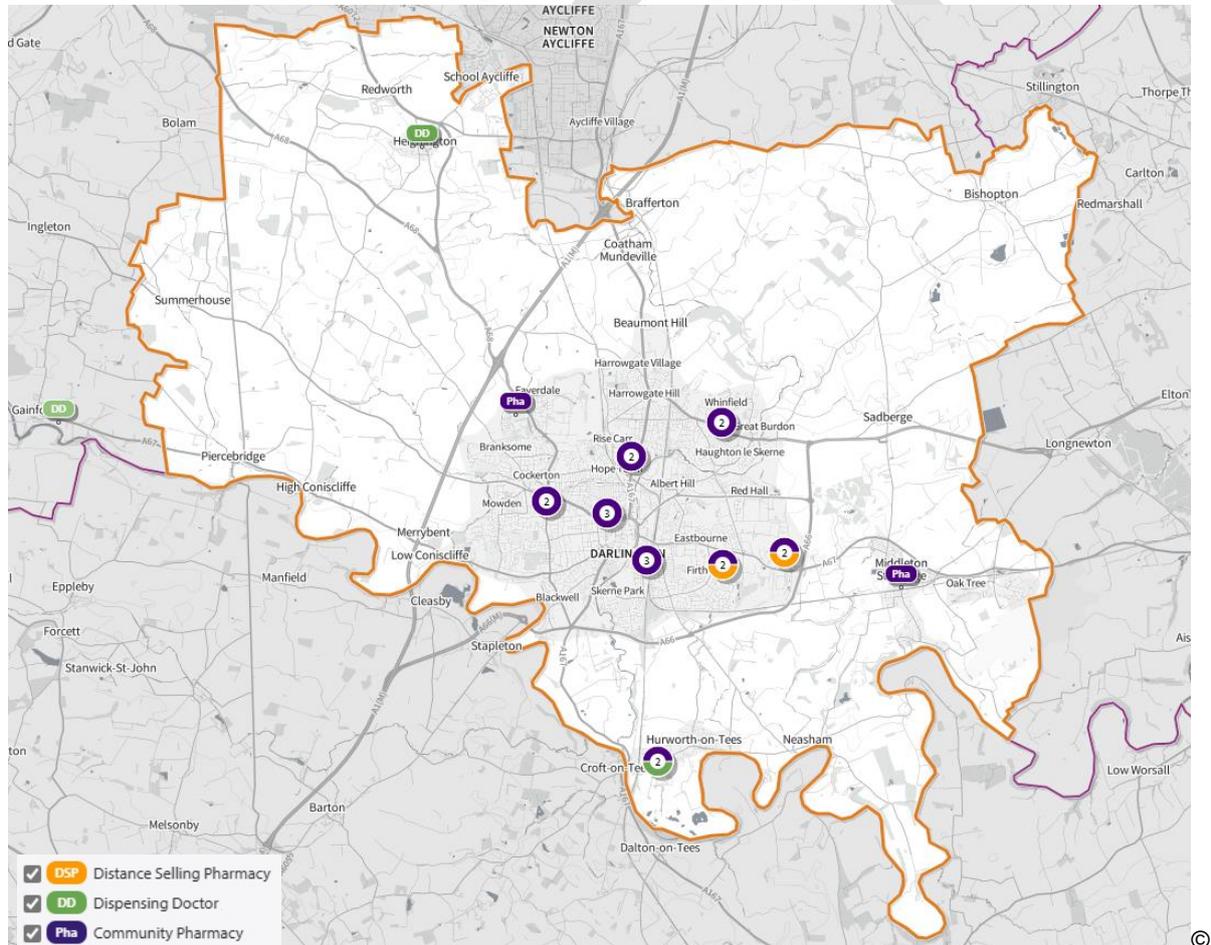
Darlington currently has 17 community pharmacies and 2 distance selling pharmacies. Of the 17 community pharmacies, 14 operate under the standard 40-hour contract. Many of these pharmacies offer supplementary opening hours in addition to their core contracted hours. There are also 3 pharmacies operating under the 100-hour pharmacy contract (Cockerton Pharmacy, Asda Pharmacy and Well). Dispensing of prescription medicines is also supported by GP practices authorised to dispense to eligible patients. Within the Darlington HWB area, there are two such dispensing GP practices:

- **Rockcliffe Court Surgery**, Hurworth
- **Bewick Crescent Surgery – Heighington branch**, located within Darlington HWB, although the main practice is based in the County Durham HWB area.

In addition, Gainford Surgery, while situated in the County Durham HWB area, has a Darlington postal address and may provide dispensing services to some Darlington HWB residents. This cross-boundary provision should be noted when considering access to dispensing services across the borough.

The locations of the community pharmacies, distance selling pharmacy, and dispensing doctors are shown in figure 5. Where services are located close together, the SHAPE tool displays them as numbered clusters, using split-colour circles to represent different types of sites.

**Figure 5: Locations of community pharmacies, distance selling pharmacies and dispensing doctors serving residents of Darlington HWB area**



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Table 2 shows the number of pharmacies in relation to the resident populations of Darlington and England, based on 2023 population estimates to allow a direct

comparison with national data. The figures indicate that Darlington has a slightly lower number of pharmacies per 100,000 population than the England average.

For the purposes of this analysis, figures are presented both excluding and including distance selling pharmacies, to reflect different aspects of access to pharmaceutical services. Under their Terms of Service, DSPs cannot provide Essential services face to face at their premises, although they may deliver Advanced and locally commissioned services remotely or off-site. Therefore, they are excluded from the assessment of face-to-face access but included in the overall picture of service availability. Dispensing doctor practices have been excluded from both sets of figures, as they provide only a limited subset of NHS pharmaceutical services. These services are limited to the dispensing of prescriptions and do not include the full range of commissioned community pharmacy services.

**Table 2: Average number of pharmacies per 100,000 population and persons per pharmacy in Darlington compared to England**

Locality	Pharmacy count	Population	Pharmacies per 100,000 population	Persons per pharmacy
Darlington (excluding DSPs)	17	110,562	15.4	6,504
England (excluding DSPs)	9,986	57,690,323	17.3	5,777
Darlington (all pharmacies)	19	110,562	17.2	5,819
England (all pharmacies)	10,402	57,690,323	18.0	5,546

**Data Sources: ONS<sup>(8)</sup>, NENC ICB Pharmaceutical List (June 2025), NHSBSA Pharmacy Openings and Closures Dataset (May 2025)<sup>(29)</sup>**

## 6.2 Dispensing activity in Darlington

To assess the average dispensing activity levels of Darlington’s community pharmacies, data from the NHS Business Services Authority (ePACT2)<sup>(30)</sup> was analysed.

In 2023/24, a total of 2,838,279 prescription items were issued by GPs and other healthcare providers (such as community nursing teams, hospices, and urgent treatment centres) within the Darlington HWB area.

Of these, 2,706,319 (94.3%) were dispensed by pharmacies located within Darlington HWB area. The remaining 163,511 (5.7%) were dispensed by contractors outside of Darlington HWB area. These may include distance selling pharmacies, dispensing appliance contractors, or pharmacies close to a patient's place of work or study.

In addition to this, Darlington pharmacies also dispense prescriptions issued by providers outside of the Darlington HWB area. In total, 2,848,363 prescription items were dispensed by Darlington pharmacies in 2023/24. Of these, 142,044 (5.0%) of prescriptions dispensed by Darlington pharmacies originate from outside of the Darlington HWB area.

This two-way flow of prescriptions highlights that Darlington pharmacies not only meet the needs of local residents, but also play a wider role in supporting patients from surrounding areas. The fact that 5.7% of prescriptions issued in Darlington are dispensed elsewhere may reflect patient choice, convenience, or access to specialist dispensing services. Conversely, the 5.0% of prescriptions dispensed by Darlington pharmacies that originate from outside the borough suggests these pharmacies serve commuters, neighbouring populations, or patients accessing care outside their home area. This cross-boundary activity should be considered when planning pharmacy services, as it may affect workload, staffing, and the sustainability of service provision.

The data in Table 3 shows that pharmacies in Darlington dispense, on average, more prescription items per year than the England average. This may reflect local health needs, demographic factors, levels of prescribing, and patterns of service use, as well as the role of Darlington pharmacies in supporting neighbouring populations. While not necessarily indicative of capacity issues, the above-average dispensing volumes may be a useful consideration when planning for future service provision.

**Table 3: Average number of items dispensed per pharmacy in Darlington, 2023/24**

	Pharmacy count	Total prescription items dispensed (2023/24)	Average prescription items dispensed (2023/24)
Darlington (all pharmacies)	19	2,848,363	149,914
England (all pharmacies)	10,402	1,113,000,000	106,999

Source: NENC ICB Pharmaceutical List (June 2025), NHSBSA Dispensing Data<sup>(30)</sup>, NHSBSA Pharmacy Openings and Closures Dataset (May 2025)<sup>(29)</sup>

### 6.3 Access to pharmacies by opening hours

As described in section 5.2, standard community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with the NHS contracts team. These core hours are provided as part of essential pharmacy services.

In Darlington, 15 pharmacies are contracted to provide 40 core hours per week, one pharmacy is contracted for 43.5 hours, two pharmacies for 72 hours, and one pharmacy for 78 hours per week. In addition, 13 pharmacies choose to provide supplementary hours beyond their core contracts to meet the needs of their populations, with these additional hours ranging from 3.3 to 18 hours per week.

In Darlington, there are currently:

- 14 pharmacies open on Saturday, 13 of which are open on Saturday mornings
- 7 pharmacies open after 1pm on Saturday afternoons
- 6 pharmacies that are open on Sundays

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

Access to pharmacies in neighbouring boroughs within 1.6km (1 mile) of the boundary has also been considered where available.

## **6.4 Ease of access to pharmacies**

The following sections provide a summary of the opening hours of community pharmacies in Darlington, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Information regarding opening hours for each pharmacy is detailed in Appendix 2.

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas<sup>(27)</sup>.

### **6.4.1 Weekday opening**

There is extensive access to community pharmacy across Darlington during weekdays, with most pharmacies open between 9am and 5:30pm or 6pm. Several pharmacies extend their hours, remaining open until 9pm.

#### **6.4.1.1 Weekday daytime**

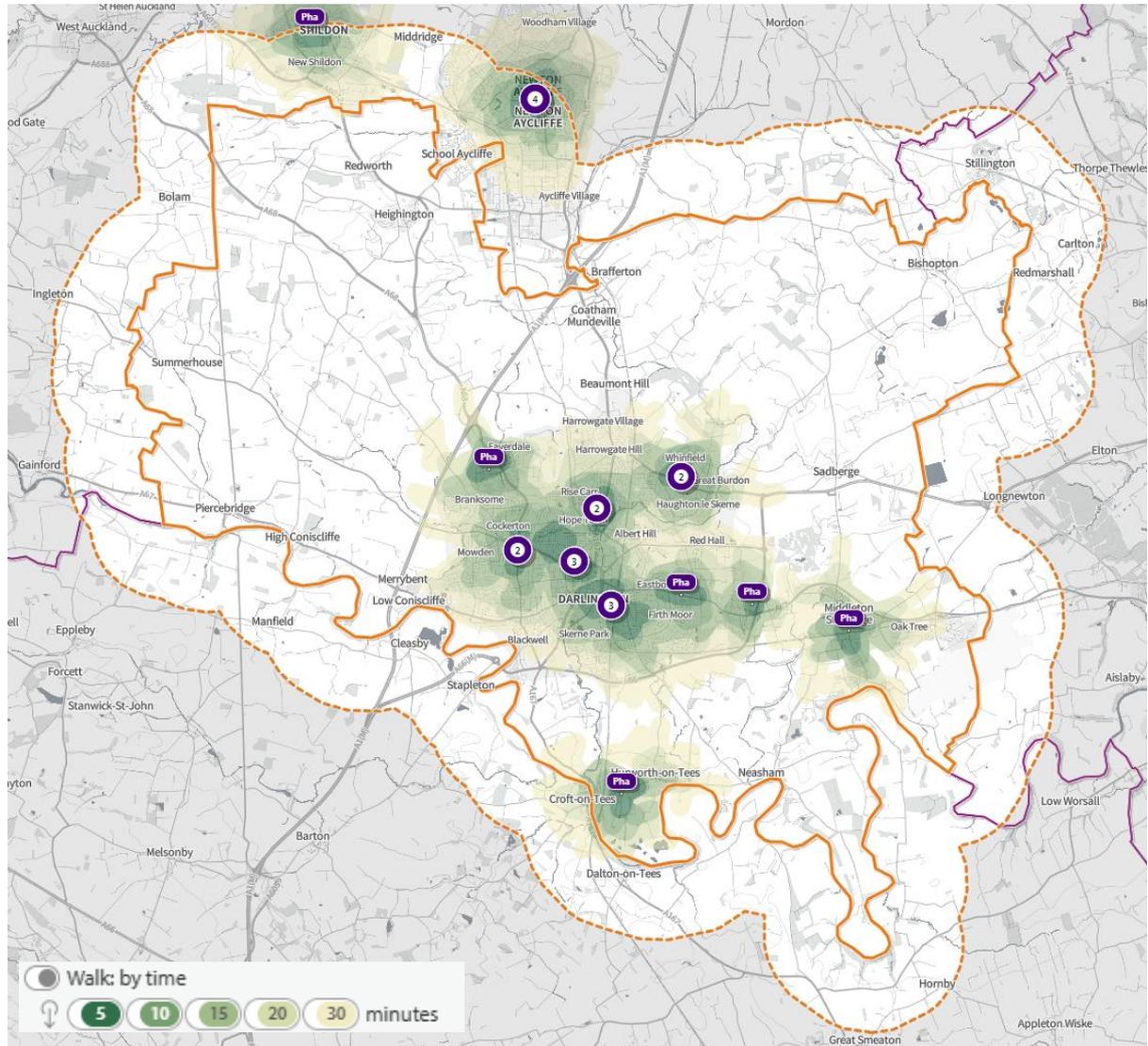
Most community pharmacies in Darlington open by 9am on weekday mornings, with two pharmacies opening at 8.30am and one opening at 8am. During weekday daytime hours, there is good access to pharmacies across Darlington, effectively supporting the needs of the local population. Most close for a midday lunch break, typically ranging from 30 to 90 minutes, with staggered closing and reopening times between approximately 12:30pm and 2pm. This helps ensure continuous access to

pharmacy services across the area during typical lunch hours, as other pharmacies remain open without a lunch closure.

During weekday daytime hours, pharmacy access is adequate across the borough. 94.1% of the population can reach their nearest pharmacy within a 30-minute walk, 95.6% can access one within a 15-minute public transport journey, and all residents can reach a pharmacy within a 10-minute private transport journey (see figures 6, 7 and 8). Those not covered by these access thresholds live in smaller satellite hamlets and villages surrounding Darlington, as indicated by the unshaded white areas on the maps in figures 6 and 7. Access to pharmacies for residents in the north of the borough is also supported by pharmacies in Newton Aycliffe and Shildon, accessible by either public or private transport.

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**Figure 6: Access to pharmacies by travel time on foot – weekday daytime (with 1.6km buffer zone outside Darlington boundary)**

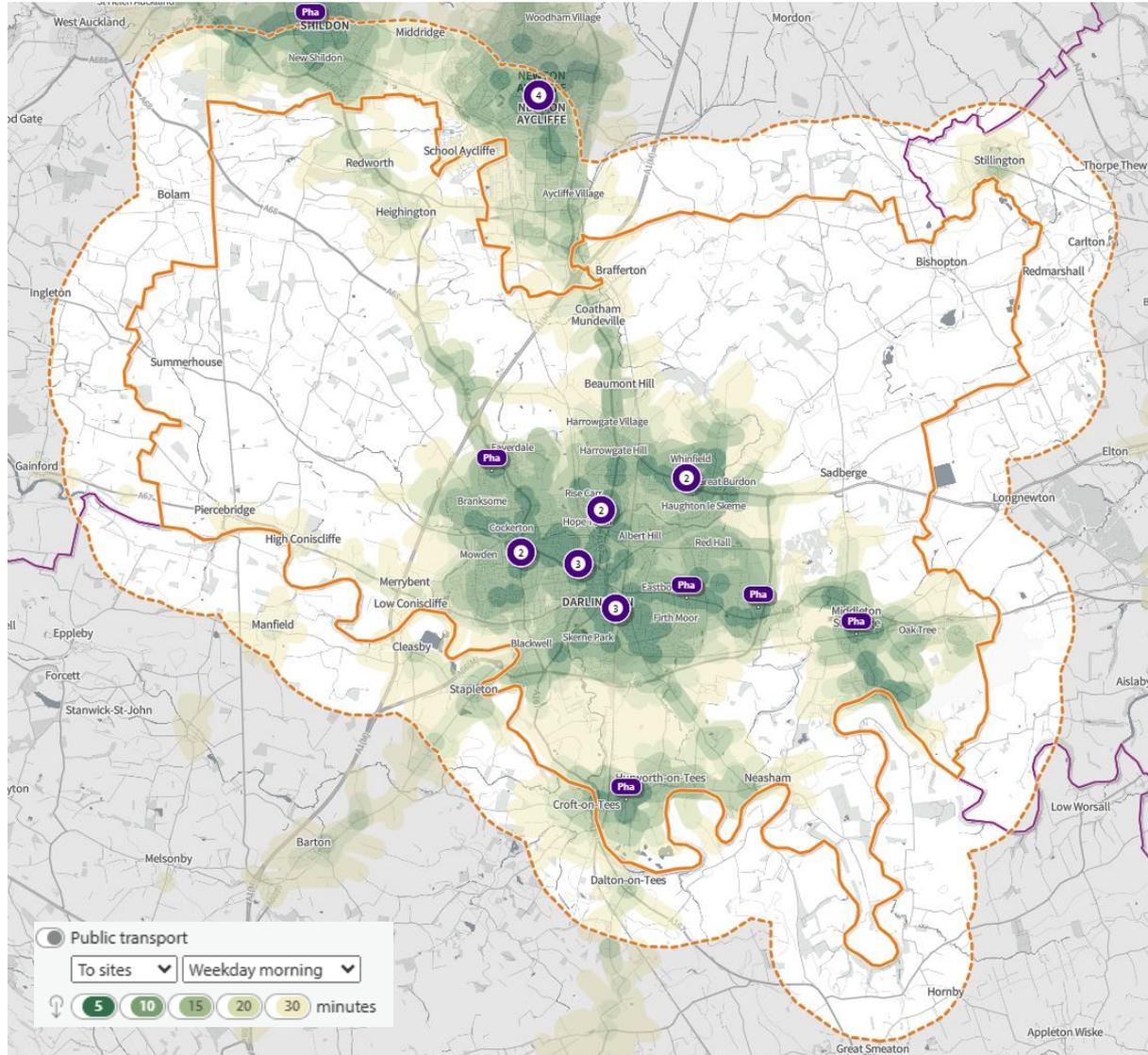


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**Table 4: Access to pharmacies by travel time on foot – weekday daytime**

Travel time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	30,014	79,399	109,413	27.4%
10	64,383	45,030	109,413	58.8%
15	79,984	29,429	109,413	73.1%
20	95,869	13,544	109,413	87.6%
30	102,959	6,454	109,413	94.1%

**Figure 7: Access to pharmacies by travel time on public transport – weekday morning (with 1.6km buffer zone outside Darlington boundary)**

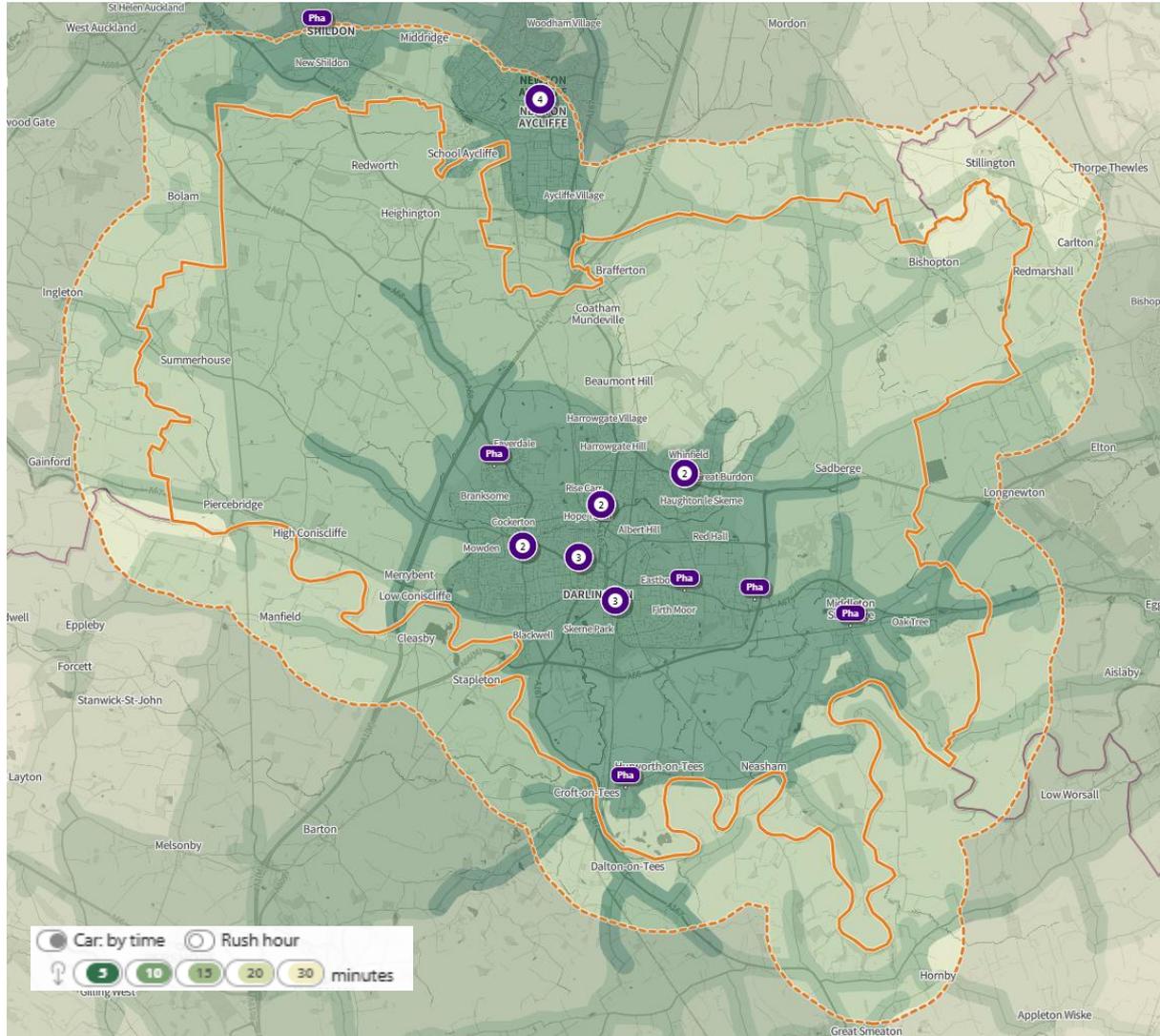


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**Table 5: Access to pharmacies by travel time on public transport – weekday morning**

Travel time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	52,425	56,988	109,413	47.9%
10	95,329	14,084	109,413	87.1%
15	104,550	4,863	109,413	95.6%
20	104,550	4,863	109,413	95.6%
30	104,550	4,863	109,413	95.6%

**Figure 8: Access to pharmacies by travel time by car – weekday daytime (with 1.6km buffer zone outside Darlington boundary)**



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**Table 6: Access to pharmacies by travel time by car – weekday daytime**

Travel time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	102,959	6454	109,413	94.1%
10	109,413	0	109,413	100.0%
15	109,413	0	109,413	100.0%
20	109,413	0	109,413	100.0%
30	109,413	0	109,413	100.0%

### **6.4.1.2 Weekday evenings**

Pharmacy provision in Darlington during weekday evenings gradually reduces after 5.30pm. Eight pharmacies close by 5.30pm, while five remain open until 6pm or slightly later (including one until 6.15pm). One 40-hour contract pharmacy (Morrisons Pharmacy) offers extended access until 7pm through supplementary hours. Three pharmacies (Asda Pharmacy, Cockerton Pharmacy, and Well) provide evening opening until 9pm. All three hold 100-hour contracts, although their total opening hours now range from 72 to 78 hours per week following regulatory changes.

The two distance-selling pharmacies based in Darlington are also open until 6pm, although they do not provide face-to-face services.

Additional evening provision is available from pharmacies in neighbouring areas, including Tesco in Newton Aycliffe, which is open until 9pm on weekdays and may be more accessible for some residents, particularly those living in the north of the borough.

This range of opening times provides some access to pharmaceutical services in the early evening, with a smaller number of pharmacies available later in the evening. With 95.6% of residents able to access a pharmacy within 30 minutes by public transport and within 10 minutes by private transport after 7pm, the current level of provision appears to meet the needs of most residents during weekday evenings. Those not covered by these access thresholds live in smaller satellite hamlets and villages surrounding Darlington.

## **6.4.2 Weekend opening**

### **6.4.2.1 Saturday opening**

In total, 14 community pharmacies in Darlington are open on Saturdays. Most (12) open at 9am, with one opening earlier at 8.30am. One pharmacy opens later in the day at 2pm and remains open into the evening.

There is a gradual reduction in provision throughout the day. By 2pm, 13 pharmacies are open, with 8 remaining open into the afternoon. After 5.30pm, four pharmacies continue to provide access. After 8pm, three pharmacies remain open (Asda Pharmacy, Cockerton Pharmacy, and Well). These are operated under former 100-hour contracts, now providing between 72 and 78 hours per week following national regulatory changes.

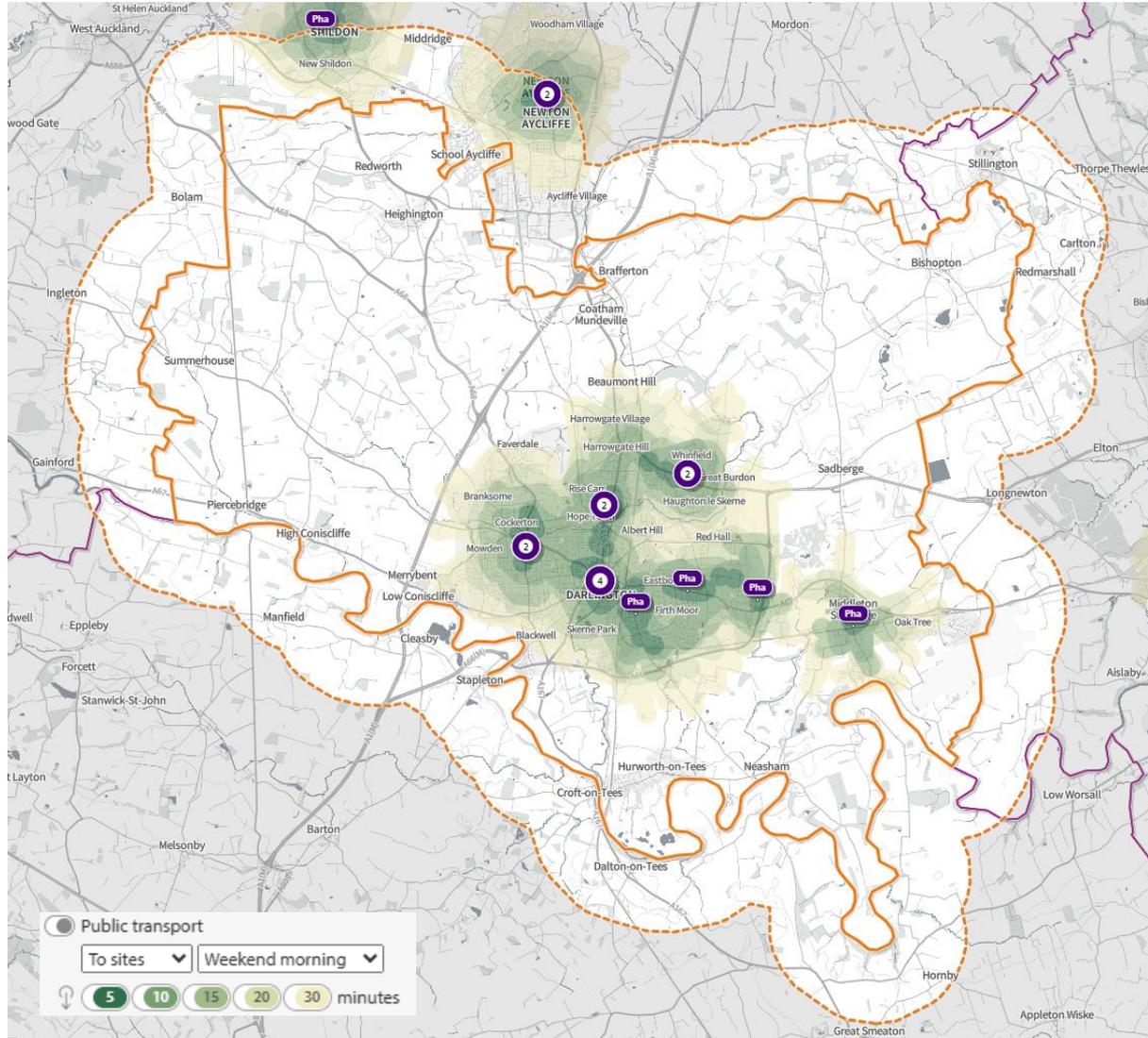
Three community pharmacies, Pharmacy Express, The Pharmacy (Rockcliffe Court), and West Park Pharmacy, do not open on Saturdays. The two distance-selling pharmacies based in Darlington are also closed on Saturdays; however, they do not provide face-to-face services. Saturday provision is further supported by pharmacies

located in neighbouring areas, particularly those in Newton Aycliffe and Shildon, within a 1.6km (1 mile) radius of the Darlington HWB border.

Overall, this pattern offers good access to pharmaceutical services in the morning and early afternoon, with some evening availability and additional options in neighbouring areas. All residents are within a 10-minute car journey. Fewer pharmacies open on Saturdays limits access for those using public transport, with 90.2% within a 30-minute journey (see figure 9 and table 7). A small number of residents in rural hamlets and villages may have slightly longer travel times due to the borough's diverse geography, but overall access is considered satisfactory.

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**Figure 9: Access to pharmacies open on Saturdays by travel time on public transport (with 1.6km buffer zone outside Darlington boundary)**



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**Table 7: Access to pharmacies open on Saturdays by travel time by public transport**

Travel time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	30,239	79,174	109,413	27.6%
10	63,231	46,182	109,413	57.8%
15	82,544	26,869	109,413	75.4%
20	91,634	17,779	109,413	83.8%
30	98,707	10,706	109,413	90.2%

### 6.4.2.2 Sunday opening

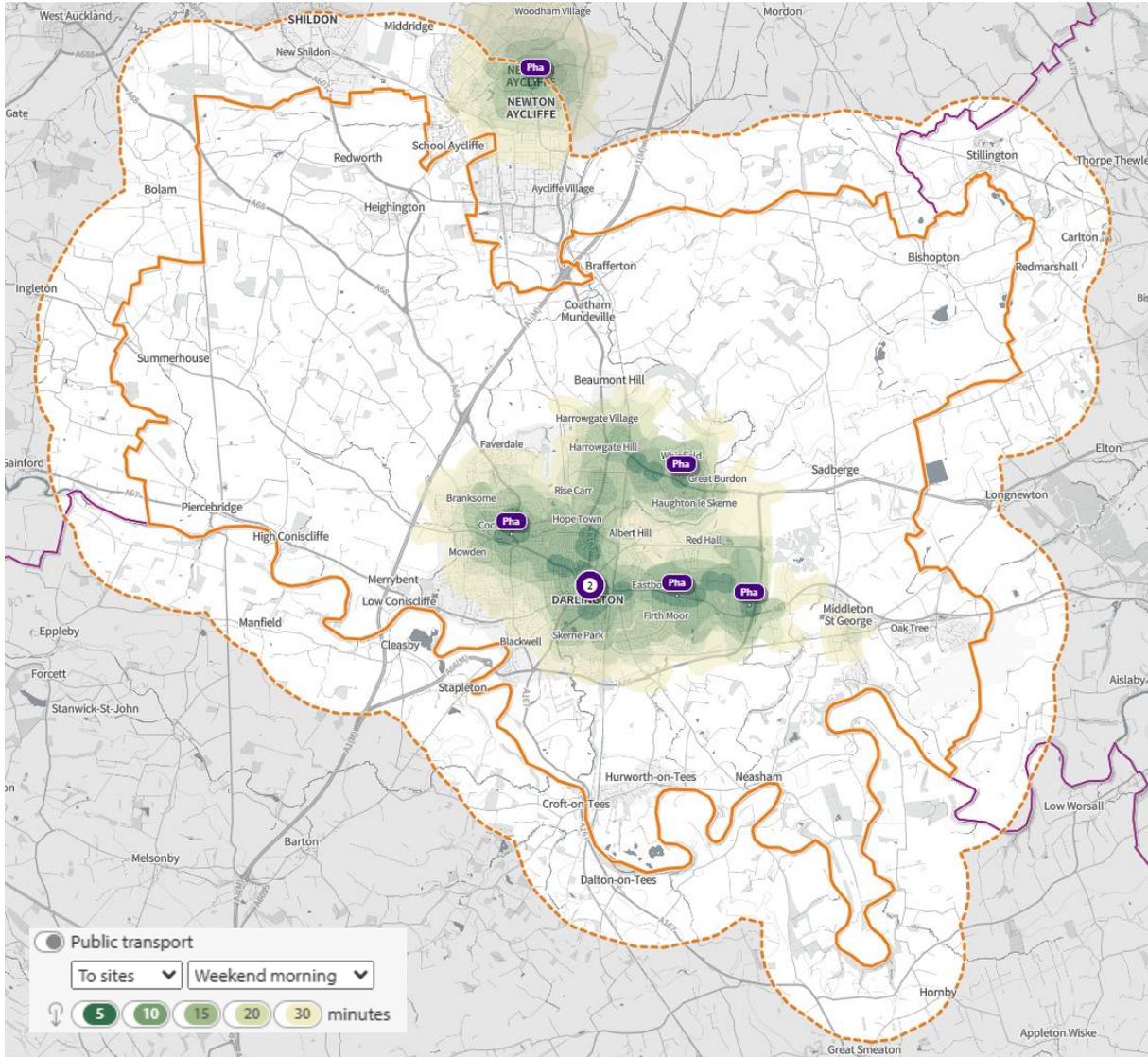
Pharmacy provision in Darlington is more limited on Sundays. Of the 19 pharmacies in the area, six are open for some or all of the day, while the remaining 13 are closed (including the two distance-selling pharmacies based in Darlington).

Opening times among the six pharmacies that are open vary. Most operate between 10am and 4pm or slightly later, while one pharmacy offers extended access from 8am to 6pm. Those open on Sundays include three pharmacies operating under former 100-hour contracts (Asda Pharmacy, Cockerton Pharmacy, and Well), which continue to provide Sunday opening as part of their contracted core hours under revised contractual arrangements. One pharmacy, Boots (Northgate), offers a limited Sunday opening time from 10:30am to 11am as part of its core hours, with the remainder of its Sunday hours classified as supplementary. The other two pharmacies open on Sundays solely as supplementary hours (Morrisons Pharmacy and James & Lindsey Clark Chemists).

Although overall Sunday provision is limited within the borough, access is supported by these extended-hour pharmacies. Additional provision may also be accessible for some residents from pharmacies in neighbouring areas, including Tesco Pharmacy in Newton Aycliffe, which is located within a 1.6km (1 mile) radius from the Darlington HWB border.

All residents are within a 10-minute car journey. The reduced number of pharmacies open on a Sunday limits access for those using public transport, with 88.8% of residents within a 30-minute journey as shown in figure 10 and table 8. A small number of residents in more rural hamlets and villages may experience slightly longer travel times, reflecting the borough's diverse geography. However, overall access is considered satisfactory given the availability of some Sunday provision.

**Figure 10: Access to pharmacies open on Sundays by travel time on public transport (with 1.6km buffer zone outside Darlington boundary)**



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**Table 8: Access to pharmacies open on Sundays by travel time by public transport**

Travel time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	12,526	96,887	109,413	11.4%
10	47,447	61,966	109,413	43.4%
15	70,739	38,674	109,413	64.7%
20	84,234	25,179	109,413	77.0%
30	97,115	12,298	109,413	88.8%

### **6.4.3 Access to pharmacy services out of the Darlington area**

It is important to note that pharmacy services that are out of the Darlington area provide additional alternatives for people to access medicines and advice.

In particular, there are pharmacies close to residents who live on or close to the borough boundaries.

Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

### **6.5 Disability access**

To comply with the Equality Act 2010<sup>(18)</sup>, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers
- Large print labels
- Being conscious of placement of labels and position of braille
- Reminder charts, showing which times of day medicines are to be taken
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room
- Distinct from the general public areas of the pharmacy premises

- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

## **6.6 Access to translation services**

Good quality interpreting of spoken word or British Sign Language (BSL) as well as translation of text or braille is crucial for equitable access in primary care.

Language Empire provides interpreting and translation services which community pharmacies have been able to access since April 2021.

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## 7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013<sup>(31)</sup>.

NHSE commissions pharmaceutical services via the national CPCF<sup>(7)</sup>. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential services: services all community pharmacies are required to provide.
- Advanced services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions.
- National enhanced services: nationally specified services that are commissioned by NHSE. Currently, there is just one such service – the COVID-19 vaccination programme.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. There are no LPS pharmacies in Darlington

Locally commissioned community pharmacy services can also be contracted via different routes and by different commissioners, including local authorities and the ICB.

### 7.1 Essential services

The CPCF states that all pharmacies are required to provide the essential services.

The essential services are:

- Dispensing medicines ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- Repeat dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies (HLP) - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities. HLP became an essential service requirement in 2020/21 as agreed in the five-year CPCF which reflects the priority attached to public health and prevention work. The NHS Terms of Service were amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, published by NHSE. Pharmacies have had to ensure they are compliant with the HLP requirements since 1 January 2021.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business").

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

### **7.1.1 Digital solutions**

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings.

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement,

that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

## 7.2 Advanced services

In addition to the essential services, the NHS CPCF allows for the provision of advanced services. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally.

Advanced services currently (2025) include:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

Local information about whether a pharmacy is signed up to deliver an advanced service was provided by NENC ICB. It should be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service.

Table 9 shows the number of pharmacies providing each of the advanced services.

**Table 9: Number of community pharmacies providing advanced services in Darlington**

Pharmacy advanced service	Number of pharmacies providing this service
Appliance Use Review	9
Hypertension Case-Finding Service	17
Influenza Vaccination Service	17
Lateral Flow Device Tests Supply Service	17
New Medicines Service	19
Pharmacy Contraception Service	17
Pharmacy First Service	18
Smoking Cessation Service	12
Stoma Appliance Customisation service	9

**Data Source: NENC ICB**

### **7.2.1 Appliance use review (AUR)**

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies.

In Darlington, nine pharmacies are signed up to provide the AUR service.

### **7.2.2 Influenza vaccination service**

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

In Darlington, 17 pharmacies are signed up to provide the influenza vaccination service.

### **7.2.3 Hypertension case-finding service (HCFS)**

The HCFS was commenced as an advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.

- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

In Darlington, 17 pharmacies are signed up to provide the HCFS.

#### **7.2.4 Lateral flow device (LFD) tests supply service**

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

The LFD tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

In Darlington, 17 pharmacies are signed up to provide the LFD tests supply service.

#### **7.2.5 New medicine service (NMS)**

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended<sup>(32)</sup>. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

In Darlington, all 19 community pharmacies are signed up to provide NMS.

## 7.2.6 Pharmacy contraception service (PCS)

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)<sup>(33)</sup>.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide greater choice from where people can access contraception services, as well as extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

The contractual settlement for 2025/26 includes plans for further changes to the PCS specification<sup>(34)</sup> including:

- Recognition of suitably trained pharmacists and competent pharmacy technicians will be able to provide the service, thereby utilising a greater skill mix and provision of service
- Expanding the list of products available via PGD

- From October 2025, expanding the service to include emergency contraception.

In Darlington, 17 community pharmacies are signed up to provide PCS.

Note that Darlington Borough Council also currently commissions the supply of emergency contraception via community pharmacy. The current LA commissioned service is described in more detail in the local enhanced services section.

### **7.2.7 Pharmacy First service**

The Pharmacy First service, which commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infection (UTI) in women.

Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral)

Eighteen pharmacies in Darlington are signed up to provide this service.

#### **7.2.7.1. Pharmacy First bundling arrangements from 1 June 2025**

From 1 June 2025, pharmacy owners wishing to provide the Pharmacy First service must be also registered and able to deliver both the HCFS and the PCS<sup>(35)</sup>. The likely impact will be more pharmacies offering all three services, widening availability.

### **7.2.8 Smoking cessation advanced service**

The smoking cessation advanced service commenced in March 2022 for people referred to community pharmacies by hospital services. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required.

This service supplements the ICB-commissioned maternity smoking voucher service detailed in Section 8 of this document.

In Darlington, 12 community pharmacies are signed up to provide the advanced smoking cessation advanced service.

### **7.2.9 Stoma appliance customisation (SAC) service**

The SAC service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

As with the AUR service, this is typically undertaken by mail order appliance contractors, however nine pharmacies in Darlington are signed up to provide the service.

## **7.3 National enhanced services**

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> for a new type of enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an enhanced service that is nationally specified. This requires NHSE to consult with CPE on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with CPE. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there is one NES commissioned by NHSE, the COVID-19 vaccination programme.

### **7.3.1 COVID-19 vaccination programme**

Pharmacies have been central to the Government's COVID-19 response, and figures from NHSE in January 2022, show just how significant a contribution they have made to the vaccination efforts. In the previous 12 months to January 2022, which marked the one-year anniversary of the sector providing COVID-19 vaccinations, more than 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites. NHSE also highlighted a 50% increase in the number of pharmacies delivering COVID-19 boosters since October 2021<sup>(36)</sup>.

In Darlington, ten pharmacies provided COVID-19 vaccinations during the autumn/winter 2024 campaign.

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## 8 Darlington Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations<sup>(6)</sup>, but the term is often used to describe those services commissioned from pharmacies by local authorities and the ICB.

In Darlington, pharmacy services are currently commissioned locally by Darlington Borough Council and NENC ICB. The latter are known as 'local enhanced services'. Table 10 shows the number of pharmacies providing each of these locally commissioned services.

**Table 10: Number of community pharmacies providing locally commissioned and local enhanced services in Darlington**

Locally commissioned and local enhanced services	Number of pharmacies providing this service
Think Pharmacy First	18
Specialist palliative care medicines service	2
Maternity e-NRT voucher service	15
Supervised consumption of opioid substitutes	14
Emergency Hormonal Contraception	12

Source: CPTV<sup>(37)</sup>, Darlington Borough Council

### 8.1 ICB local enhanced services

At the time of preparing this PNA, NENC ICB commissioned the following services with community pharmacy:

- Think Pharmacy First
- Specialist palliative care medicines service
- Maternity e-Nicotine Replacement Therapy (NRT) voucher service

Other ICB-commissioned service:

- Bank holiday rota.

#### 8.1.1 Think Pharmacy First

Pharmacies across the NENC ICB region can offer advice and treatment for many common conditions, under the banner 'Think Pharmacy First'. Not to be confused with the 'Pharmacy First' advanced service, this scheme covers conditions which would more typically be managed in a pharmacy setting but where the price of the medications provides either a barrier to treatment, or forces patients to access other services such as general practice or accident and emergency. The aim is to therefore improve both equity and access whilst at the same time reduce pressure elsewhere in the system.

Eighteen pharmacies (all community pharmacies and one DSP) in Darlington are signed up to offer this service, giving good access to advice and treatment for minor ailments throughout the area.

### **8.1.2 Specialist palliative care medicines service**

This service ensures that a small number of pharmacies across Darlington keep a permanent stock of medicines that require access without any delays in dispensing. The agreed list of medicines held in participating pharmacy stores includes palliative care medicines and some less-commonly stocked antibiotics. This list is routinely reviewed. Two pharmacies participate in the scheme in Darlington, both of which are 100-hour pharmacies and therefore offer extensive opening hours, providing availability of these medicines on weekdays, weekday evenings and at weekends.

The two pharmacies are:

- Asda Pharmacy, Whinbush Way, DL1 3RB
- Well, 87 Victoria Road, DL1 5JQ

### **8.1.3 Maternity e-NRT voucher service**

The NHS Maternity Tobacco Dependency Treatment service delivery model in the North East includes all pregnant people being screened for carbon monoxide at booking, with all of those who have a level of 4ppm (parts per million) or above, or those who have stopped in the previous two weeks being referred to a specialist trained tobacco treatment advisor within the maternity service on an 'opt-out' basis. The advisors see all people referred and develop a personalised quit plan including medication. The maternity tobacco treatment advisor will provide structured support on top of existing antenatal care in line with National Centre for Smoking Cessation and Training (NCSCT) standards throughout the maternity care pathway.

Quick and simple access to Nicotine Replacement Therapy (NRT) is an essential element of the maternity pathway. Community pharmacists utilise the online platform e-voucher scheme to receive requests from NHS maternity tobacco treatment advisors for pregnant women participating in a structured supported quit attempt, as well as providing advice on how to use the medication. This scheme is available at 15 pharmacies in Darlington.

### **8.1.4 Bank holiday rota**

Community pharmacies may choose not to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) choose to open – often for limited hours. The ICB has managed a service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to

the hubs and out-of-hours providers. This is so that patients can easily access medication if required.

All pharmacies are obliged to participate in the rota if they are directed to do so by the ICB.

## **8.2 Darlington Public Health commissioned services**

As part of its range of public health interventions, Darlington Borough Council currently commissions the following services from community pharmacies:

- Supervised consumption
- Emergency hormonal contraception

### **8.2.1 Supervised consumption**

Substances such as heroin, opium and morphine are known as opioids. Many opioids are 'psychoactive', which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

Community pharmacies are commissioned via the service provider (WithYou) to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users.

To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacy staff supervise the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

Fourteen community pharmacies are signed up to provide supervised consumption across Darlington, although two of these pharmacies have not recently recorded any service activity

### **8.2.2 Emergency hormonal contraception (EHC)**

Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The service, managed by County Durham and Darlington Sexual Health Services, aims to improve access to emergency

hormonal contraception (EHC) by providing it free of charge from community pharmacies in Darlington. The service also helps to increase the knowledge of emergency contraception and its use, especially among young people. Whilst EHC is available to purchase without prescription at community pharmacies, the retail cost means that it may be unaffordable for many in greatest need.

Pharmacists who provide the service are specifically trained to assess the patient's suitability for EHC and provide the medication under a PGD. The patient will also be provided with support and advice and can be referred to specialist services if appropriate.

Across Darlington, 12 pharmacies currently provide the EHC service. Changes to the national advanced PCS service specification<sup>(34)</sup> are expected to come into effect from October 2025, expanding the service to include the provision of EHC. This is anticipated to cover all patients who currently access the locally commissioned EHC service. Once the start date and service details are confirmed and published, commissioners will review the need for the locally commissioned EHC service.

### **8.3 Non-commissioned services**

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by the local authority, ICB or NHSE. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services may include:

- Delivery of dispensed medicines
- Dispensing of medicines into monitored dosage systems for patients not requiring reasonable adjustments

It is worth noting that patients are often surprised to find that these are not NHS services.

#### **8.3.1 Medicine delivery service**

Typically, most pharmacies will offer a prescription delivery service of some kind, which in many cases is free of charge either for everyone or for those who meet specified criteria (such as being housebound or living within a certain radius of the pharmacy). This service can be very important to those with limited mobility.

### **8.3.2 Monitored dosage systems (MDS)**

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010<sup>(18)</sup>. This will sometimes require the use of MDS to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67<sup>(38)</sup> recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

## 9 Current and Future Pharmacist Role

Darlington HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

Darlington's Public Health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations. Community pharmacy has a critical role to play in the Darlington health system. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Darlington. It is also important that the people of Darlington are aware of and fully utilise the services available from their community pharmacies.

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

The 10 Year Health Plan<sup>(12)</sup> sets out a vision for community pharmacy being an integral part of neighbourhood health services, with a move from a dispensing focussed role to offering more clinical services. This will include:

- More community pharmacists becoming able to independently prescribe
- Management of long-term conditions
- Management of complex medication regimes
- Treatment of obesity, high blood pressure and high cholesterol
- Increased role in vaccine delivery (including human papillomavirus for those who have missed out on the school programme)
- Increased role in screening for risk of cardiovascular disease and diabetes

The plan also includes a move to modernise the approach to dispensing of medicines by using available technology, including dispensing robots, and developing hub and spoke models.

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## 10. Engagement and Consultation

### 10.1 Formal consultation

The formal consultation on the draft PNA for Darlington ran from 1 July 2025 to 30 August 2025 in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup>.

3 responses were received to the consultation questionnaire. The feedback received during the consultation process is summarised below:

- 67% of respondents agreed that the PNA reflects the current provision of pharmaceutical services. 33% of respondents selected "not sure" when answering this question.
- 67% of respondents believed that there were no gaps in provision of pharmaceutical services for Darlington that were not identified in the PNA.
- 67% of respondents felt the PNA reflects the needs of the local population. 33% of respondents selected "not sure" when answering this question.
- 67% felt that the PNA provided enough information to inform future pharmaceutical provision and plans for pharmacies and dispensing appliance contractors. 33% of respondents selected "not sure" when answering this question
- 67% of respondents agreed with the overall conclusions presented in the PNA. 33% of respondents selected "not sure" when answering this question

Key themes from the comments received were as follows:

- Importance of promoting and raising awareness of the breadth of services offered by community pharmacy to increase accessibility for all population groups.

A detailed summary of the consultation process including a list of the stakeholders invited to contribute to the process, consultation questions posed, responses and further feedback to the PNA and the HWB response including a list of amendments made to the document is described in Appendix 3.

## 11 Summary of Findings

Since the last Pharmaceutical Needs Assessment in 2022, pharmacy provision in Darlington has undergone several changes. Three pharmacies have closed, one new distance-selling pharmacy has opened, and multiple ownership changes have occurred, though all affected premises remain open.

Darlington currently has 17 community pharmacies and 2 distance selling pharmacies (DSPs). Most operate under 40-hour contracts, with three pharmacies on former 100-hour contracts now providing 72–78 hours per week. Two GP practices provide dispensing services to eligible patients in rural areas, and one additional practice just outside the borough may serve some Darlington residents.

Darlington has slightly fewer pharmacies per 100,000 residents compared to the England average (15.4 compared to 17.3 when excluding DSPs), though overall access remains good. Pharmacies in Darlington dispense a higher average number of items annually (149,914) than the national average (106,999), reflecting both local need and use by patients from surrounding areas. Around 5% of prescriptions dispensed in Darlington are for patients from outside the borough.

Pharmacies provide extensive weekday coverage. Most open by 9am, with some earlier openings. Many close for lunch, but staggered closures ensure daytime continuity. In the evening, access decreases, though three pharmacies remain open until 9pm. Public transport access after 7pm is good, with 95.6% of residents within a 30-minute journey.

Saturday provision is strong in the morning and early afternoon, with 14 pharmacies open, including seven open after 1pm and three until 9pm. All residents are within a 10-minute car journey, and 90.2% are within a 30-minute public transport journey. Sunday access is more limited, with only six pharmacies open. However, 88.8% of residents can still access a pharmacy within 30 minutes by public transport, and all are within a 10-minute drive.

Pharmacies outside Darlington, including those in Newton Aycliffe and Shildon, provide important supplementary access, particularly for residents near the borough's boundaries.

The number of community pharmacies in Darlington has remained relatively stable since the previous PNA, and no gaps in provision have been identified as a result of recent closures. Current pharmacy locations and opening hours continue to provide good access across the borough, with no unmet needs or service gaps identified that would secure improvements or better access either now or in foreseeable future circumstances (including when considering housing developments anticipated over the lifespan of this PNA). However, this stability may not continue, and any changes in pharmacy numbers or locations during the lifetime of this PNA will need to be

carefully monitored and assessed to understand their potential impact on local access and service provision.

All community pharmacies in Darlington provide essential services, including dispensing NHS prescriptions, repeat dispensing, disposal of unwanted medicines, health promotion, and support for self-care. Advanced services are widely offered, with all 19 pharmacies delivering the New Medicines Service. Most also provide additional advanced services such as influenza vaccinations, hypertension case-finding, contraception, and minor illness management via the Pharmacy First service. This reflects strong local pharmacy engagement in enhancing patient health beyond traditional dispensing roles. Furthermore, pharmacies play a vital role in nationally commissioned enhanced services, with 10 pharmacies participating in the recent COVID-19 vaccination programme, underscoring their important contribution to public health emergencies.

Locally commissioned pharmacy services in Darlington complement these nationally commissioned services by addressing specific local health priorities. Eighteen pharmacies participate in the 'Think Pharmacy First' scheme, providing accessible advice and treatment for minor ailments to improve equity and reduce pressure on other healthcare settings. Two pharmacies maintain specialist palliative care medicine stocks, ensuring timely access to essential medications with extended opening hours.

Support for pregnant women who smoke is strengthened through the maternity e-Nicotine Replacement Therapy (NRT) voucher service, available at 15 pharmacies, which facilitates quick access to NRT as part of structured quit attempts. Access to pharmacy services is also maintained on bank holidays through a coordinated rota, ensuring medication availability when many premises might otherwise close.

Public health priorities are further supported through council-commissioned services including supervised consumption of opioid substitutes, offered by 14 pharmacies, which helps manage substance misuse safely and effectively within the community. Twelve pharmacies provide free and confidential emergency hormonal contraception, improving timely access particularly for young people and those facing financial barriers.

Pharmacies also provide a range of non-commissioned services, such as medicine delivery and monitored dosage systems, which are crucial for supporting patients with mobility challenges or complex medication regimens. While not NHS-funded, these services contribute significantly to patient care and independence.

Together, these locally commissioned services enhance the role of pharmacies as accessible healthcare hubs in Darlington, supporting public health, vulnerable populations, and the wider health and care system.

## 12 Statement of Pharmaceutical Needs Assessment

After considering all the elements of the PNA, Darlington HWB makes the following statements:

- For the purpose of this PNA, Darlington HWB has agreed that necessary services are defined as the essential services in the NHS CPCF (see section 3.3).

### Provision of necessary services

- There is no identified gap in the current provision of necessary services across Darlington, either during or outside of normal working hours, to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in future circumstances across Darlington.

### Improvements and better access

- There are no gaps in the provision of advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Darlington.
- There are no gaps in the provision of national enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Darlington.
- Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned and local enhanced services, either now or in specific future (lifetime of this PNA) circumstances across Darlington to meet the needs of the population.

### In addition:

Community pharmacy services play an important role in supporting the services provided by GP practices and the Primary Care Network as reflected by the changes in the essential, advanced and locally commissioned services as described in this report.

A number of pharmacies provide extended opening hours as supplementary hours which, if significantly reduced could impact on access for the population of Darlington. Should this be the case, a review of pharmaceutical provision would need to be undertaken to explore provision. Early involvement of the Community Pharmacy Tees Valley and local community pharmacies in this process would allow for local solutions to be explored.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of

these services, and we would wish to encourage residents to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.

There is adequate provision of existing locally commissioned and local enhanced services across Darlington although access and equity of provision could be improved for some services. It is recommended that the public health team should continue to monitor this with partners including the ICB and Community Pharmacy Tees Valley to ensure service levels are maintained.

With regard to locally commissioned and local enhanced services, the public health team should work with NENC ICB, Community Pharmacy Tees Valley, community pharmacies, and the PCN to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.

Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Darlington and with other healthcare professional teams to increase awareness of engagement and interaction with services.

Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

## Appendix 1 – Membership of Steering Committee

- Ken Ross (**Chair**), Public Health Principal, Darlington Council
- Andy Reay, Senior Strategic Lead Pharmacist, North of England  
Commissioning Support
- Steve Llewellyn, Senior Medicines Optimisation Pharmacist, North of England  
Commissioning Support
- Donna Bradbury, Transformation and Delivery Manager, North of England  
Commissioning Support
- Emma Beevers, Strategic Lead Pharmacy Technician, North of England  
Commissioning Support
- Sandie Keall, Chief Officer, Community Pharmacy Tees Valley
- Andrea Goldie, Mental Health and Community Networks Manager,  
Healthwatch Darlington

DRAFT

## Appendix 2 – Pharmacy Addresses and Opening Times

ODS Code	Pharmacy Name	Full Address	Weekday Opening Hours	Saturday Opening Hours	Sunday Opening Hours
FED61	Asda Pharmacy	Whinbush Way, Darlington, DL1 3RB	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:00-16:00
FLA75	Boots UK Limited	47-53 Northgate, Darlington, Co Durham, DL1 1TT	09:00-17:30	09:00-17:30	10:30-16:30
FVQ08	Clifton Court Pharmacy	Clifton Court Medical Centre, Victoria Road, Darlington, DL1 5JN	09:00-13:00 13:20-17:30	09:00-12:00	Closed
FWQ54	Cockerton Pharmacy	5 West Auckland Road, Cockerton, Darlington, County Durham, DL3 9EJ	09:00-13:00 14:00-21:00	14:00-21:00	08:00-18:00
FW558	Darlington Pharmacy Bondgate	51 Bondgate, Darlington DL3 7JJ	09:00-13:20 13:40-17:30	09:00-12:00	Closed
FCK03	Day Lewis Pharmacy	Denmark Street Surgery, Denmark Street, Darlington, DL3 0PD	08:00-18:15	08:30-14:00	Closed
FVF81	Denmark Street Pharmacy	99 North Road, Darlington, Co Durham, DL1 2PS	09:00-13:40 14:00-17:30	09:00-12:00	Closed
FAQ64	James & Lindsey Clark Chemists	297 Yarm Road, Darlington, Co Durham, DL1 1BA	08:30-13:00 14:00-17:30	09:00-13:00 14:00-16:00	11:00-16:00
FD755	Lingfield Pharmacy (DSP)	Unit 34, Flexspace, Lingfield Way, Darlington DL1 4QZ	09:00-13:00 14:00-18:00	Closed	Closed
FPC68	Meds On Delivery Pharmacy (DSP)	Pharmacy Unit, Firth Moor Community Centre, 56 Burnside Road, Darlington, DL1 4SU	09:00-13:00 14:00-18:00	Closed	Closed
FKV30	Middleton Pharmacy	1 Belle Vue Terrace, Middleton-St-George, Darlington, DL2 1BN	09:00-18:00	09:00-12:00	Closed
FDM89	Morrisons Pharmacy	Morton Park Way, Morton Park, Darlington, DL1 4PJ	09:00-13:00 14:00-19:00	09:00-13:00 14:00-17:00	10:00-16:00

ODS Code	Pharmacy Name	Full Address	Weekday Opening Hours	Saturday Opening Hours	Sunday Opening Hours
FK431	Pharmacy Express	9 Damson Court, Orchard Road, Darlington, DL3 6JA	09:00-18:00	Closed	Closed
FC821	Rowlands Pharmacy	Cardinal Gardens, Darlington, Co Durham, DL3 8SD	09:00-13:00 13:20-17:30	09:00-12:00	Closed
FG826	Rowlands Pharmacy	155 Neasham Road, Darlington, Co Durham, DL1 4BN,	09:00-13:20 13:40-17:30	09:00-12:00	Closed
FEJ33	Rowlands Pharmacy	Whinbush Way, Darlington, Co Durham, DL1 3RT	09:00-13:30 13:50-17:30	09:00-12:00	Closed
FC552	The Pharmacy	Rockliffe Court, Hurworth Place, Darlington, DL2 2BJ	08:30-12:30 14:00-18:00	Closed	Closed
FCW18	Well	87 Victoria Road, Darlington, DL1 5JQ	09:00-21:00	09:00-21:00	10:00-16:00
FH557	West Park Pharmacy	Unit 8, West Park Com Village, John Fowler Way, Tillage Green, Darlington, DL2 2GL	09:00-13:00 13:20-18:00	Closed	Closed

Source: NENC ICB

## Appendix 3 - Consultation on the Draft Pharmaceutical Needs Assessment for Darlington

The formal consultation on the draft PNA for Darlington ran from 1 July to 30 August 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- NHS North East and North Cumbria Integrated Care Board
- Community Pharmacy Tees Valley and all community pharmacy contractors in Darlington
- County Durham and Darlington LMC
- Healthwatch Darlington
- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- County Durham Health and Wellbeing Board
- Stockton-on-Tees Health and Wellbeing Board
- North Yorkshire Health and Wellbeing Board
- North East Ambulance Service

All consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback.

### Findings of the consultation:

There were 3 responses to the consultation questionnaire. Below is a summary of the responses given.

### Are you responding as:

Option	No. of responses	Percentage
A local pharmacy	1	33%
Local Pharmaceutical Committee	1	33%
Other	1	33%

"Other" response was from Healthwatch Darlington

**Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Darlington?**

Option	No. of responses	Percentage
Yes	2	67%
No	0	0%
Not sure	1	33%

**If no or not sure, please specify why:**

The assessment could better reflect the needs of specific communities by addressing communication and trust issues around newer services like Pharmacy First, and by including more insight from public feedback.

**Response on behalf of the Health and Wellbeing Board:**

While the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 do not require members of the public to be treated as statutory consultees, we have nevertheless opened the consultation to all residents in recognition of the vital importance of offering everyone the opportunity to comment on the draft PNA.

Section 12 of the PNA recognises the value of pharmacies offering a wide range of services, including the Pharmacy First scheme, and highlights the potential role of GP referrals in supporting patients to make best use of the service. While detailed action planning sits outside the remit of the PNA, the assessment process identified an opportunity to increase public awareness of the breadth of services provided by community pharmacies. As noted in the PNA, “Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Darlington and with other healthcare professional teams to increase awareness of engagement and interaction with services.”

**Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?**

Option	No. of responses	Percentage
Yes	1	33%
No	2	67%
Not sure	0	0%

**If yes, please specify the gaps:**

Public understanding of Pharmacy First remains low, and there are accessibility concerns (e.g., lack of awareness of private consultation areas). There may be gaps

in promotional activity reaching younger people, men, and ethnic minority communities.

**Response on behalf of the Health and Wellbeing Board:**

The PNA is primarily a statutory assessment document. Its purpose under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 is to:

- Assess whether the provision of pharmaceutical services in an area meets the needs of the population.
- Identify gaps or opportunities in service provision.
- Provide the evidence base used by the ICB when considering applications for new, or changes to, pharmacy provision.

While the promotion of specific services is outside the remit of the PNA, the assessment has identified opportunities for commissioners and healthcare partners to consider when planning and communicating local services and this is noted in the PNA. This opportunity includes ensuring that promotional activity is accessible and reaches groups where awareness may currently be lower - such as younger people, men, and ethnic minority communities - and addressing barriers such as lack of awareness of private consultation areas.

**Does the draft pharmaceutical needs assessment reflect the needs of Darlington's population?**

Option	No. of responses	Percentage
Yes	2	67%
No	0	0%
Not sure	1	33%

**If no or not sure, please specify why:**

The assessment could better reflect the needs of specific communities by addressing communication and trust issues around newer services like Pharmacy First, and by including more insight from public feedback.

**Response on behalf of the Health and Wellbeing Board:**

As outlined above, Section 12 of the PNA recognises the value of pharmacies offering a wide range of services, including the new Pharmacy First scheme, and highlights the potential role of GP referrals in supporting patients to make best use of the service. While detailed action planning sits outside the remit of the PNA, the assessment process identified an opportunity to increase public awareness of the breadth of services provided by community pharmacies. As noted in the PNA, “Commissioners of NHS as well as local pharmacy services should consider how to

communicate about the availability of services with the population of Darlington and with other healthcare professional teams to increase awareness of engagement and interaction with services.”

**Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

Option	No. of responses	Percentage
Yes	2	67%
No	0	0%
Not sure	1	33%

**If no or not sure, please specify why:**

More public insight and clarity around uptake of new services and accessibility for different population groups would strengthen the basis for future planning.

**Response on behalf of the Health and Wellbeing Board:**

The PNA has considered uptake of newer services and outlines the pharmacies within Darlington offering these services (based on data available at the time of drafting). This has been considered alongside other information in assessing the adequacy of provision of pharmaceutical services in Darlington.

**Do you agree with the conclusions of the pharmaceutical needs assessment?**

Option	No. of responses	Percentage
Yes	2	67%
No	0	0%
Partly	1	33%

**If no or not sure, please specify why:**

While the core conclusions may be sound, additional emphasis on awareness, targeted communication, and inclusive engagement would make the findings more robust.

**Response on behalf of the Health and Wellbeing Board:**

The Health and Wellbeing Board recognise the importance of an inclusive approach to engagement and the consultation for the PNA was open to members of the public. Section 12 of the PNA outlines the opportunities for service improvement identified during the PNA process that fall outside of the remit of the PNA, including raising awareness of the important role Community Pharmacy plays in improving the health and wellbeing of the population, and increasing awareness of the breadth of services

offered by community pharmacies. These are noted in the final PNA document, which will be shared with key stakeholders including commissioners.

**Do you have any other comments?**

**Comment:**

Page - 57 - Supplementary hours can be amended with 5 weeks notice, this is not true if increasing hours which can be done overnight.

**Health and Wellbeing Board response to comment:**

Post consultation draft updated accordingly.

**Comment:**

Healthwatch Darlington encourages the ICB and local authority to consider recent public insight on Pharmacy First services. More targeted awareness campaigns and improved signposting, particularly regarding private consultation areas, could improve access and confidence. Feedback mechanisms should be built into local pharmacy services to continually reflect public experience.

**Response on behalf of the Health and Wellbeing Board:**

We agree that public insight is valuable in shaping local services. While PNAs do not commission or promote specific services, the Darlington PNA does outline opportunities to improve awareness to increase accessibility of services. Pharmacy providers and commissioners may use these insights to plan communication and engagement activities following the publication of the PNA.

**Amendments made to PNA following the consultation:**

- Section 5.1.2 further detail included about notice periods required for changes to supplementary hours.
- Sections 1.4, 1.6 and section 9 amended to include references to the 10 Year Health Plan for England.
- Sections 3.10, 10.2 and appendix 3 updated to reflect the outcomes of the consultation.

## Appendix 4 – Abbreviations

Abbreviation	Full term / Description
AUR	Appliance Use Review
BSL	British Sign Language
CDDFT	County Durham and Darlington NHS Foundation Trust
CHD	Coronary heart disease
CKD	Chronic kidney disease
CVD	Cardiovascular disease
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CPTV	Community Pharmacy Tees Valley
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DBS	Disclosure and Barring Service
DHSC	Department of Health and Social Care
DSP	Distance selling pharmacy
EHC	Emergency hormonal contraception
ePACT	Prescribing data
EoL	End of life
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LARC	Long-acting reversible contraception
LES	Local Enhanced Services
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long term condition
MDS	Monitored Dose Systems
NCRS	National Care Records Service
NCSCT	National Centre for Smoking Cessation and Training

<b>Abbreviation</b>	<b>Full term / Description</b>
NECS	North of England Commissioning Support
NENC	North East and North Cumbria
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral vascular disease
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
UTI	Urinary Tract Infection

## Appendix 5 – References and Data Sources

1. **The Health and Social Care Act 2012:**  
<https://www.legislation.gov.uk/ukpga/2012/7/contents>
2. **Darlington PNA 2022:** <https://www.darlington.gov.uk/media/17381/darlington-pna-2022-25.pdf>
3. **The Health and Care Act 2022:** <https://www.legislation.gov.uk/ukpga/2022/31/contents>
4. **Darlington Joint Strategic Needs Assessment (JSNA):**  
<https://www.darlington.gov.uk/your-council/council-information/documents/darlington-joint-strategic-needs-assessment/>
5. **Darlington Health and Wellbeing Strategy:**  
<https://www.darlington.gov.uk/media/22428/darlington-health-and-wellbeing-strategy.pdf>
6. **NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:**  
<https://www.legislation.gov.uk/uksi/2013/349/contents>
7. **Community Pharmacy Contractual Framework 2024-2025 and 2025 to 2026:**  
[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)
8. **ONS Mid-2023 population estimates:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland>
9. **The Health Act 2009:** <https://www.legislation.gov.uk/ukpga/2009/21/contents>
10. **PNA, Information pack for Local Authority Health and Wellbeing Boards:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)
11. **NHS Long Term Plan:** <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
12. **Fit for the Future: A 10 Year Health Plan for England:**  
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13. **State of the NHS in England:**  
<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
14. **NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24:**  
[https://nhsbsa.opendata.s3.eu-west-2.amazonaws.com/gphs/gphs\\_annual\\_2023\\_24\\_v001.html](https://nhsbsa.opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2023_24_v001.html)
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<https://cpe.org.uk/learn-more-about-community-pharmacy/funding/>
16. **Community Pharmacy Contractual Framework 2019-2024:**  
<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/>
17. **Local Government and Public Involvement in Health Act 2007:**  
<https://www.legislation.gov.uk/ukpga/2007/28/contents>
18. **Equality Act (2010):** <https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>
19. **Labour Market Profile – Darlington:**  
<https://www.nomisweb.co.uk/reports/lmp/la/1946157057/report.aspx#tabearn>
20. **Crime Statistics May 2024 – April 2025:** <https://data.police.uk/>

21. **Darlington Local Plan 2016 – 2036:** <https://www.darlington.gov.uk/media/23259/local-plan-adopted-feb22v2-accessibility-check.pdf>
22. **Darlington Five Year Housing Land Supply evidence 2024/25 – 2028/29:** <https://www.darlington.gov.uk/media/23129/appendix-1-five-year-housing-land-supply-delivery-evidence-2324-accessible.pdf>
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25. **Darlington Healthy Lifestyle Report (Secondary) 2021-2022:** <https://www.darlington.gov.uk/media/17478/secondary-healthy-lifestyles-survey-2021-2022.pdf>
26. **Zero Suicide Alliance Regional Dashboard:** <https://www.zerosuicidealliance.com/regional-dashboards/north-east>
27. **SHAPE Atlas:** <https://shapeatlas.net/>
28. **CPE Distance Selling Pharmacies:** <https://cpe.org.uk/quality-and-regulations/terms-of-service/distance-selling-pharmacies/>
29. **Pharmacy Openings and Closures:** <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>
30. **EPACT data:** <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>
31. **The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:** [https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12 - Advanced and Enhanced Directions 2013 e-sig.pdf](https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)
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34. **Pharmacy Contraception Service (PCS):** <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>
35. **Pharmacy First service:** <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>
36. **COVID-19 Vaccination Service:** <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/covid-19-vaccination-service/>
37. **CPTV Pharmacy Service Provision:** <https://tees.communitypharmacy.org.uk/commissioned-services/pharmacy-service-provision/>
38. **NICE Guidance NG67:** <https://www.nice.org.uk/guidance/ng67>

**HEALTH AND WELL BEING BOARD  
18 SEPTEMBER 2025**

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**DARLINGTON BETTER CARE FUND 2024/25 END OF YEAR PROGRAMME REPORT**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To consider the Annual Report of the Darlington Better Care Fund for the 2024/25 Programme.

**Summary**

2. The use of BCF mandatory funding streams (NHS minimum contribution, Improved Better Care Fund grant (iBCF) and Disabled Facilities Grant (DFG) must be jointly agreed by integrated care boards (ICBs) and local authorities to reflect local health and care priorities, with plans signed off by health and wellbeing boards (HWBs).
3. The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.
4. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:
  - a) Enable people to stay well, safe and independent at home for longer
  - b) Provide the right care in the right place at the right time
5. The 2024/25 Plan has been regional assured and approved. A summary of this assurance is included in Annex 2.
6. As part of the on-going programme management of the BCF, a joint review of all funded schemes began during July 2025 and will be concluded during September 2025. The rationale for this review was to ensure all schemes continued to deliver against the key priorities of the Programme and continues to provide value for money.

## Recommendation

7. It is recommended that:-
- (a) HWBB members note the approval of the Plan and regional assurance feedback
  - (b) Note the programme review underway during July - September 2025

## Reasons

8. The recommendations are supported by the following reasons :-
- (a) The 2024/25 Plan was endorsed by the Pooled Budget Partnership as part of the agreed governance arrangements.
  - (b) Following completion of the review a report of the findings and next steps will be made available

**Christine Shields**  
**Assistant Director Commissioning, Performance & Transformation**

## Background Papers

Darlington 2024/25 Plan summary  
 Darlington 2024/25 Regional Assurance feedback  
 Darlington 2024/25 Schemes

Paul Neil – ext. 5960

Council Plan	Aligned
Addressing inequalities	There are no implications arising from this report.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	N/A
Health and Wellbeing	HWBB are owners of the BCF Programme
S17 Crime and Disorder	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
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

## MAIN REPORT

### Information and Analysis

9. The BCF Programme summarises the work across the partnership in delivering the Programme, specifically performance against the required metrics and conditions of funding. The review will further analyse the performance and need against all schemes for the 2025/26 Programme and beyond.

### Outcome of Consultation

10. The regional assurance feedback evidences compliance with the national conditions.

## Annex 1: Darlington 2024/25 BCF Programme summary

<p><b>National BCF Programme</b></p>	<p>The Better Care Fund (BCF) Policy Framework sets out the Government’s priorities for 2023-25, including <b>improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.</b></p> <p>The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:</p> <ul style="list-style-type: none"> <li>• <b>Enable people to stay well, safe and independent at home for longer</b></li> <li>• <b>Provide the right care in the right place at the right time</b></li> </ul>																					
<p><b>Ownership</b></p>	<p>Health and Wellbeing Boards</p>																					
<p><b>National Conditions of Funding</b></p>	<ol style="list-style-type: none"> <li>1. Jointly agreed Plan</li> <li>2. Enabling people to stay well, safe and independent at home for longer</li> <li>3. Provide the right care in the right place at the right time</li> <li>4. Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services"</li> </ol>																					
<p><b>Programme Metrics</b></p>	<ol style="list-style-type: none"> <li>1. Avoidable Admissions: Per 100,000 population</li> <li>2. Falls: Emergency Hospital Admissions due to falls in people aged over 65</li> <li>3. Discharge to Usual Place of Residence: Percentage of People who are discharged from acute hospital to their normal place of residence</li> <li>4. Residential Admissions: Long term support needs of people aged 65 and over met by admission to residential and nursing care homes</li> </ol>																					
<p><b>National Funding</b></p>	<table border="1"> <thead> <tr> <th>BCF funding contributions</th> <th>2023 to 2024 (£m)</th> <th>2024 to 2025 (£m)</th> </tr> </thead> <tbody> <tr> <td>Minimum NHS contribution</td> <td>4,759</td> <td>5,029</td> </tr> <tr> <td>iBCF</td> <td>2,140</td> <td>2,140</td> </tr> <tr> <td>Disabled Facilities Grant (DFG)</td> <td>573</td> <td>625</td> </tr> <tr> <td>Additional DFG funding</td> <td>50</td> <td>0 (note)</td> </tr> <tr> <td>Discharge Fund</td> <td>600</td> <td>1,000</td> </tr> <tr> <td>Total</td> <td>8,122 (+5.2%)</td> <td>8,794 (+8.3%)</td> </tr> </tbody> </table>	BCF funding contributions	2023 to 2024 (£m)	2024 to 2025 (£m)	Minimum NHS contribution	4,759	5,029	iBCF	2,140	2,140	Disabled Facilities Grant (DFG)	573	625	Additional DFG funding	50	0 (note)	Discharge Fund	600	1,000	Total	8,122 (+5.2%)	8,794 (+8.3%)
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Total	8,122 (+5.2%)	8,794 (+8.3%)																				
<p><b>Darlington BCF Plan 24/25</b></p>																						
<p><b>Darlington Governance Structure</b></p>	<ul style="list-style-type: none"> <li>• HWBB</li> <li>• Health and Housing Scrutiny</li> <li>• Pooled Budget Partnership Board*</li> <li>• Delivery Group</li> <li>• Oversight Group</li> </ul> <p>For this planning round, all HWBB system areas were required to develop a Plan for the 2024/25 period. This plan was developed by partners from the above forums.</p>																					

	<p><i>* As part of the PBPB workplan, a task and finish group has been established regarding Intermediate Care across the system, focusing on reviewing the current offer, and revising this moving forward. This is a joint initiative involving LA, ICB, NHS and the VCSE.</i></p>
<p><b>Meeting the Aims and Core Objectives</b></p>	<p>The core aims and objectives of the Darlington BCF Programme are embedded throughout the 2024/25 Plan. All of the schemes are aligned to the key objectives of:</p> <ul style="list-style-type: none"> <li>• Enable people to stay well, safe and independent at home for longer</li> <li>• Provide the right care in the right place at the right time</li> </ul> <p>Throughout the year the operational Delivery Group meet to ensure existing schemes continue to deliver against these aims and scrutinise any new proposals to ensure alignment.</p> <p>In addition, and introduced as part of the wider 2023/25 Programme, all new proposal are reviewed by the system wide oversight group, allowing input and comments from partners across the system. This ensures the schemes funded are delivery against key priorities.</p> <p>The Pooled Budget Partnership for Darlington meet on a bi-monthly basis, and receive updates from the Delivery Group, with a key focus being on ensuring the programme continues to deliver against the aims and core objectives.</p>
<p><b>Compliance with Conditions of Funding</b></p>	<p><u>Jointly agreed Plan</u> The Darlington Plan for 2024/25 has been developed and agreed jointly with colleagues from ICB and the LA. This was evidenced at the meeting of the Pooled Budget Partnership Board of 9<sup>th</sup> June.</p> <p><u>Enabling people to stay well, safe and independent at home for longer</u> Annex 3 summarises all of the schemes funded through the programme. This includes schemes specifically supporting independent living, an example being supporting the Lifeline service in providing Out of Hours support.</p> <p><u>Provide the right care in the right place at the right time</u> Annex 3 summarises all of the schemes funded through the programme. This includes schemes specifically focussing on providing the care at the right place at the right time. Examples include those schemes supporting the home first approach.</p> <p><u>Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services"</u></p>

	<p>As set out on the planning requirements a minimum level of spend, from the ICB allocations, has to be invested in ASC and NHS commissioned out of hospital services. The minimum levels and planned spend are shown below.</p> <table border="1" data-bbox="472 331 1331 842"> <thead> <tr> <th></th> <th>Minimum Required Spend</th> <th>Spend as reported in EoY</th> </tr> </thead> <tbody> <tr> <td>NHS Commissioned Out of Hospital spend from the minimum ICB allocation</td> <td>£2,898,026</td> <td>£5,400,691</td> </tr> <tr> <td>Adult Social Care services spend from the minimum ICB allocations</td> <td>£3,270,142</td> <td>£4,097,451</td> </tr> </tbody> </table>		Minimum Required Spend	Spend as reported in EoY	NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£2,898,026	£5,400,691	Adult Social Care services spend from the minimum ICB allocations	£3,270,142	£4,097,451											
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<p><b>Metrics Performance</b></p>	<p>The 2024/25 Plan included the 4 metrics against which performance is measured.</p> <p>The EoY return confirms that 3 of 4 targets have been achieved:</p> <table border="1" data-bbox="416 1155 1038 1617"> <thead> <tr> <th></th> <th></th> <th>For information - actual performance for Q3 (For Q4 data, please refer to data pack on BCX)</th> <th>Assessment of whether ambitions have been met</th> </tr> </thead> <tbody> <tr> <td><b>Avoidable admissions</b></td> <td>Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3)</td> <td>176.2</td> <td>Target met</td> </tr> <tr> <td><b>Discharge to normal place of residence</b></td> <td>Percentage of people who are discharged from acute hospital to their normal place of residence</td> <td>91.71%</td> <td>Target met</td> </tr> <tr> <td><b>Falls</b></td> <td>Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.</td> <td>2019</td> <td>Target not met</td> </tr> <tr> <td><b>Residential Admissions</b></td> <td>Rate of permanent admissions to residential care per 100,000 population (85+)</td> <td>not applicable</td> <td>Target met</td> </tr> </tbody> </table> <p>For the falls metric a project has been initiated across Tees to scope, map, review and redesign the existing pathways across the system responding to Level 1 &amp; 2 falls in the community.</p>			For information - actual performance for Q3 (For Q4 data, please refer to data pack on BCX)	Assessment of whether ambitions have been met	<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3)	176.2	Target met	<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence	91.71%	Target met	<b>Falls</b>	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	2019	Target not met	<b>Residential Admissions</b>	Rate of permanent admissions to residential care per 100,000 population (85+)	not applicable	Target met
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<p><b>Expenditure Position</b></p>	<p>The table below summarises the spend position as reported in the EoY report.</p>																				

Running Balances	2024-25	
	Income	Expenditure
DFG	£1,159,844	£1,159,844
Minimum NHS Contribution	£10,198,154	£10,198,154
ICF	£4,488,137	£4,488,137
Additional LA Contribution	£299,320	£299,320
Additional NHS Contribution	£0	£0
Local Authority Discharge Funding	£1,048,716	£1,048,716
ICB Discharge Funding	£808,146	£808,146
<b>Total</b>	<b>£18,002,317</b>	<b>£18,002,317</b>

<b>Programme Summary</b>	<p>The 2024/25 Plan for Darlington evidences continued compliance with the 4 national conditions of funding, and delivers against the core objectives of the programme.</p> <p>All funding resources are committed and the performance of the programme will be continually monitored throughout the year by the PBPB, supported by both the operational delivery group and the wider Darlington oversight group.</p>
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## Annex 2: 2024/25 Regional Assurance Feedback

BCF Plan Assurance Overview			
HWB Name	RECOMMENDATION	NARRATIVE AND GENERAL COMMENTS	
Darlington	Approved	<ul style="list-style-type: none"> <li>Good overview of BCF funded schemes</li> <li>Homecare support to be retendered during 25/26 and narrative describes a robust home first approach</li> <li>The intermediate care offer in Darlington will be expanded during 25/26 to help reduce the reliance on bed based support</li> <li>Discharge to Assess will be an increased focus</li> <li>Ambitions for emergency admission rates are aligned with the FT NHS Ops plan return</li> </ul>	
NATIONAL CONDITIONS AND PLANNING REQUIREMENTS			
National conditions all met Planning requirements assessed as met			
FINANCE		EVALUATION	
DFG	£1,319,439	Darlington describe their local process to review BCF scheme on an annual basis which includes a measure of VFM etc.	
NHS Minimum Contribution	£11,134,656	Despite challenges given the small financial uplift in 25/26 investment has been made to deliver their integrated community falls strategy.	
Local Authority Better Care Grant	£5,536,853	Capacity in their RIACT service has been increased to ensure access to specialist stroke support.	
Additional LA Contribution	£0	A Mental Health Peer review is planned for 25/26 to inform Care Transfer hub management of MH discharge delays.	
Additional ICB Contribution	£0		
<b>Total</b>	<b>£17,990,948</b>		
CAPACITY-DEMAND		AREAS FOR DEVELOPMENT	
Discharge	Sufficient capacity across all pathways due to spot purchase	<ul style="list-style-type: none"> <li>The ambition for residential care admissions is to return to 23/24 rates with monitoring undertaken as part of the BCF quarterly returns as well as through the Adult Social Care Senior Leadership Team of DBC.</li> <li>Continue with the processes already in place for decisions on new proposals that meet the BCF objectives (not new) and continue focus on review and evaluation (also not new)</li> </ul>	
Admission Avoidance	Sufficient or surplus capacity across all service areas  A C&D Dashboard will be implemented during 25/26		
METRICS			
Emergency Admissions Rate	% Discharged on DRD	Discharge Delay Days	Residential Admissions
Above regional average Above national average Plan to achieve 3.57% growth compared to previous year	Above regional average Above national average	Below regional average Below national average	Averages unavailable ~ requires DQ review 25/26 Plan = maintain estimated 24/25 position due to DQ as above

**Annex 3: Darlington BCF Plan – scheme summary**

<b>Title</b>	<b>Summary</b>
Dementia Advisor schemes	Support for carers and people with dementia
Dementia Friendly Darlington Co-ordinator	Coordination of DFD strategy and activities
Supporting Mental Health Services in Care Homes/Acute Mental Health	Protection of community services
Mental Health Support Workers	Support workers aligned to adult mental health team, working primarily in the community
Community Integrated Care Core Beds (Rydal)	Intermediate Care beds
Community Hospitals - CDDFT	Community Hospital beds
RiACT Health Staff	Intermediate care services and reablement service
Stroke Coordinator	Service available for stroke survivors in Darlington and offers advice and support to patients in the community
Stroke and Neuro Community Services - SALT	Speech and Language Therapy available in the Community
Falls and osteoporosis	Support services
Workforce development	Training for reablement staff
Reablement staff	Dom care staffing
Increase in physical activity	Provision of exercise activity at Extra Care Homes/Sheltered schemes
Sensory Loss rehabilitation	Equipment and rent for Vane House and support workers

Telecare (OOH response team)	Co-ordinate and install Telecare and Lifeline devices following an assessed need
Assistive Technology	Develop use of Aids in services of falls prevention, dementia
Blue Badge OT assessments	Referrals for BB assessments to understand mobility needs to ensure remain part of the community
Community Equipment Service	Capital equipment including hoists
Palliative Care	Care support
CAB Welfare Rights Service	Welfare and advice registered patients across GP services, including benefit advice, money management
Specialist Advocacy (DAD)	Service for people registered under NHS Darlington aged 18+ ensuring access to advocacy service
Short Breaks for Disabled Children	Personalised support/care at home
Adult Carers	Support services for adults caring for adults
Adult Carer Breaks	Provision of carer breaks across voluntary sector
Medicines Optimisation in Care Homes	Proxy ordering of Care Home medication from GPs electronically
Young Carers	Information and support from humankind
Implementation of the Care Act	Care Act duty
Home from Hospital	Transfer from hospital to home, making space
Packages to facilitate discharge	Rapid response/SBS
Reduction in admission to 24h care	Care managers for on ward discharge(MDTs)

Rapid Response	48 hour support following discharge pending assessment
Adult Carers Support Co-ordinator	Working with SMEs to raise awareness of carers in employment
Safeguarding social worker	To alleviate service pressures
Learning impairment network	Network led by DAD to engage across the sector on issues including discharge, carer roles
Digital Care Home Support	Tailored digital CH support
Urgent community response (UCR) support	Support towards achievement of the 2 hour UCR and 2 day reablement standards
Equipment and adaptations	OT equipment
Equipment and adaptations	Partnership across LA/ICB in Tees Valley and Durham providing community equipment
Healthcall	Digital Monitoring of Patients
Out of hospital contingency	Contingency
ASC contingency	Contingency
Adaptations and equipment	DFG and equipment DFG adaptations, via schemes connect
Discharge to assess additional capacity	Funding allocated towards the continuation of the D2A pathway.
Adult Social Care	Additional hours within key SW teams (5hrs per week per person involved)
Brokerage	Strengthen current brokerage arrangements and build additional capacity to support discharge flow from acute settings. Extension 1 WTE Agency worker
Domiciliary Care - Mileage Payments	Mileage payments for Home Care - payment of enhanced mileage to encourage recruitment and retention of care workers

Domiciliary Care - Rapid Response Service	Increase capacity to enable timely hospital discharge and prevent avoidable hospital admissions
Residential & Nursing care	Additional int./short stay bed capacity in res. And nursing homes
Ambulance Discharge Costs	Hospital Discharge service expansion
D2A Therapy/Trusted Assessor	Expansion of the therapy trusted assessor role
Transfer of Care Hub - DMT Expansion	Expansion of the Discharge Management Team
DOLs - Best Interest Assessments	Safeguarding
Winter Pressures	Supporting service pressures during winter period
OT Service	Supporting OT Service
Reablement	Funding for the management and assessors across the reablement team
Short Break Stays	In house carers
Residential Care	Placements
Dom Care	Home care
Discharge from Hospital	Home group led mental health discharge trust wide
Darlington Carers Support	Specialist support to parent carers
Darlington Hospital Discharge	Improving carer support at discharge
Care Homes connected digital services team	Supporting care homes with new clinical pathways

Discharge contingency	Contingency
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**HEALTH AND WELL BEING BOARD  
18 SEPTEMBER 2025**

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**HEALTH AND WELLBEING BOARD FORWARD PLAN**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To consider the Forward Plan items scheduled to be considered by the Health and Wellbeing Board.

**Summary**

2. Members are requested to consider the attached forward plan (**Appendix 1**) and any additional areas of work which Members wish to add to the forward plan for the Health and Wellbeing Board.

**Recommendation**

3. It is recommended that Members note the current forward plan and consider any additional areas of work they would like to include.

**Reasons**

4. The recommendations are supported by the following reasons :-
  - (a) To support the work of the Health and Wellbeing Board.

**Amy Wennington  
Assistant Director Law and Governance**

**Background Papers**

None

Author : Hannah Miller 5801

Council Plan	This report supports the Council Plan ambition of Living Well and Staying Healthy.
Addressing inequalities	There are no implications arising from this report.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	N/A
Health and Wellbeing	The work of the Board will provide improvements in the health and wellbeing of residents in Darlington
S17 Crime and Disorder	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
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers



### HEALTH AND WELLBEING BOARD FORWARD PLAN

<b>Title</b>	<b>Author of Report / Presenter</b>	<b>Meeting Date</b>
Pregnancy and Early Years Report	Joanne Hennessy / Victoria Cooling	19 June 2025
DPH Report	Lorraine Hughes	19 June 2025
Police and Crime Commissioner Plan (presentation)	Andrea Petty	19 June 2025
Better Care Fund	Christine Sheilds / Paul Neil	18 Sept 2025
10 Year Plan – NHS	Martin Short	18 Sept 2025
Pharmaceutical Needs Assessment	Ken Ross / Lorraine Hughes	18 Sept 2025
JLHWS Annual Review	Lorraine Hughes	18 Sept 2025
Mental Health and Wellbeing – Deep Dive		4 Dec 2025
Terms of Reference for the Health and Wellbeing Board		March 2026
Darlington Safeguarding Partnership Annual Report		March 2026 TBC
Ageing Well		June 2026
Workplace Health and Good Work		Dec 2026
Healthier Environments		June 2027

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