Public Document Pack

North Tyneside Council

Health and Wellbeing Board

14 September 2022

A meeting of the Health and Wellbeing Board will be held:-

on **Thursday, 22 September 2022**

at **10.00 am**

in **Room 0.02, Quadrant, The Silverlink North, Cobalt Business Park, NE27 0BY**

Agenda Item **Page(s)**

1. **Apologies for Absence**
   To receive apologies for absence from the meeting.

2. **Appointment of Substitute Members**
   To receive a report on the appointment of Substitute Members. Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer must be notified prior to the commencement of the meeting.

3. **Declarations of Interest and Dispensations**
   Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda.

   Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest.

Members of the public are welcome to attend this meeting and receive information about it.

North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

For further information about the meeting please call (0191) 643 5359.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

4. **Minutes** 5 - 10
To confirm the minutes of the meeting held on 30 June 2022.

5. **Pharmaceutical Needs Assessment 2022/25** 11 - 130
To approve the Pharmaceutical Needs Assessment 2022-25 for publication by 1 October 2022.

6. **Joint Health & Wellbeing Strategy - Implementation Plan, Consultation Findings and Governance Arrangements** 131 - 148
To receive the findings of the consultation on the implementation plan of the Health and Wellbeing Board's Strategy, Equally Well: A Healthier, Fairer Future for North Tyneside (2021-2025), approve the final implementation plan and agree the governance arrangements for monitoring delivery.

7. **Better Care Fund Plan 2022/23** 149 - 174
To approve the Better Care Fund Plan for 2022/23 prior to submission to NHS England by the national deadline of 26 September 2022.

8. **Social Care and Integration White Papers**
To receive a presentation on the contents of two Government white papers relating to health and social care: "People at the Heart of Care: Adult Social Care Reform" and "Health and Social Care Integration: joining up care for people, places and populations".

9. **North East and North Cumbria Integrated Care Board**
To receive an update on the development of the ICB's local place based arrangements in North Tyneside.

10. **Review of Membership of the Board** 175 - 178
To review the membership of the Board in the light of changes to the governance and structure of the National Health Service.

Members of the Health and Wellbeing Board:-
Councillor Karen Clark (Chair)
Councillor John O'Shea (Deputy Chair)
Councillor Peter Earley
Councillor Paul Richardson
Councillor Joe Kirwin
Wendy Burke, Director of Public Health
Jacqui Old, Director of Children's and Adult Services
Anya Paradis, North East and North Cumbria Integrated Care Board
Mark Adams, North East and North Cumbria Integrated Care Board
Julia Charlton, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Christine Briggs, NHS England
Helen Steadman, Newcastle Hospitals NHS Foundation Trust
Birju Bartoli, Northumbria Healthcare NHS Foundation Trust
Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust
Patricia Whelan-Moss, TyneHealth
Craig Armstrong, North East Ambulance Service
Steven Thomas, Tyne & Wear Fire & Rescue Service
Claire Wheatley, Northumbria Police
Dawn McNally, Age UK North Tyneside
Geraint Morris, North of Tyne Pharmaceutical Committee
Cheryl Gavin, Voluntary and Community Sector Chief Officer Group
Dean Titterton, YMCA North Tyneside

This page is intentionally left blank

Health and Wellbeing Board

Thursday, 30 June 2022

Present: Councillor K Clark (Chair)
Councillors J Kirwin, J O'Shea and P Richardson
Wendy Burke, Director of Public Health
Jacqui Old, Director of Children's and Adult Services
Julia Charlton, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Birju Bartoli, Northumbria Healthcare NHS Foundation Trust
Charis Pollard, Newcastle Hospitals NHS Foundation Trust
Steven Thomas, Tyne & Wear Fire & Rescue Service
Karen Murray, Northumbria Police
Yvonne Probert, Age UK North Tyneside
Vacancy, North Tyne Pharmaceutical Committee
Cheryl Gavin, Voluntary and Community Sector Chief Officer Group
Dean Titterton, YMCA North Tyneside

In attendance: Mark Hall, Northumbria Police
Dan Jackson, North East and North Cumbria Integrated Care Board
Jackie Laughton, Rachel Nicholson, Behnam Khazaeli, Chris Woodcock, Suzy Cooke, & Michael Robson, North Tyneside Council

Apologies: Councillors C Burdis
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Helen Steadman, Newcastle Hospitals NHS Foundation Trust
Claire Wheatley, Northumbria Police
Dawn McNally, Age UK North Tyneside

HW1/22 Appointment of Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute members was reported:-
Karen Murray for Claire Wheatley, Northumbria Police
Charis Pollard for Helen Steadman, Newcastle Hospitals
Yvonne Probert for Dawn McNally, Age UK North Tyneside

HW2/22 Declarations of Interest and Dispensations

Councillor J Kirwin declared a registerable personal interest in relation to the Integrated Care System as he was employed by Pancreatic Cancer Action, a national cancer charity engaged in lobbying organisations such as the ICS.

Councillor K Clark declared a registerable personal interest in relation to the Joint Health and Wellbeing Strategy as she is an Employee and Director of the Justice Prince Community Interest Company which was concerned with tacking inequalities in health.

HW3/22 Minutes

Resolved that the minutes of the previous meeting held on 4 April 2022 be confirmed and signed by the Chair

HW4/22 North East and North Cumbria Integrated Care System

The Board received a presentation from Dan Jackson, the Director of Governance and Partnerships of the North East and North Cumbria Integrated Care Board (ICB), to provide an update on the introduction of the ICB's operating model. He described the ICB's strategic aims, its key functions and details of its governance arrangements. Particular reference was made to how some functions would be exercised at scale and others at place.

The Board were also presented with details of the whole system Integrated Care Partnership (ICP) which would be built up from four smaller locally sensitive ICPs. The North of Tyne and Gateshead ICP would be co-terminus with four local authorities, Gateshead, Newcastle, Northumberland and North Tyneside and it would be responsible for delivering the ICB's priorities and those agreed by local Health and Wellbeing Boards. Work was underway to transition to, stabilise and evolve place based governance arrangements which would involve a single person accountability for delivery of a shared plan at a local level, agreed by the relevant local authority and ICB and the adoption of 'Place Boards' by Spring 2023. In the meantime, place-based working would continue and the new arrangements would seek to incorporate and not disrupt existing arrangements.

Following the presentation, the Board examined in more detail how the ICB would engage and communicate with service users. It was stated that whilst there would be no immediate significant changes in funding and outsourcing of services, as the organisation matured it may review and adapt its ways of working. The Board indicated that it would monitor the functions to be delegated to the place-based arrangements to ensure that local decision makers had control over a fair share of resources to deliver its priorities in North Tyneside. The Board highlighted the need to develop a broad provider collaboration beyond hospital trusts and including for example residential and home care providers. The ICB's arrangements for engaging with the community and voluntary sector were noted and reference was made to the financial risks facing the ICB related to the increase in costs and social care reform.

The Board recognised the work of the North Tyneside Clinical Commissioning Group over recent turbulent years and thanked its officers for the successful partnership working which had led to several positive inspections. The Board hoped that these positive relationships and arrangements could be maintained in the future to serve the people of North Tyneside in the best possible way.

Resolved that the update on the introduction of the North East and North Cumbria Integrated Care Board's operating model be noted.

HW5/22 Healthwatch North Tyneside

Paul Jones, Director of Healthwatch North Tyneside, presented an update on the activities undertaken over the past six months highlighting the key themes to emerge from this work.

Particular reference was made to the production and distribution of the Living Well North Tyneside booklets to every household in the borough to provide information and advice about local care and health services. The Board were presented with two reports prepared by Healthwatch setting out the feedback received from users of dentistry and pharmacy services. Work had also been undertaken with the North Tyneside Carers Centre to gather feedback from young carers about their experiences over the past 2 years and the key messages were presented to the Board. Healthwatch North Tyneside had published its Annual Report 2021/22 and copies were made available to members of the Board.

Members of the Board examined in more detail the current state of dentistry services in North Tyneside and the pressures caused by a backlog of routine appointments built up during the Covid-19 pandemic and a lack of capacity due to national workforce issues.

It was acknowledged that there was an opportunity for Northumbria Police to work in conjunction with Healthwatch to better understand the patterns and drivers for people experiencing mental health crises, as the Police were often the first responders to such situations.

The Chair welcomed the report and the valuable work of Healthwatch in reflecting the voice of users within the health and social care system. The Board noted the arrangements within Healthwatch to record and monitor the response of service providers to its reports and recommendations. It was suggested that service providers be invited to report to the Board on the action taken to respond to feedback from users.

Resolved that the report from Healthwatch North Tyneside be noted.

HW6/22 First Draft of the Pharmaceutical Needs Assessment 2022-2025

In November 2021 the Board had agreed an implementation plan for reviewing, updating and publishing the Pharmaceutical Needs Assessment (PNA) by the deadline of 1st October 2022. In accordance with this plan the Board were presented with a draft PNA which had been prepared by a steering group made up of representatives of NHS North Tyneside CCG, NHS North of England Commissioning Support, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside and the Council.

An assessment of current pharmaceutical provision in North Tyneside had been undertaken and had concluded that as a whole, there were currently no pharmaceutical needs that cannot be met by existing services. Healthwatch North Tyneside had led a public engagement exercise to gather people's experience of using local community pharmacy services. Overall, the survey results identified that community pharmacies performed well and were delivering to a high standard.

The PNA would now be subject to a statutory consultation period with stakeholders and members of the public between 1 July until 30 August 2022. Consultees would be provided with a link to the draft PNA and a response form including the following questions:

- Do you think the PNA is accurate?

- Do you think there is anything missing from the PNA?
- Do you agree with the conclusions of the PNA?
- Please provide any further comments

Following the consultation, a final draft of the PNA would be prepared taking account of any feedback and presented to the Board in September 2022 prior to publication 30 September 2022.

Resolved that (1) the draft Pharmaceutical Needs Assessment be approved for the purposes of the statutory consultation exercise;
(2) the proposed statutory consultation process be approved; and
(3) the final version of the Pharmaceutical Needs Assessment be submitted to the Board at its meeting on 22 September 2022 for approval and publication by 30th September 2022.

HW7/22 Joint Health and Wellbeing Strategy: Implementation and Delivery Progress

In November 2021 the Board had adopted a revised Joint Health & Wellbeing Strategy: Equally Well: A Healthier, Fairer Future for North Tyneside (2021-2025) and subsequently agreed a process of formulating and consulting on an implementation plan to deliver the vision and ambitions of the Health and Wellbeing Board's Strategy.

Healthwatch North Tyneside had been commissioned to co-ordinate the engagement and consultation through locally based voluntary and community organisations. Healthwatch had intended to have completed the consultation for this meeting but to fully engage local organisations and explain the vision and ambitions of the strategy a longer lead in time was required. Healthwatch had widely promoted and encouraged organisations to get involved with the consultation and they were currently working with 5 local organisations with a further 23 interested in being involved. The revised timescale for the consultation would ensure a wider range of organisations could input their ideas and thoughts into the delivery of the Strategy. In the meantime a wide variety of existing work and activities were continuing to deliver the ambitions contained in the Strategy.

Resolved that (1) a revised timetable for consultation on the implementation plan be approved; and
(2) lead officers be requested to submit the Joint Health & Wellbeing Strategy implementation plan to the Board in September 2022 for approval, following completion of the engagement and consultation exercise.

HW8/22 National Drugs Strategy: From Harm to Hope

The Government had published its National Drugs Strategy, "From Harm to Hope" on 6 December 2021 and to support this it had later published specific guidance on developing local partnerships released on 15 June 2022. The 3 key strands of the strategy were to break drug supply chains, to deliver a world-class treatment and recovery system and achieve a generational shift in demand for drugs.

Dame Carol Black's independent review of drugs had set out the importance of developing and improving local collaboration, with joint assessments of local need and planning for delivery. The guidance sets out in more detail the drugs strategy vision for "Combating

Drugs Partnerships" in each locality that span the whole of the strategy; breaking supply, treatment, and recovery, and reducing the demand for drugs.

The guidance set out the National Combating Drugs Outcomes Framework and a framework for Combating Drugs Partnerships with an identified Senior Responsible Owners (SRO) required for each area. The Framework would provide a single mechanism for monitoring progress across central government and in local areas towards delivery of the commitments and ambitions of the drugs strategy to level up the country.

The Board were asked to consider the implications and considerations required to establish a local Combatting Drugs Partnership for North Tyneside and to consider the following questions and provide any comments to Behnam Khazaeli in the Council's Public Health Team:

- What should the local area footprint be? What do we mean by local? Should the partnership be local to North Tyneside or part of a sub-regional footprint?
- Who will be the SRO for North Tyneside (as well as identifying a partnership lead, public involvement lead, and data and digital lead as set out in the guidance)?
- How will the PCC's office engage across the force area?
- What should be the governance arrangements for the partnership i.e. where will the group report to e.g., Health and Wellbeing Board or the Community Safety Partnership?
- How does the agenda link to the development of the North East and North Cumbria ICS footprints?

The Board recognised that a great deal of work would need to undertaken in a short period of time in conjunction with the Police and Crime Commissioner, Northumbria Police, the Integrated Care Board and other local authorities to determine local arrangements.

Resolved that (1) the requirements of the guidance on developing local Combating Drugs Partnerships be noted;
(2) Members of the Board be invited to provide any comments on the questions set out above to Behnam Khazaeli in the Council's Public Health Team by 2 August 2022;
(3) the Council's officers work with Northumbria Police and other relevant partners to determine local arrangements for a Combatting Drugs Partnership for North Tyneside and a further report on these proposals be submitted to a future meeting of the Board.

HW9/22 The Khan Review- Making Smoking Obsolete

In 2019 the Government set an objective for England to be Smokefree by 2030 meaning only 5% of the population would smoke by then. The Khan Review published in June 2022, found that England would miss that target by at least 7 years with the poorest areas not meeting it until 2044. To have any change of hitting the smokefree target, nationally there needed to be an acceleration in the rate of decline. The review looked at best international evidence and current national policies and concluded that 15 national recommendations were required.

The Khan Review made 15 recommendations which present a wide-ranging approach to delivering smokefree 2030. They were direct asks of Government with regarding to funding, legislation and policy:

1. Urgently invest £125 million per year in interventions to reach smokefree 2030
2. Raise the age of sale of tobacco from 18, by one year, every year
3. Substantially raise the cost of tobacco duties (more than 30%) across all tobacco

products, immediately
4. Introduce a tobacco licence for retailers to limit where tobacco is available
5. Enhance local illicit tobacco enforcement by investing additional funding of £15 million per year to local trading standards
6. Reduce the appeal of smoking
7. Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke
8. Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals
9. Invest an additional £70 million per year into stop smoking services, ringfenced for this purpose
10. Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.
11. The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care
12. Invest £15 million per year to support pregnant women to quit smoking in all parts of the country
13. Tackle the issue of smoking and mental health
14. Invest £8 million to ensure regional and local prioritisation of stop smoking interventions through ICS leadership
15. Invest £2 million per year in new research and data

The North Tyneside Smokefree Alliance would consider in detail the Khan Review and develop a set of local actions to be delivered. The Khan Review was very clear that if significant change did not occur, harm would continue to disproportionally spread across communities. Locally the Smokefree Alliance would challenge all stakeholders to do more and go further to achieve the Smokefree ambition.

The Board discussed the need for plain English information and advice about the benefits and risks associated with vaping to tackle commonly held misconceptions. It was suggested that local authorities work together to explore the possibility of introducing Bye-laws to prohibit smoking in more public places. Reference was also made to the benefits of sharing data between agencies to identify areas of high harm, including the effects of alcohol and tobacco, and where a holistic approach and targeted interventions could be directed.

Resolved that (1) the recommendations made within the Khan Review be endorsed;
(2) the Chair of the Board write to the Government in support of the review's findings and urging the Government to implement its recommendations; and
(3) the Board supports local efforts to implement evidence-based recommendations where practical in North Tyneside.

North Tyneside Health & Wellbeing Board Report Date: 22 September 2022

Title: Approving the Pharmaceutical Needs Assessment 2022 - 2025

Report from:	North Tyneside Council and Integrated Care Board (ICB) for the North East and North Cumbria	
Responsible officer:	Wendy Burke, Director of Public Health, North Tyneside Council	Tel 0191 643 2104
	Anya Paradis, Director of Place (North Tyneside), Integrated Care Board (ICB) for the North East and North Cumbria	
Report author(s):	Rachel Nicholson, Senior Manager Public Health, North Tyneside Council	Tel: 0191 643 2880
	Steve Rundle, Head of Planning & Commissioning (North Tyneside), Integrated Care Board (ICB) for the North East and North Cumbria	Tel: 0191 2931158
	Neil Frankland, Medicines Optimisation Pharmacist, NHS North of England Commissioning Support	Tel: 0191 217 2778
	Suzy Cooke, Public Health Registrar, North Tyneside Council	

1. Purpose:

To provide the Health and Wellbeing Board (HWBB) with the final draft version of the Pharmaceutical Needs Assessment (PNA), 2022-25 for approval and sign off.

2. Recommendation:

The Health and Wellbeing Board is recommended to approve the final draft version of the PNA and publish it by the 1 October 2022.

3. Policy Framework:

There is a statutory duty under the Health and Social Care Act 2012 for Health and Wellbeing Boards to undertake a PNA. On 1st April 2013, Health and Wellbeing Boards of every local authority in England were required to develop a PNA for the first time and ensure that it was published by 1st April 2015.

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations) sets out the legislative basis for developing the PNAs. PNAs must be completely reviewed at least every three years. The current PNA has been reviewed, updated and a refreshed draft has been produced. This document has undergone a statutory formal consultation process, and further updates have been made. Following approval by the Health and Wellbeing Board the final version will be published by the 1 October 2022.

The purpose of the PNA is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of North Tyneside. NHS England uses the PNA to determine applications to open new pharmacies in the Local Authority area.

- To act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

4. Information:

At the previous meeting of the Health and Wellbeing Board on 11 November it was agreed that the 2018 version of the PNA would be reviewed and updated, the refreshed draft consulted on, and the final version published by 1 October 2022 and the process would be jointly led by North Tyneside Council and the Integrated Care Board (ICB) for the North East and North Cumbria (formally NHS North Tyneside Clinical Commissioning Group until 30 June 2022)

A steering group with representatives from the ICB, NHS North of England Commissioning Support, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside, and North Tyneside Council have overseen the development of the refreshed PNA.

Following the consultation, the final draft of the PNA has been prepared and the Health and Wellbeing Board is required to sign it off and then publish it on the Council website to meet the deadline of 1st October 2022.

4.1 Formal consultation on the PNA

A 60-day consultation period with stakeholders and members of the public was carried out in line with the guidance on developing PNAs and section 242 of the National Health Service Act (2006), which stipulates the need for the NHS to involve the public and patients in decision making. The formal consultation period commenced on the 1 July 2022 and lasted for 60 days until the 31 August 2022.

In keeping with the 2013 Regulations the following stakeholders were consulted during that time:

- North of Tyne Local Pharmaceutical Committee (LPC)
- Newcastle and North Tyneside Local Medical Committee (LMC)
- All persons on the pharmaceutical lists
- All North Tyneside GP practices
- NHS North East & North Cumbria Integrated Care Board
- Tyne Health Ltd - GP Federation
- Healthwatch North Tyneside

- Northumbria Healthcare NHS Foundation Trust (NHCFT), Newcastle Upon Tyne Hospitals NHS Foundation Trust, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- NHS England and NHS Improvement (NHSEI).
- Health and Wellbeing Boards in Newcastle, Northumberland and South Tyneside
- VODA (Voluntary Organisations Development Agency)
- NHS North Tyneside Clinical Commissioning Group Patient Forum
- North Tyneside Council Residents' Panel

In addition, a public link to the draft PNA and a response form was widely promoted via North Tyneside Council's website. The following questions were included:

- Do you think the PNA is accurate?
- Do you think there is anything missing from the PNA?
- Do you agree with the conclusions of the PNA?
- Please provide any further comments

4.1.2 Consultation Response

Following the consultation, the steering group reviewed the responses to the consultation and has agreed feedback to the points raised as outlined below.

13 responses were received.

- 7 responses were from members of the public
- 6 responses were from members of organisations working in North Tyneside.

- 12 out of 13 respondents thought the PNA was accurate.
- 4 out of 13 respondents thought there were aspects missing from the PNA
- 12 out of 13 respondents agreed with the conclusions of the PNA

There were four comments made that felt there were gaps in the PNA. The Steering Group considered these comments, and the response is outlined below:

Comment	Response
A respondent did not think there was adequate smoking cessation provision in the area and existing provision was not promoted effectively.	The PNA concluded that there is adequate access to stop smoking services. Stop smoking services are available from more than half of community pharmacies across North Tyneside. While the point about promotion of stop smoking services is outside the remit of the PNA there is acknowledgement that continual promotion of stop smoking services is needed. The North Tyneside Tobacco Alliance provides a multi-agency programme to deliver the national smokefree ambitions. The Alliance takes a partnership approach to improving referral routes into local services, providing stop smoking advisor training and will have a renewed focus on promoting mass media campaigns such as Stoptober that aim to improve targeted awareness of the benefits of

	going smokefree and increase awareness of local stop smoking services.
A respondent thought that community pharmacies should have a role in annual medication reviews for over 75s.	This is outside the remit of the PNA, and Community Pharmacies are not commissioned to do annual medication reviews and do not have access to medical notes.
A respondent highlighted a gap in the PNA regarding services commissioned by the NENC ICS in December 2021 utilising Winter Access Funding that not been included in the PNA.	The services commissioned through Winter Access Funding are part of the Think Pharmacy First provision as outlined in section 4.8.1 in the PNA. The Winter Access funding has not been specifically mentioned in the PNA due to the short-term nature of the funding.
A respondent stated that there does not appear to be much included within the PNA that looks to exploit the clinical services that community pharmacy could provide to support the system now and, in the future, (e.g., building on examples which are included such as the PGD (patient group direction) for simple UTIA (urinary tract infection). The PNA makes no reference to the possibility that NHCFT may bring a General Practice onto one of its sites, creation of virtual wards (implications on clinical pharmacy services and supply of medicines), further development of the North Tyneside Urgent Treatment Centre, potential for hospital access to EPS and resulting opportunity to re-engineer supply of (a) outpatient dispensing services, (b) the supply of medicines to vulnerable patients following virtual clinics (as seen during COVID pandemic) and/or (c) supporting the supply of medicines to hospital patients when discharged back into community. There is little included within the document about how community pharmacy could contribute to achieving the sustainability aims of the NHS e.g., opportunity to re-engineer medicines homecare provision and thus reduce carbon footprint associated with transport (plus advantages associated with many of the potential re-engineered services listed above). There is no acknowledgement of the lack of capacity available within North Tyneside to get medicines dispensed into compliance aids when they are required.	The PNA does mention the UTI PGD and does state that other PGDs could be introduced in future to broaden the scope of this service. While it is not the remit of the PNA to assess NHS or private hospital pharmacy services the Steering Group agrees that at a system wide level we need to maximise opportunities to identify additional clinical services to be commissioned and provided through community pharmacies. The Health and Wellbeing Board will work with the Trust and the LPC to look at these opportunities and understand that the Integrated Care Strategy is likely to place a greater emphasis on pharmacies providing a wider range of services. The Steering Group acknowledge that the respondent has raised the issue of difficulty in getting monitored dosage systems supplied by local pharmacies and have agreed that the Health and Wellbeing Board will work with the Trust and the LPC to understand this issue further. The Health and Wellbeing Board look forward to working with the Trust as they progress with developments such as GP practice within the hospital, virtual wards and any new approaches to discharge and outpatient dispensing especially if they change the need for community pharmacy services.

A final draft of the PNA has been prepared which has taken into account the feedback comments received from the consultation as outlined above (Appendix A)

5. Decision options:

The Board may either:

a) approve the PNA for publication on 1 October 2022; or
b) approve the PNA subject to any amendments specified by the Board.

6. Reasons for recommendations

The Board is recommended to agree option a) as the final version of the refreshed PNA which meets the statutory requirements since it has been prepared based on extensive consultation with key stakeholders.

7. Appendices:

Appendix A – North Tyneside Pharmaceutical Needs Assessment

8. Contact officers:

Rachel Nicholson, Senior Public Health Manager, North Tyneside Council, 0191 643 8073

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

- Pharmaceutical Needs Assessment: Information Pack for Local Authority Health and Wellbeing Boards (DH, 2013).
- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013).

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The development of the PNA has been managed through existing resources within North Tyneside Council, the ICB and NHS North of England Commissioning Support.

11 Legal

This PNA is a statutory responsibility which records the need for pharmaceutical services within a specific area. The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for this report.

12 Consultation/community engagement

The PNA has been developed in consultation with a range of stakeholders in keeping with the 2013 Regulations.

The consultation period commenced on 1 July 2022 and the draft PNA was placed on the Council website for 60 days in keeping with the requirement of the Regulations:

"a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60-day period for making responses to the consultation".

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

The PNA identifies the health needs of the local population including issues around access to services, inequities in health experience and other inequalities experienced by specific groups in the population.

15 Risk management

If the PNA is not published by 1 October 2022, statutory obligations are failed to be achieved.

Health and wellbeing boards face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment, e.g., by failing to consult properly or take into consideration the results of the consultation exercise undertaken or fail to publish by the required deadlines.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X
ICB Director	X
Monitoring Officer	X

This page is intentionally left blank

North Tyneside

Pharmaceutical Needs Assessment

October 2022 – September 2025

Published by North Tyneside Health and Wellbeing Board

Table of Contents

Summary 8
Acknowledgements 10
Abbreviations 11
Section 1: Introduction 13
1.1. What is a Pharmaceutical Needs Assessment? 14
1.2. Market Entry 15
Section 2: Pharmaceutical Needs Assessment Process 17
2.1. Identification of Health Need 17
2.2. Assessment of Current Pharmaceutical Provision 17
2.2.1. Public Engagement 17
2.3. Consultation 18
Section 3: Identified Health Needs 20
3.1. North Tyneside Characteristics 21
3.2. Population Profile 21
3.3. Ethnicity 22
3.4. Housing 22
3.4.1. Context 22
3.4.2. New Housing Development 23
3.5. Deprivation 24
3.6. Lifestyle Risk Factors 26
3.6.1. Smoking 26
3.6.2. Alcohol 26
3.6.3. Drug misuse 27
3.6.4. Excess Weight 28
3.6.5. Sexual Health and Teenage Pregnancy 29
3.6.6. Teenage Conceptions 30
3.7. Long Term Conditions 31
3.7.1. Coronary Heart Disease (CHD) 31
3.7.2. Hypertension 31
3.7.3. Diabetes 32
3.7.4. Chronic Obstructive Pulmonary Disease (COPD) 32
3.8. Cancer 33
3.8.1. Cancer Screening 34
3.9. Older People 34
3.10. Mental Health 35
3.10.1 Suicide 35
3.11. People with Learning Disabilities 36
3.12. Immunisation 36

3.13. Holiday Makers and Travellers 36
Section 4: Current Provision – Community Pharmaceutical Services 37
4.1. Definition of Community Pharmaceutical Services 37
4.2. Community Pharmacy Opening Hours 37
4.2.1. Weekday Opening 39
4.2.2. Community Pharmacies Open on Saturdays 40
4.2.3. Community Pharmacies Open on Sundays 41
4.2.4. People's Experiences of Accessing Community Pharmacies 42
4.3. Community Pharmacy Access Scheme (PhAS) 43
4.4. The Community Pharmacy Quality Payments Scheme 44
4.5. Essential Services 45
4.5.1. Dispensing Medicines 46
4.5.1.1 Management of stock shortages 47
4.5.2. Repeat Dispensing Service/electronic Repeat Dispensing (eRD) 48
4.5.3. Disposal of Unwanted Medicines 48
4.5.4. Public Health (Promotion of Healthy Lifestyles) 48
4.5.5. Signposting 49
4.5.6. Support for Self-Care 49
4.5.7. Clinical Governance 50
4.5.8. Current Provision of Essential Pharmaceutical Services 51
4.5.9. People's Experiences of Accessing Community Pharmacy 53
4.6. Advanced Services 54
4.6.1 Community Pharmacy Consultation Service 55
4.6.2. Appliance Use Review Service 56
4.6.3. Stoma Appliance Customisation Service 57
4.6.4. New Medicines Service 57
4.6.5. Seasonal Influenza Vaccination 58
4.6.6 Hypertension case-finding service 60
4.6.7 Smoking Cessation Advanced Service 60
4.6.8 Hepatitis C testing service 61
4.6.9 Additional Advanced services set up in response to the COVID-19 pandemic 61
4.6.9.1 COVID-19 lateral flow device distribution service 61
4.6.9.2 COVID-19 vaccine administration 61
4.6.10 Pandemic Delivery Service (Advanced service) 62
4.7. Locally Commissioned Services 62
4.8. NHS North East and North Cumbria Integrated Care Board / North Tyneside place - Locally Commissioned Services 63
4.8.1. Think Pharmacy First 63
4.8.2. Specialist Drug Access Service 66
4.8.3 Healthy Start Vitamins 67
4.9. North Tyneside Council Public Health Locally Commissioned Services 68
4.9.1. Supervised Consumption of Methadone 68
4.9.2. Stop Smoking 69
4.9.3. Sexual Health 71

4.9.3.1. Emergency Hormonal Contraception (EHC) 72
4.9.3.2. National Chlamydia Screening Programme 73
4.9.3.3. Condoms and Condom-Card (C-card) Scheme 73
4.9.4. Alcohol and Drug Misuse Services 74
4.9.4.1. Needle Exchange 74
4.10. Distance Selling Pharmacies 75
4.11. Digital solutions 76
4.12. Community Pharmacy Facilities 76
4.12.1. Consultation Rooms 76
4.13. Non NHS Contracted Services Provided by Community Pharmacies 78
Section 5: General Medical Services 79
5.1. Hours of Provision of General Medical Services 79
5.2 GP enhanced services 80
Section 6: Future Provision 81
6.1. The Pharmacy Integration Fund 81
6.2 Point of care testing 81
6.3 Working across North East and North Cumbria and North Tyneside 82
6.4. Independent Prescribing and Workforce Skills 83
6.4.1 Patient Group Direction 83
Section 7: Conclusions 84
7.1. Access to services 84
7.2. Use of services 86
7.3. Quality of services 87
7.4. Medicine shortages 87
7.5. Housing developments 87
Appendix 1: Key of GP Practices and Community Pharmacies 89
Appendix 2: Overview of Commissioned Services 91
Appendix 3: Sources of information used in the preparation of the PNA 96
Appendix 4: Members of Steering Group 97
Appendix 5: Our response to consultation feedback 98
Appendix 6: Equality Impact Assessment 100

Table Index

Table 1: Mid-2020 population estimate, North Tyneside 22
Table 2: Current forecast housing delivery 23
Table 3: Forecast Housing Delivery Murton Gap / Killingworth Moor 24
Table 4: Prevalence estimates of opiate and crack users 2016-17 28
Table 5: Percentage of Adults effectively engaged in treatment 2020-21 28
Table 6: Percentage of adults classified as living with overweight or obesity 2020 - 21 29
Table 7: Diagnosis of Chlamydia in young people 2020 30
Table 8: Under-18 Teenage Conception Rate 2020 31
Table 9: Recorded disease prevalence of CHD 2020-21 31
Table 10: Recorded disease prevalence of hypertension 2020-21 32
Table 11: Recorded disease prevalence of diabetes mellitus 2020-21 32
Table 12: Recorded disease prevalence of COPD 2020-21 33
Table 13: Recorded disease prevalence of cancer 2020-21 33
Table 14: Percentage Coverage of Cancer Screening Programmes as at 31 March 2021 34
Table 15: Recorded disease prevalence of dementia 2020-21 35
Table 16: Recorded disease prevalence of mental health and neurology group 2020-21 35
Table 17: Number of hours of community pharmaceutical services available per week 38
Table 18: The PhAS community pharmacies in North Tyneside 44
Table 19: The Five Themes of Clinical Governance 50
Table 20: Number of community pharmacies per 100,000 population by locality 52
Table 21: Average number of prescription items dispensed per community pharmacy from prescribers located in North Tyneside in 2020/21 52
Table 22: Analysis of community pharmacy questionnaire indicates current advanced service provision 55
Table 23: Influenza vaccinations provided in 2021-22 by locality 59
Table 24: Percentage of Think Pharmacy First items supplied by community pharmacies in the 4 years 1 April 2018 to 31 March 2022 by locality 64
Table 25: The actions patients would have taken if they had not accessed Think Pharmacy First 64
Table 26: Community pharmacies with highest number of EHC consultations 73
Table 27: Availability of unaided wheelchair access to the community pharmacy and hand washing facilities 77
Table 28: Possible community pharmacy role in relation to GP enhanced services 80

Map Index

Map 1: Population density in relation to community pharmacies and Killingworth Moor and Murton Gap Local Plan Development Sites 24
Map 2: Index of Multiple Deprivation for SOAs in North Tyneside 26
Map 3: North Tyneside population and current community pharmacy provision by locality 38
Map 4: Community pharmacies in North Tyneside open after 6pm on weekdays 39
Map 5: Community pharmacies in North Tyneside open on Saturdays 40
Map 6: Community pharmacies open on Sundays 41
Map 7: Access to a community pharmacy within a 15 minute walk 43
Map 8: Current provision of essential pharmaceutical services via community pharmacies, and location of GP practices 51
Map 9: Location of seasonal influenza services 59
Map 10: Locations of community pharmacies which stock Specialist and Palliative care drugs 67
Map 11: Location of community pharmacies providing Supervised Methadone Consumption 68
Map 12: Community pharmacies which provide Stop Smoking Services 71
Map 13: Location of Community Pharmacies delivering Sexual Health Services 72
Map 14: Needle exchange locations 75

Figure Index

Figure 1: Gender profile of patients accessing Think Pharmacy First by locality..... 65
Figure 2: Proportion of patients accessing Think Pharmacy First by age by locality 65
Figure 3: Proportion of patients accessing Think Pharmacy First under 19 years of age by locality 66
Figure 4: Distribution of clients accessing supervised consumption of methadone services 2019-21..... 69
Figure 5: Distribution of patients accessing community pharmacies for stop smoking services 2017-21..... 70
Figure 6: Percentage of EHC consultations by locality between 2017-18 and 2020-21 72
Figure 7: Number of clients attending C-card Pharmacy Venues 2017-18-2020-21 74

Summary

The Health Act (2009) introduced a legal requirement for all Primary Care Organisations (PCOs) to publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. The Health and Social Care Act (2012) transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the "2013 Regulations") sets out the legislative basis for developing the PNAs.

The aim of the PNA is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of North Tyneside. NHS England and NHS Improvement (NHSEI) uses the PNA to determine applications to open new pharmacies in the Local Authority area.
- To act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

Since the previous publication of the PNA in 2018, there is now one Distance Selling Pharmacy (DSP) located in North Tyneside. This DSP provides some services locally such as vaccinations. It is important to note that as a DSP it can serve people outside of the borough and residents in North Tyneside can also access a wide range of DSPs across the country.

As part of the development of the refreshed PNA, an assessment of current pharmaceutical provision in North Tyneside was undertaken in January 2022, via an online questionnaire which was made available to all community pharmacy contractors across North Tyneside. The questionnaire was also made available to the one DSP based in North Tyneside. The results of the survey identified the current provision of commissioned community pharmaceutical services.

In addition, Healthwatch North Tyneside (HWNT) led a public engagement exercise during the period January 2022 to March 2022 in order to gather people's experience of using local community pharmacy services. Overall, the survey results identified that community pharmacies perform well and are delivering to a high standard.

The PNA was subject to a statutory formal consultation process with stakeholders and members of the public in line with the guidance on developing PNAs and Section 242 of the Health Service Act (2012), which stipulates the need to involve HWBs in scrutinising health services. The consultation ran from 1st July 2022 for 60 days until 31st August 2022.

North Tyneside has 47 community pharmacies to serve its 208,871[1] population. This equates to 22.5 per 100,000 population, which is more than the England (20.1 per

[1] 2020 Midyear population estimates ONS

100,000 population) and North East (22.3 per 100,000 population) average. The distribution of community pharmacies is fairly even across 3 of the 4 localities, with between 11 – 14 pharmacies, whilst there are only 9 in the South West. There is a higher ratio of community pharmacies per 100,000 population in the more deprived Central locality. This gives additional patient choice, and extra capacity to provide enhanced services.

North Tyneside appears to be well served by community pharmacies Monday to Friday between 9.00am and 5.30pm. Weekend and evening provision is limited and dependant on supplementary hours and the 100-hour community pharmacy (Tesco, Chirton).

On weekday evenings, there are no services in the South West locality after 6.00pm or in the Coast locality after 8.00pm.

Many community pharmacies in town centres are open on Saturday afternoons thus providing access for working residents, although it is recognised that this does rely on the supplementary hours provided by community pharmacies and the 100-hour community pharmacy.

Due to the restrictions of Sunday opening hours, access to pharmaceutical services is available only between 10.00am and 5.00pm. There are no services in the South West locality on Sundays. However, there are three community pharmacies in Newcastle and two in North Tyneside which are accessible (less than 2.15 miles) to residents in the South West locality on Sundays.

After considering all the elements of the PNA, North Tyneside HWB concludes that there is adequate provision of NHS pharmaceutical services across North Tyneside although it recognises that there is some variability between localities.

Overall community pharmacies in the borough perform well in patient experience and deliver services to a high standard.

Acknowledgements

The writing group for the PNA, consisting of representatives from Public Health (North Tyneside Council), NHS North Tyneside Clinical Commissioning Group (NHS NTCCG) / NHS North East and North Cumbria Integrated Care Board and NHS North of England Commissioning Support (NHS NECS) would like to thank the following for their contribution to the production of the PNA.

- Representatives on the PNA Steering Group (See Appendix 4).
- North of Tyne Local Pharmaceutical Committee (LPC).
- Commissioning Leads, North Tyneside Council.
- Planning Officers, North Tyneside Council.
- NHS North Tyneside Clinical Commissioning Group / NHS North East and North Cumbria Integrated Care Board.
- NHS North of England Commissioning Support.
- Healthwatch North Tyneside.
- Analytical support from Policy, Performance and Research team, North Tyneside Council for producing the demographic data, maps and graphs.
- Proofreading support from Kate Heeley and Helen Maxwell, North Tyneside Council.

Abbreviations

A&E	Accident and Emergency Department
BME	Black and Minority Ethnic
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CMO	Chief Medical Officer
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DFLE	Disability Free Life Expectancy
DH	Department of Health
EHC	Emergency Hormonal Contraception
eRD	electronic Repeat Dispensing
ETP	Electronic Transfer of Prescriptions
GP	General Practitioner
GPhC	General Pharmaceutical Council
HWB	Health and Wellbeing Board
HWNT	Healthwatch North Tyneside
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, Gay, Bisexual and Transgender
LAPE	Local Authority Profile for England
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
MDS	Monitored Dosage Systems
MECC	Making Every Contact Count
MUR	Medicines Use Review
NDUC	Northern Doctors Urgent Care
NHCFT	Northumbria Healthcare NHS Foundation Trust
NHS	National Health Service
NHSEI	National Health Service England and National Health Service England Improvement
NHS NENC ICB	NHS North East and North Cumbria Integrated Care Board
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NHS NTCCG	NHS North Tyneside Clinical Commissioning Group
NTRP	North Tyneside Recovery Partnership
ONS	Office of National Statistics
PCO	Primary Care Organisation
PHE	Public Health England

PhIF	Pharmacy Integration Fund
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral Vascular Disease
QOF	Quality and Outcomes Framework
RSPH	Royal Society of Public Health
SHLAA	Strategic Housing Land Availability Assessment
SHMA	Strategic Housing Market Assessment
SOA	Super Output Area
SRE	Sex and Relationship Education
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
VODA	Voluntary Organisations Development Agency

Section 1: Introduction

The White Paper *Pharmacy in England: Building on strengths, delivering the future*[2] was published by the Department of Health (DH) in April 2008 and set out the vision for pharmaceutical services in the future. It identified practical, achievable ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the future.

These personalised services would be in addition to the services associated with the dispensing and safe use of medicines and as such, need to be commissioned specifically to meet the health needs of the local population. These services cannot be commissioned in isolation, and therefore form an integral part of the Joint Strategic Needs Assessment (JSNA) and strategic commissioning plans, focusing on local priorities.

The Health Act (2009) introduced a legal requirement for all Primary Care Organisations (PCO) to publish an updated Pharmaceutical Needs Assessment (PNA) by 1 February 2011. The Health and Social Care Act (2012)[3] transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWB) who must produce a refreshed PNA every 3 years (with an extension granted due to the COVID-19 pandemic), with the next version being required by 1 October 2022[4].

The PNA is a strategic commissioning document which will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry. To achieve this dual purpose the HWB needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet the identified health need. Mapping these community pharmacy providers with the health needs of the population will identify any gaps in current service provision and define areas where a community pharmacy service could be commissioned to meet that need.

From 1 December 2016, The Government began the introduction of a package of reforms for the Community Pharmacy Contractual Framework (CPCF) set out in *Community pharmacy in 2016/17 and beyond.*[5] The measures set out comprise:

- A revised funding settlement.
- Changes to remuneration for services.
- Establishment and activity fees.
- Support for community pharmacies sparsely spread where patients depend on them most.

[2] https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future
[3] http://www.legislation.gov.uk/uksi/2013/349/regulation/5/made
[4] http://www.legislation.gov.uk/uksi/2013/349/regulation/5/made
[5] https://www.gov.uk/government/publications/putting-community-pharmacy-at-the-heart-of-the-nhs https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

- A quality payment scheme.
- A national urgent medicines supply service.
- Changes to reimbursement for dispensed items.
- Changes to market entry to facilitate the consolidation of community pharmacies.
- Modernising the service through digital NHS services.
- The intention to explore new terms of service for distance-selling pharmacies in recognition of their different service offering.

NHS Foundation Trusts and private hospitals do not provide pharmaceutical services as defined for the purposes of the PNA, although hospitals accessed by North Tyneside patients work closely with community pharmacists to ensure that discharged patients get the most from their medicines. NHS Foundation Trusts can electronically-refer patients being discharged from hospital directly to a nominated community pharmacy to provide advanced services which are complementary to the discharge process provided by the hospitals.

1.1. What is a Pharmaceutical Needs Assessment?

A PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of strategic plans, while taking account of financial constraints.

The PNA will be used to:

- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need.
- Support commissioning of high-quality pharmaceutical services.
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the JSNA.
- Facilitate opportunity for pharmacists to make a significant contribution to the health of the population of North Tyneside.
- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.

The PNA is not a stand-alone document. It is aligned with the JSNA and a range of strategic plans.

The PNA will be used as a tool to inform future service developments aimed at meeting the objectives of strategic plans e.g. delivering care in the most appropriate setting, reducing reliance on hospital care, supporting those with long term conditions, promoting wellbeing and preventing ill-health and improving access to primary care.

1.2. Market Entry

If a person (a pharmacist, dispenser of appliances or in some rural areas a GP) wants to provide NHS pharmaceutical services they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHSEI. This is commonly known as the NHS "market entry" system.

Under the 2013 Regulations, a person who wishes to provide NHS pharmaceutical services must generally apply to NHSEI to be included on the relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The regulations allow an automatic exemption to the regulatory test for distance sellers or internet-based pharmacies provided that they provide:

- The uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services.
- The safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

The Health Act (2009) replaced the "control of entry" test with a new test requiring PCOs to have statements of pharmaceutical needs. The Health and Social Care Act (2012) transferred the responsibility for producing the PNA to HWBs of local councils. NHSEI will use the PNA to determine applications to open new community pharmacies in that local council area.

It is essential that local councils are keenly aware of community pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be addressed through commissioning to support more effective patient care.

From 1 April 2013, pharmaceutical lists are maintained by NHSEI and so applications for new, additional or relocated premises must be made to the local NHSEI Area Team. It is likely that this responsibility will move from NHSEI to Integrated Care Boards from 1 April 2023. Most routine applications for a new community pharmacy will be assessed against the PNA for the area, prepared by the HWB. On 5 December 2016, as part of the reforms set out in *Community pharmacy in 2016/17 and beyond,* amendments to the 2013 Regulations came into force which facilitate community pharmacy business consolidations from two sites on to a single existing site. Importantly, a new community pharmacy is prevented from stepping in straight away if a chain closes a branch, or two community pharmacy businesses merge and one closes. This protects two community pharmacies that choose to consolidate on a single existing site and this does not create a gap in provision. NHSEI will notify the Chair of the HWB in relation to any applications to consolidate two pharmacies. The Board will make a statement or representation back to NHSEI within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services

provision based on the information held within the PNA. NHSEI will then convene a panel to consider the application and any statement or representation.

Decisions to merge community pharmacy services onto a single site are for community pharmacy contractors to make based on local patient needs and business factors. For some contractors the amendments will be welcome in allowing them to streamline their businesses and this change will reduce the number of community pharmacy clusters.

Section 2: Pharmaceutical Needs Assessment Process

Section 2 provides a brief overview of the methodology adopted in bringing together the information contained within the PNA.

2.1. Identification of Health Need

Population health needs across the borough are identified by the JSNA[6]. The Joint Health and Wellbeing Strategy is underpinned by the JSNA and sets out the priorities for health and wellbeing in North Tyneside.

In this PNA, health needs in North Tyneside which can be addressed by community pharmacies are considered in more detail. This includes those health needs that can be met through the core contract with NHSEI for services such as dispensing of prescriptions, treatment of minor ailments and medicines advice and other health needs that can be met through commissioned services, where community pharmacy might be one of a range of providers.

2.2. Assessment of Current Pharmaceutical Provision

In January 2022, an online questionnaire was made available to all community pharmacy contractors and the one DSP across North Tyneside. The questionnaire was developed by Public Health, North Tyneside Council, North Tyneside CCG and NECS and the LPC was consulted before the questionnaire was released to ensure buy-in by contractors. 45 out of 47 community pharmacies and the one DSP responded to the questionnaire. This identified the current provision of community pharmaceutical services in North Tyneside.

Information was also gathered from several other sources e.g., NHSEI, Commissioners etc. Data sources used in the development of the PNA are listed in Appendix 3.

2.2.1. Public Engagement

During the period January 2022 to March 2022, Healthwatch North Tyneside (HWNT) gathered people's experience of using local community pharmacy services, through an online and printed survey and a simplified paper version. Group feedback was also

[6] Joint Strategic Health Needs Assessment 2021
http://my.northtyneside.gov.uk/category/605/joint-strategic-needs-assessment-jsna

obtained from Helping Hands groups at the Phoenix Detached Youth project (a local young person's voluntary sector organisation). A total of 301 responses were received, with approximately 45 further responses gathered from the Phoenix Detached Youth project where demographic data was not collected. Not all respondents answered every question in the survey. 68% of respondents were female and 32% were male. 69% of respondents were over 55 years of age. 97% of respondents described their ethnic group as white. 63% of respondents had experienced a physical or mental health condition or illness lasting or expected to last 12 months or more, and 21% of respondents had caring responsibilities. This sample size may not necessarily be representative of the whole population but does provide a good picture on the views of the population.

Overall, there was a sense that community pharmacies perform well in patient experience. People described a range of services that community pharmacies were delivering to a high standard.

The results included a high level of awareness of services received from community pharmacies.

Of the services provided, the ones with the highest levels of awareness were:

- Dispensing medicines (96%).
- General advice about medication (97%).
- Repeat or electronic Repeat Dispensing (eRD) (95%).

The services with the lowest levels of awareness were anti-coagulant monitoring (29%) and sexual health testing (42%).

Respondents described a range of good practice which community pharmacies were delivering to a high standard in relation to customer service, aspects of service delivery that support customer choice, access and personalised service.

When asked about negative experiences, 38% of respondents reported that nothing could be improved. Of the 62% of respondents who identified areas for improvement, these included longer or weekend opening times (31%), improved dispensing of prescriptions (17%), space, including storage (17%) and availability or insufficient staffing (11%).

The findings have been used in developing the PNA. The full report can be found on the Healthwatch website at www.healthwatchnorthtyneside.co.uk

2.3. Consultation

The formal consultation on the draft PNA for North Tyneside ran from 1 July 2022 to 31 August 2022 in line with the guidance on developing PNAs and Section 242 of the Health Service Act (2012), which stipulates the need to involve HWBs in scrutinising health services.

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

- North of Tyne LPC.
- Newcastle and North Tyneside Local Medical Committee (LMC).
- All persons on the North Tyneside pharmaceutical lists.
- All North Tyneside GP practices.
- NHS North East & North Cumbria Integrated Care Board.
- TyneHealth Ltd - GP Federation.
- Healthwatch North Tyneside.
- Northumbria Healthcare NHS Foundation Trust (NHCFT), The Newcastle Upon Tyne Hospitals NHS Foundation Trust, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- NHS England and NHS Improvement (NHSEI).
- Neighbouring HWBs in Newcastle, Northumberland and South Tyneside.
- VODA (Voluntary Organisations Development Agency).
- North Tyneside Patient Forum.
- North Tyneside Council Residents' Panel.

An email with a link to a response form was sent to all consultees informing them of the website address which contained the draft PNA document. At the HWB meeting on 30 June 2022 the Board considered that:

"A person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60-day period for making responses to the consultation".

The draft document was updated to reflect comments received from consultees during the consultation period. A summary of our response to the consultation feedback is included in Appendix 5. The revised document was then considered and signed off by the Heath and Wellbeing Board at the meeting on 22 September 2022.

Section 3: Identified Health Needs

This chapter provides a brief overview of the health needs of the residents of North Tyneside, highlighting those which may be amenable to intervention by services delivered through community pharmacies. Further details are available in the JSNA (2021)[7]. The key messages from the JSNA are as follows:

- The population of North Tyneside is projected to grow by 6.3% by 2035 with an increasingly ageing population. (31.8% increase in over 65's) (source 2018 SNPP).
- The borough of North Tyneside as a whole is now one of the least deprived areas in the North East of England. However, stark inequalities persist within the borough in relation to income, unemployment, health and educational attainment.
- The cost of living crisis will impact on the income of residents with inevitable consequences for their health and wellbeing.
- The principal cause of premature death in North Tyneside is cancer, followed by circulatory disease.
- People are living longer with the average life expectancy for North Tyneside being 79.8 years (77.3 years for males and 82.2 years for females). The life expectancy of males and females in North Tyneside is significantly lower than England (life expectancy fell for the 1st time this data refresh).
- The gap in life expectancy within the borough is wide (11.4 years for males and 9.9 years for females). The life expectancy gap for both males and females has narrowed slightly.
- Smoking is the major contributor to cancer and cardiovascular disease (CVD) mortality and morbidity and accounts for half the gap in life expectancy between the most and least affluent groups.
- Poor mental health and wellbeing in parts of the borough are inextricably linked to socio economic deprivation and vulnerability.
- Alcohol is the second biggest lifestyle health risk factor after tobacco use. Alcohol misuse is a major problem within North Tyneside in terms of the health, social and economic consequences which affect a wide cross section of the borough at a considerable cost.
- 1 in 5 children and young people live in poverty in North Tyneside.[8]
- Vulnerable children and young people in the borough suffer from poorer outcomes socially, educationally, economically and educationally.

[7] https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/JSNA2021.pdf
[8] The English Indices of Deprivation 2019 (Gov.uk: 26 September 2019 IDACI Score) https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019
The most common measure for poverty, as used in the Child Poverty Act 2010, is 'household income below 60 percent of median income'. JSNA 2021 North Tyneside

- The number of people aged 85 and over is projected to increase in North Tyneside by 48.7% by the year 2035 creating additional demand for social care, housing support, and health services (source 2018 SNPP).
- Long Term Conditions and dementia will be among our biggest challenges going forward.
- The proportion of people with a disability is also likely to increase with an ageing population creating additional demands for service provision. In 2020-21 there were 1,280 emergency hospital admissions due to falls in people over 65.

3.1. North Tyneside Characteristics

North Tyneside is one of five metropolitan districts within the Tyne and Wear conurbation, with an area of 82 square kilometres. It has the North Sea to the east, the River Tyne to the south, and Newcastle City to the west. Northumberland County forms the northern boundary. The borough is bisected east/west by the A19 and north/south by the A1058 Coast Road. The Coast Road provides a direct route through to Newcastle city centre, whilst the A19 goes north to join with the A1 in Northumberland and south through the Tyne Tunnel to provide a route through the North East region to North Yorkshire[1].

Clinical Commissioning Groups (CCGs) were groupings of GP practices rather than groupings of geographical areas. In North Tyneside the CCG covered a similar footprint to the Local Authority. The North Tyneside GP registered list size is 224,313 which is 7.4% greater than the Local Authority population. The CCG was dissolved and became part of the NHS North East and North Cumbria Integrated Care Board on 1st July 2022.

For the purpose of this report North Tyneside population will be based on the data in Office for National Statistics (ONS). Health data is based on GP registered list size in the Quality and Outcomes Framework (QOF).

3.2. Population Profile

The last official estimate of North Tyneside's population was produced by the ONS for mid-2020 and showed that North Tyneside had a population of 208,871 (Table 1).

Table 1: Mid-2020 population estimate, North Tyneside

	Population			Percentages of Total	
	Female	Male	Combined	Female	Male
North Tyneside	107,782	101,089	208,871	52%	48%
North East	1,363,014	1,317,749	2,680,763	51%	49%
England	28,567,320	27,982,818	56,550,138	51%	49%

Source: ONS Mid-2020 Population Estimates

The population of North Tyneside is projected to grow by 6.3% by 2035 with an increasingly ageing population. Population projections indicate the number of persons aged 65 years and over will increase by 31.8%, from 42,649 in 2020 to 56,206 in 2035. The number of people over 85 is projected to increase by 48.7% between 2020 and 2035 to 8,133. The number of children and young people (0-19) in the borough is projected to decrease by the year 2035 by 2.7% from 45,817 to 44,590, with the biggest decrease being the 10-14 age group which is projected to shrink by 6.2% by 2035[9].

3.3. Ethnicity

Culture and ethnicity may influence health beliefs and behaviours and may therefore impact on health and wellbeing. Based upon the 2011 Census, Black and Minority Ethnic (BME) groups account for 4.6% of North Tyneside's population (when mixed/multiple white ethnic minority groups are included). This population represented 2.7% of the population in the 2001 census. This compares to 6% in the North East and 19.1% nationally. The largest minority ethnic group in North Tyneside is the Asian/Asian British group, constituting 1.8% of the resident population.

3.4. Housing

3.4.1. Context

Historically there has been a significant shortfall in the rate of house building across the country, with actual completions in England currently around half the level that is needed. In response North Tyneside Council's goal is that, by 2032 the objectively assessed need for housing in the borough will be met through enabling the delivery of a range of homes that reflect the diversity of the population.

[9] 2018-based Subnational Population Projections for Local Authorities and Higher Administrative Areas in England) & 2020 Mid-Year Population Estimates - Office for National Statistics

3.4.2. New Housing Development

The North Tyneside Local Plan (July 2017)[10] considers a range of development issues including housing need over the next fifteen years. The Local Plan gives the authority greater control over local decisions on future development, to plan for the predicted growth in population and the delivery of the supporting infrastructure.

The scale of housing provision and its distribution is designed to meet the needs of the future and existing community and to support the economic growth of North Tyneside. The process of Local Plan consultation provided much of the evidence to inform the selection of site allocations across the borough. The overall range of sites will provide for the creation of a mix of housing types across the market to meet the needs of the whole population.

The average delivery of housing over the last 5 years has been 786 homes per year (net numbers of housing) (NTC SHLAA 2021). Over the Local Plan period (2011-12 to 2031-32) the agreed housing requirement will be provided through a phased approach, to deliver an average of 790 new homes per annum over the plan period (Table 2). This equates to 16,593 homes, but considering additional homes built since 2011 and those granted planning permission up to 31 March 2016, there was an outstanding gross housing requirement of 7,188.

Table 2: Current forecast housing delivery

	Phase 1 2011/12 –15/16	Phase 2 2016/17 – 20/21	Phase 3 2021/22 –25/26	Phase 4 2026/27 –30/31	Phase 5 2031/32	Total 2011/12– 31/32
Total forecast completions	2,177	3,929	4,092	4,669	408	15,275
Local Plan Housing Requirement	2,755	3,700	4,690	4,540	908	16,593

Source: North Tyneside Strategic Housing Land Availability Assessment, September 2021. Table 18 extract.

The Local Plan identifies two significant growth areas at Killingworth Moor and Murton Gap that are critical in delivering the borough's growth requirements.

The vision for development of these sites has been expressed in a Concept Framework and masterplans that were adopted in December 2017. The vision is for “Walkable, connected village neighbourhoods, within a green, natural environment”. At this time no substantial development has commenced at Murton Gap or Killingworth Moor. The first substantial planning permission for approximately 300 homes was

[10] North Tyneside Local Plan, July 2017.North Tyneside Council, 2017.

granted at Murton Gap in November 2021. The current anticipated delivery of the sites is listed in Table 3.

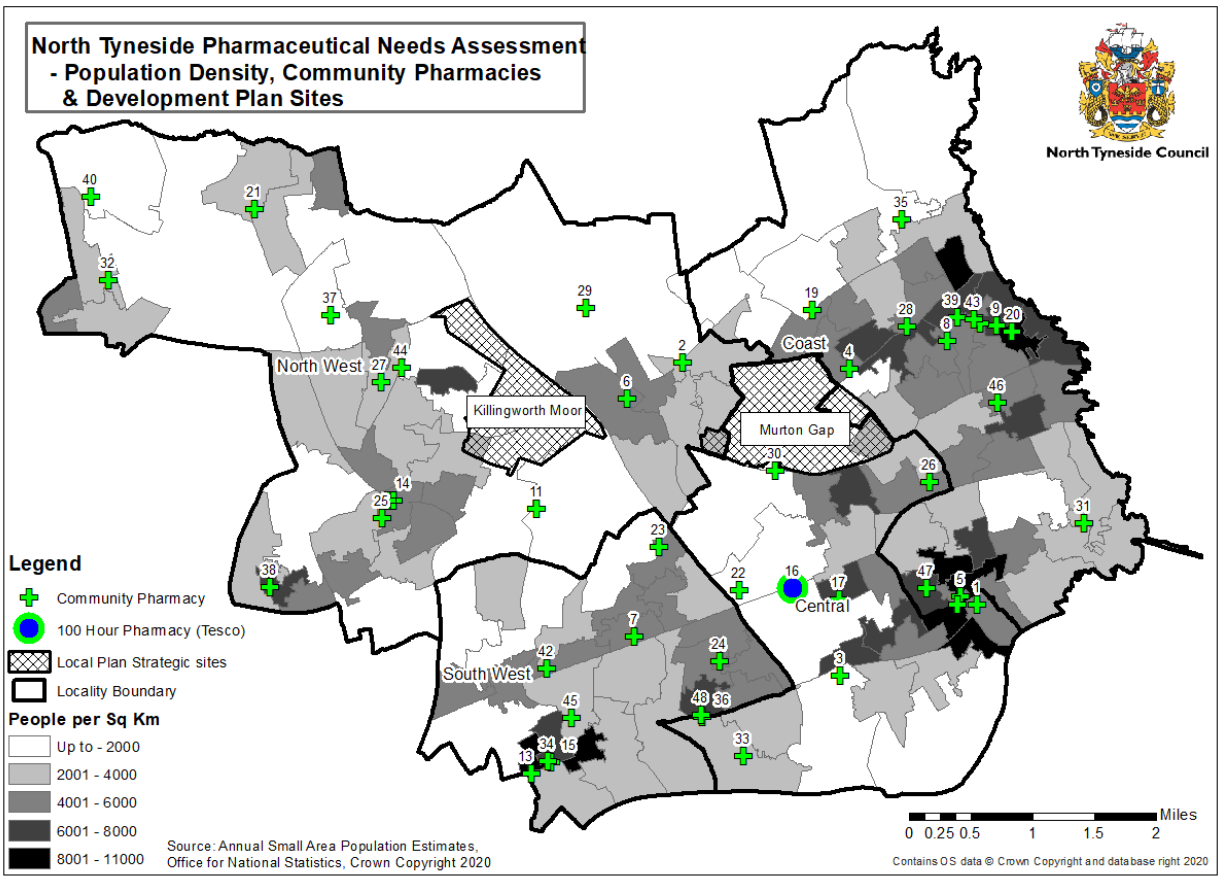
Table 3: Forecast Housing Delivery Murton Gap / Killingworth Moor

Sub-Area	Next 5 years	6 to 10 years	11 to 15 years	16+ years	Total
Murton	875	1,241	632	252	**3,000**
Killingworth Moor	565	1105	330	0	**2,000**

Source: North Tyneside Strategic Housing Land Availability Assessment, September 2021, Table 4

The map below shows the current population density and the spread of community pharmacies with the two strategic sites highlighted.

Map 1: Population density in relation to community pharmacies and Killingworth Moor and Murton Gap Local Plan Development Sites



Produced by Policy, Performance and Research Team, February 2022

Contains Ordnance Survey data © Copyright North Tyneside Council 100016801 2022

3.5. Deprivation

The link between social and economic deprivation and poor health has long been recognised. People living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas.

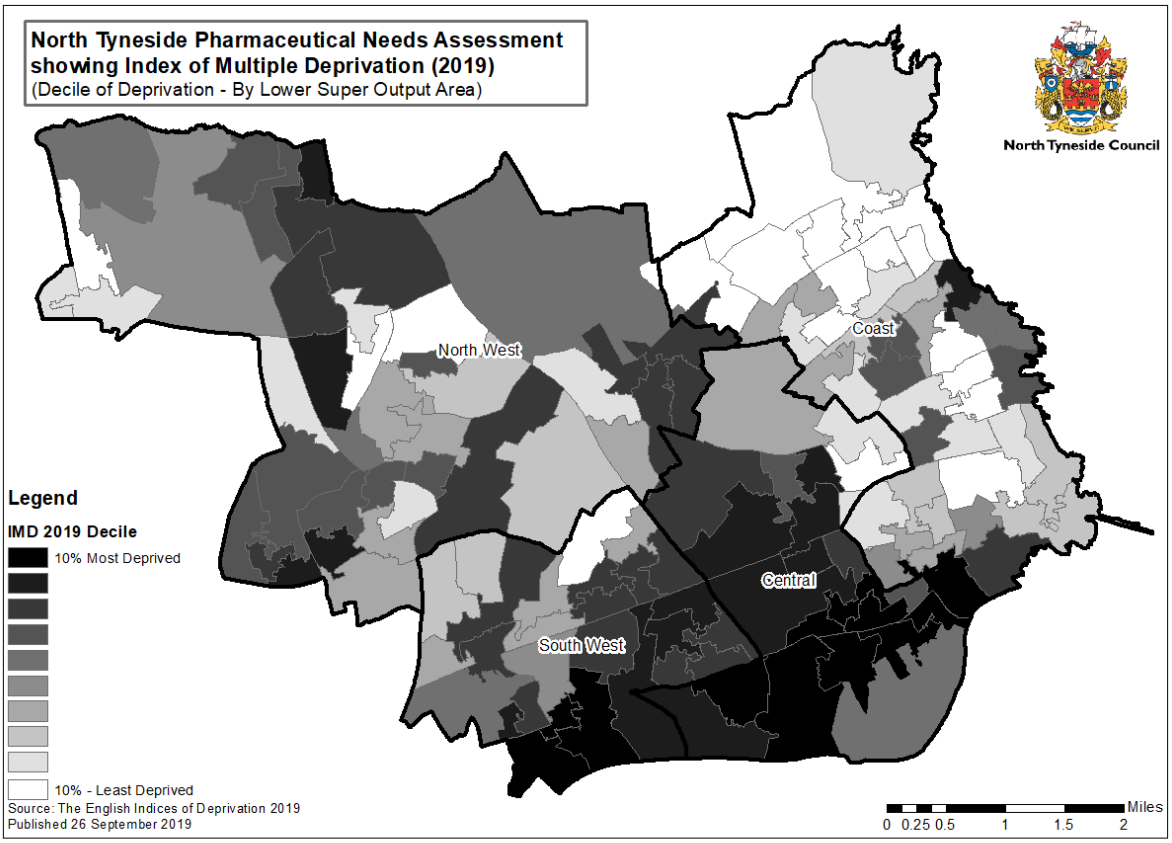
Although the borough of North Tyneside is now one of the least deprived in the North East, stark inequalities persist within the borough. The Index of Multiple Deprivation (IMD) (2019)[11] provides an overall deprivation score for lower layer Super Output Areas (SOAs) (Map 3).

The population of North Tyneside is growing and by 2035 the number of residents will have increased by 6.3%, compared to 9.3% nationally. Life expectancy has been increasing at all ages and especially in older people in the population. There are estimated to be a total of 86,118 residents aged 50 years or older in North Tyneside. The borough also has higher rates of premature mortality than England. The all cause male mortality rate under 75 years in North Tyneside was 366.4 per 100,000 population in 2018-20, compared to 336.5 per 100,000 for England. A woman can expect to live 59.3 years in good health at birth (compared to 63.5 years in England) (2017-19 data), compared to 60.6 years for a man (63.2 years in England) in North Tyneside.

Healthy life expectancy for females has dropped to below the 2009-11 rates in the latest refresh of data, while for males it is has fallen to below the 2013-15 rates.

[11] The Index of Multiple Deprivation is a widely used and well researched index that is based on the premise that deprivation is made up of multiple dimensions or 'domains' which reflect different aspects of deprivation The Index has been produced at Lower Super Output Area level, of which there are 32,844 in the country and 131 in North Tyneside. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Map 2: Index of Multiple Deprivation for SOAs in North Tyneside



3.6. Lifestyle Risk Factors

3.6.1. Smoking

Smoking remains the greatest contributor to premature death and disease across North Tyneside. The smoking prevalence in North Tyneside is 13.9%, the same as the England average in 2019. However, the outcomes for the population are poor. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. Smoking attributable mortality is 263.1 per 100,000 in North Tyneside and significantly worse than the England rate of 202.2 per 100,000 (PHE - Fingertips). Smoking is a major factor in deaths from many other forms of cancer and circulatory disease.

3.6.2. Alcohol

Alcohol is the second biggest lifestyle risk factor after tobacco use and is a major problem within North Tyneside in terms of health, social and economic consequences which affect a wide cross section of the borough at a considerable cost. It is estimated

to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.[12] In North Tyneside the cost to the NHS and healthcare is estimated to be £16.2m and overall £74.2m (2015-16).[13]

Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. In January 2016 the Chief Medical Officer (CMO) issued revised guidance on alcohol consumption.[14] The new guidelines advise that in order to keep to a low level of risk of alcohol-related harm adults should drink no more than 14 units of alcohol a week. The ONS defines binge drinking as drinking more than 6 units of alcohol (women) or more than 8 units of alcohol (men) on their heaviest drinking day in the last week.[15]

In the period 2015 to 2018 PHE Fingertips tool showed that the percentage of adults in North Tyneside drinking over 14 units per week was 25.2%, an increase from the previously reported figure of 23.1% for the period 2011-2014. This is slightly higher, but not significantly, than the North East figure of 25.1%, and higher than the England average of 22.8%.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions. In 2018-19, 2,210 (1,067 per 100,000 population) people who had an alcohol-related primary diagnosis or a secondary diagnosis which was an alcohol-related external cause were admitted to hospital. This is significantly worse than both the North East rate (908 per 100,000 population) and the England rate which is 664 per 100,000 population (PHE - Fingertips).

3.6.3. Drug misuse

Drug addiction leads to significant crime, health and social costs. Evidence based drug treatment reduces these and delivers real savings, particularly in crime costs, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease (Table 4).

[12] Lifestyles Statistics Team, Health and Social Care Information Centre. (2015). *Statistics on Alcohol England 2015*. Health and Social Care Information Centre. London: Government Statistical Service.
[13] North East Office for Alcohol – Balance. (2017) *Cost of alcohol in North Tyneside 2017*. Available at: http://www.balancenortheast.co.uk/library/documents/Cost_of_Alcohol_in_North_Tyneside.pdf (Accessed: 24 October 2017)
[14] HM Government. (2016) *UK Chief Medical Officers' Low Risk Drinking Guidelines 2016*. Available at: https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking/ (Accessed: 24 October 2017).
[15] Office of National Statistics (2015) *Adult Drinking Habits in Great Britain 2013*. Available at: http://www.ons.gov.uk/ons/dcp171778_395191.pdf/ (Accessed on: 25 February 2015)

Table 4: Prevalence estimates of opiate and crack users 2016-17

Prevalence estimates (aged from 15-64)	Local number	Rate per 1000	North East Number	Rate per 1000	National number	Rate per 1000
Opiate or Crack (OCU)	1,030	7.95	18,983	11.24	313,971	8.85
Opiate	886	6.84	16,468	9.75	261,294	7.37
Crack	368	2.84	6,745	3.99	180,748	5.10

Source: Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use - Public Health England (PHE) 25 March 2019

When engaged in treatment, people use less illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

Table 5 shows the proportion of adults in North Tyneside in 2020-21 who were retained in treatment for 12 weeks or more or completed treatment within 12 weeks (the measure for effective treatment engagement).

Table 5: Percentage of Adults effectively engaged in treatment 2020-21

Adults Effectively engaged in treatment	Local number 2020-21	Growth from 2019-20	Proportion of treatment population	National number 2020-21	Growth from 2019-20	Proportion of treatment population
Opiate	553	1.5%	95%	134,824	1%	95.7%
Non opiate	201	14.9%	94.4%	23,950	12.5%	86.7%
Alcohol & Non Opiate	161	1.9%	90.4%	27,115	4.7%	88.3%

Source: National Drug Treatment Monitoring System accessed May 2022

3.6.4. Excess Weight

Excess weight describes the population that is classified as living with overweight or obesity. Overweight and obesity are terms that refer to an excess of body fat and they usually relate to increased weight-for-height. The most common method of measuring obesity is the Body Mass Index (BMI).

In adults, a BMI of 25kg/m² to 29.9kg/m² means that the person is living with overweight, a BMI of 30kg/m² or higher means that the person is living with obesity.

The National Institute for Health and Clinical Excellence (NICE) recommends the use of BMI in conjunction with waist circumference as the method of measuring overweight and obesity and determining health risks.

The Public Health Obesity Profile is the main source of data on excess weight, latest data is from 2019-20 and includes people who are living with overweight or obesity (Table 6).

Table 6: Percentage of adults classified as living with overweight or obesity 2020 - 21

	Percentage
North Tyneside	65.9%
North East	69.7%
England	63.5%

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

The health benefits of a physically active lifestyle are well documented and there is a large amount of evidence to suggest that regular activity is related to a reduced incidence of many chronic conditions. Physical activity contributes to a wide range of health benefits and regular physical activity can improve health outcomes irrespective of whether individuals achieve weight loss. In 2020-21, in North Tyneside 21.2% of adults were classified as inactive (fewer than 30 minutes physical activity a week). This is significantly better than the North East average of 25.6% and better, but not significantly, than the England average of 23.4%.

Poor diet and nutrition are recognised as major contributory risk factors for ill-health and premature death. 59.8% of adults (55.4% England average & 53.7% North East) ate the recommended 5 or more portions of fruit and vegetables a day in 2019-20.

Obesity is associated with a range of health problems including Type 2 Diabetes, CVD and cancer. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007).

3.6.5. Sexual Health and Teenage Pregnancy

Good sexual health forms a fundamental aspect of an individual's general wellbeing and state of health and is also an important public health issue. Poor sexual health imposes significant social, economic, emotional and health costs.

The highest burden of sexual ill-health is borne by men who have sex with men, young people and people of Black Caribbean ethnicity. The lesbian, gay, bisexual,

transgender, queer/questioning, and others (LGBTQ+) community in North Tyneside is estimated to account for 5,821 adults, or 3.4% of the 16+ population.[16]

According to OHID Fingertips Tool in 2020, North Tyneside was ranked 109th out of 151 Local Authorities for new Sexually Transmitted Infection (STI) diagnoses rates (excluding Chlamydia) in <25 years (where 1 is the highest). Regionally, North Tyneside was ranked 11th out of 12 local authorities.

Chlamydia is the most common STI, especially amongst young people and is easy to detect and treat. Of those young people tested in North Tyneside, 9.5% tested positive for Chlamydia in 2020. The rate in the North East for the same period was 11.2% and 9.8% in England (Table 7). The detection rate in England has decreased by 31.0% in 2020 (1,420 per 100,000) compared to 2019 (2,058 per 100,000). The decrease in the detection rate reflects the reduction in chlamydia testing across England as a result of COVID-19 restrictions.

Table 7: Diagnosis of Chlamydia in young people 2020

	% 15-24 yr. olds screened	% of tests positive	Diagnostic rate per 100,000 of target group
North Tyneside	14.5%	9.5%	1,372
North East	13.5%	11.2%	1,515
England	15%	9.8%	1,420

Source: CTAD 2020

3.6.6. Teenage Conceptions

The ONS (2020) figures show the under-18 conception rate in North Tyneside as 14.2 per 1,000 girls. This is lower than the rate for the North East (18.6 per 1,000) and higher than England (13 per 1,000) (Table 8).

Since 1998 North Tyneside has seen a decrease of 76% in the under-18 conception rate, this is a greater decrease than both the North East (a decrease of 67%) and England overall (a decrease of 72%). The absolute gap between the North East and England has been decreasing in the last couple of quarters and is now 5.6 per 1,000 higher than England.

[16] Source: Annual Population Survey (APS). Office for National Statistics: Sexual Orientation, UK. Published on 27th May 2021

Table 8: Under-18 Teenage Conception Rate 2020

	Conception rate per 1,000 women in age group 2020	Conception rate per 1,000 women in age group % change 1998 to 2020
North Tyneside	14.2	-76%
North East	18.6	-67%
England	13	-72%

Source: ONS Conception Statistics, England and Wales 2020

3.7. Long Term Conditions

3.7.1. Coronary Heart Disease (CHD)

CHD prevalence, as recorded for the monitoring of the Quality and Outcomes Framework (QOF), the system for measuring quality of service in General Practice, is higher than national average (Table 9).

Table 9: Recorded disease prevalence of CHD 2020-21

	Number	Percentage
North Tyneside CCG	8,952	4.01%
North East	111,603	3.99%
England	1,850,657	3.05%

Source: Monitoring data on Quality and Outcomes Framework 2020-21 Recorded Disease Prevalence, NHS Digital © Crown copyright.

3.7.2. Hypertension

Data collected to monitor the QOF shows hypertension prevalence to be higher than the national average (Table 10). However, a prevalence[17] model developed to predict the number of people with hypertension suggests that there are large numbers of people who remain undiagnosed.

[17] Modelled estimates of prevalence of hypertension for PCOs in England, version 2, Eastern Region Public Health Observatory

Table 10: Recorded disease prevalence of hypertension 2020-21

	Number	Percentage
North Tyneside CCG	34,298	15.36%
North East	444,011	15.59%
England	8,457,600	13.93%

Source: Monitoring data on Quality and Outcomes Framework 2020-21 Recorded Disease Prevalence, NHS Digital © Crown copyright.

3.7.3. Diabetes

Diabetes is a chronic and progressive disease that impacts upon 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 prevention activities to tackle obesity and lifestyle choices about diet and physical activity (Table 11).

Table 11: Recorded disease prevalence of diabetes mellitus 2020-21

	Number	Percentage
North Tyneside CCG	14,241	7.83%
North East	177,927	7.76%
England	3,491,868	7.11%

Source: Monitoring data on Quality and Outcomes Framework 2020-21 Recorded Disease Prevalence, NHS Digital © Crown copyright.

Diabetes can remain undiagnosed for many years; people who are undiagnosed will not receive the routine care and monitoring required to optimise their wellbeing and minimise long-term complications. Identifying people who are undiagnosed and providing systematic care for them is therefore a priority if diabetes is to be managed effectively. Community pharmacists could help identify those who may be undiagnosed diabetics.

3.7.4. Chronic Obstructive Pulmonary Disease (COPD)

COPD is a chronic lung condition resulting from damage to the lung and leads to breathing difficulties. One of the main causes of COPD is smoking, so prevention of COPD is linked to smoking cessation activities, which can be provided by community pharmacies. It is estimated that there are significant numbers of people with COPD who remain undiagnosed. Awareness raising and testing for COPD needs to be carried out in local communities where individuals are most at risk so that those testing positive can receive the appropriate treatment (Table 12).

Table 12: Recorded disease prevalence of COPD 2020-21

	Number	Percentage
North Tyneside CCG	5,841	2.62%
North East	83,225	2.97%
England	1,170,437	1.93%

Source: Monitoring data on Quality and Outcomes Framework 2020-21 Recorded Disease Prevalence, NHS Digital © Crown copyright.

3.8. Cancer

The under-75 mortality rate from cancer in North Tyneside (147.3 per 100,000 population) is not significantly different than the regional rate (149.0 per 100,000 population) but is significantly worse than the national rate (129.2 per 100,000 population) figures for 2017-19.

The rate of deaths from lung cancer in North Tyneside is 76.4 per 100,000 (2017-19 PHE) is not significantly different than the regional rate (74.3 per 100,000 population) but remains significantly worse than the national rate (53.0 per 100,000 population) figures for 2017-19.

Death rates from all cancers have decreased significantly over the last 2 decades due to a combination of early detection and the efficacy of treatment. However, within the borough cancer remains a significant cause of premature death (death under 75 years) and health inequalities. Cancer is the most common cause of premature death in North Tyneside closely followed by CVD. In 2020, 726 people under 75 died from all causes, 255 of these were from cancer, accounting for about 35.1%. 113 of these cancer deaths were considered preventable. (Table 13).

Table 13: Recorded disease prevalence of cancer 2020-21

	Number	Percentage
North Tyneside CCG	8,418	3.77%
North East	96,510	3.45%
England	1,948,913	3.21%

Source: Monitoring data on Quality and Outcomes Framework 2020-21 Recorded Disease Prevalence, NHS Digital © Crown copyright.

Cancer is therefore a major contributor to health inequalities in North Tyneside, with premature deaths from cancer accounting for a significant proportion of the gap in life expectancy between North Tyneside and the national average.

3.8.1. Cancer Screening

There are three cancer screening programmes:

- NHS bowel cancer screening programme.
- NHS breast screening programme (women only).
- NHS cervical screening programme (women only).

There is continuing evidence that people from the most deprived areas are accessing screening the least. This is replicated in North Tyneside, with GP practices within the least affluent areas having lower screening coverage rates. North Tyneside has generally good coverage and uptake within the screening programmes. However more work needs to be done at a local level to understand what is driving low uptake in some GP practices and also to address the inequalities in uptake across the borough.

Table 14: Percentage Coverage of Cancer Screening Programmes as at 31 March 2021

	Cervical Cancer (25-49 years)	Cervical Cancer (50-64 years)	Breast Cancer (50-70 years)	Bowel Cancer (60-74 years)
National Target	80%	80%	70% - 80%	TBC
North Tyneside CCG	77.1%	75.7%	74.4%	69.2%
North East CCGs	73.1%	75.6%	64.7%	67.9%
England	68.0%	74.7%	64.1%	65.2%

Source: NHS Digital (National Health Application and Infrastructure Services - NHAIS) / Office for Health Improvement and Disparities via PHE Fingertips Feb 2022

3.9. Older People

Many of the people whose lives are substantially affected by long-term illness or disability are in their 80s or 90s and have age-related conditions such as osteoarthritis, visual or sensory impairment or Alzheimer's disease. However, there are also older people who are disabled by health problems much earlier in life, for instance people who suffer a severe stroke or early-onset dementia.

Population projections indicate the number of persons in North Tyneside aged 65 years and over will increase by 31.8% from 42,649 in 2020 to 56,206 in 2035. The number of people aged 85 and over is projected to increase by 48.7%, to 8,133 by the year 2035, creating additional demands for social care, housing support and health services. Long term conditions and dementia will be among the biggest challenges faced by health services going forwards.

People with dementia require substantial amounts of care, particularly social care. Community pharmacists can contribute to the care of those with dementia by reviewing their medication and helping to ensure that patients remember to take the medicines they require by advising on and supplying appropriate support where necessary. The number of patients with dementia is expected to rise as the number of elderly people

in North Tyneside increases. According to the 2020-21 QOF data, there are 1,876 people recorded by North Tyneside GP practices as having dementia (Table 15).

Table 15: Recorded disease prevalence of dementia 2020-21

	Number	Percentage
North Tyneside CCG	1,876	0.84%
North East	22,917	0.82%
England	430,857	0.71%

Source: Quality and Outcomes Framework 2020-21 Recorded Disease Prevalence, NHS Digital © Crown copyright.

An ageing population will be associated with more harm as a result of falls. As the population ages the proportion of people with a disability is also likely to increase creating additional demands for service provision.

3.10. Mental Health

Poor mental health and wellbeing in parts of the borough are inextricably linked to socio-economic deprivation and vulnerability and premature mortality. People suffering from serious mental illnesses like schizophrenia or bipolar disorder have a life expectancy that can be 10 to 15 years lower than the average in the local population. The excess under-75 mortality rate in adults with serious mental illness in 2018-20 was 661% in North Tyneside compared to an England average of 451% (Table 16).

Table 16: Recorded disease prevalence of mental health and neurology group 2020-21

	Number	Percentage
North Tyneside CCG	2,034	0.91%
North East	27,003	0.96%
England	574,227	0.95%

Source: Quality and Outcomes Framework 2020-21 Recorded Disease Prevalence, NHS Digital © Crown copyright.

3.10.1 Suicide

In terms of suicide North Tyneside has a slightly higher rate than the England average (ONS). The age-standardised suicide rate for North Tyneside was 10.9 in 2018-20 (per 100,000) compared with 10.4 for England in the same period.

3.11. People with Learning Disabilities

Life expectancy for people with learning disabilities is lower than for the rest of the population. Evidence shows that people with learning disabilities are 2.5 times more likely to have health problems than other people but are less likely to receive regular health checks. There are 1,681 patients (0.75% of the North Tyneside GP registered patient list) with learning disabilities known to GP practices in North Tyneside. In the last financial year 77% of those registered who are over 14 have had a health check. (QOF 2020-21 Sept 30 2021)

3.12. Immunisation

Currently, North Tyneside performs well with regard to childhood immunisations exceeding all national targets in 2020-21. Flu vaccinations also exceeded the national target for >65s receiving flu vaccination (84.8% against a national target of 75%), however, it was well below the national target for at risk groups (57.9% against a national target of 75%). It is worth noting that this target was not achieved nationally (England achievement in 2020-21 was 53.0%). Community pharmacies could help reach more of the target groups in the seasonal flu vaccination campaigns.

3.13. Holiday Makers and Travellers

North Tyneside attracts a significant number of holiday makers and weekend visitors. Whilst in the borough their health needs are provided for by the provision of support for self-care by community pharmacy, advice from NHS 111 and first response services such as A&E and the Urgent Treatment Centre at North Tyneside General Hospital. There are a small number of travellers who sometimes stay in North Tyneside.

In the 12 months to March 2022, 349 (5.3%) of all Think Pharmacy First supplies made were for people whose home address is outside the borough.

Section 4: Current Provision – Community Pharmaceutical Services

4.1. Definition of Community Pharmaceutical Services

The CPCF is made up of three different service types:

- Essential services and clinical governance which are provided by all community pharmacy contractors and are commissioned by NHSEI, the CPCF contract holder.
- Advanced services which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHSEI.
- Locally commissioned services[18] commissioned by Local Authorities, CCGs/ICBs and NHSEI in response to the needs of the local population.

4.2. Community Pharmacy Opening Hours

NHSEI is responsible for administering opening hours for community pharmacies.

A community pharmacy normally has 40 core contractual hours (or 100 for those that were opened under the former exemption from the control of entry test). This cannot be amended without the consent of NHSEI.

Alongside the 40 core contractual hours a community pharmacy may open for additional supplementary hours. The supplementary hours can be amended by the community pharmacy subject to giving 90 days' notice of the intended change (or less if NHS England consents).

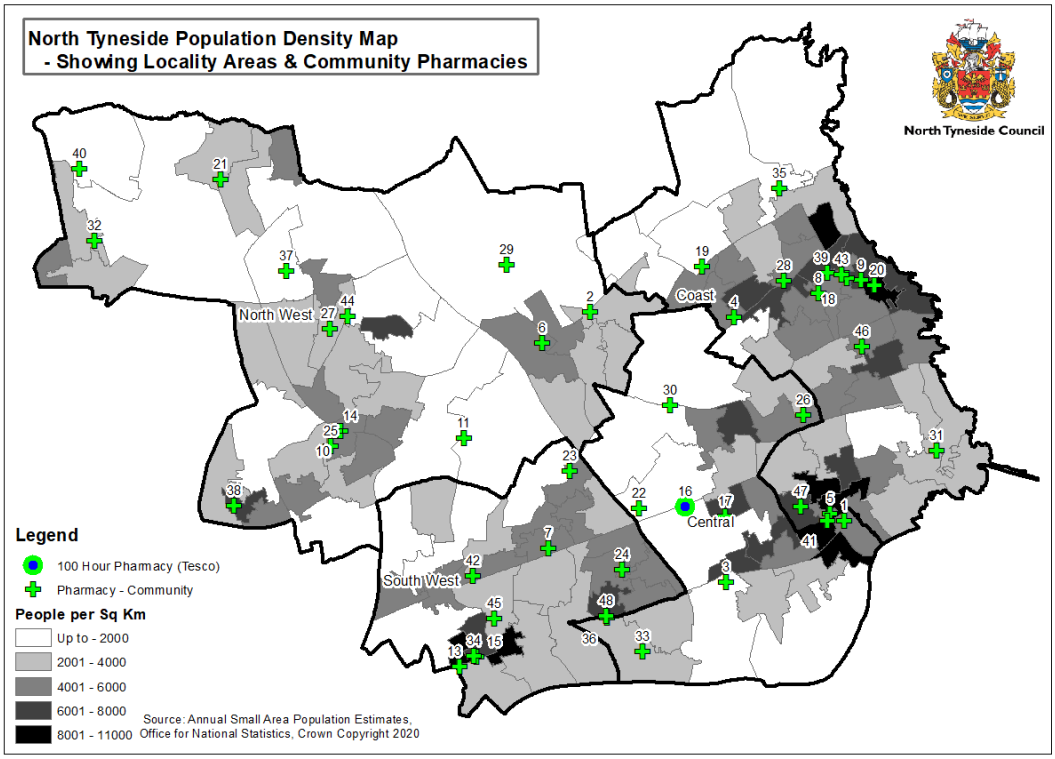
A community pharmacy may also have more than 40 core contractual hours where it has made an application based on that higher number, and NHSEI has agreed that application, and in this case, the community pharmacy cannot amend these hours without the consent of NHSEI.

There are 47 community pharmacies in North Tyneside (Map 3).

We asked pharmacies about any potential changes to opening hours in the contractor questionnaire. Six out of 46 pharmacies that completed the contractor questionnaire reported that changes to opening hours are likely in the future. One pharmacy reported changes to opening hours in response to pharmacy closures and four reported changes due to Covid-19. Almost all (44/46) pharmacies reported that they had the capacity to manage demand in their existing premises, with 33/46 able to manage this within existing staffing. Staff levels could be increased in 24/46 pharmacies that completed the contractor survey.

[18] Note: only services commissioned by the contract holder (NHSEI) can be referred to as Enhanced Services

Map 3: North Tyneside population and current community pharmacy provision by locality



Nearly 96% of community pharmacies in North Tyneside open for more than the 40 core contractual hours. Table 17 illustrates how important supplementary hours are to the provision of good access to community pharmaceutical services, particularly on weekday evenings and at weekends.

Table 17: Number of hours of community pharmaceutical services available per week

Number of hours community pharmacy is open	Community pharmacies	
	Number	Percent
Exactly 40 hrs	2	4.3%
More than 40 and up to 45 hrs	10	22.3%
More than 45 and up to 50 hrs	18	38.3%
More than 50 and up to 55 hrs	9	19.1%
More than 55 and up to 60 hrs	2	4.3%
More than 60 but less than 65 hrs	1	2.1%
More than 65 but less than 100 hrs	4	8.5%
100 hrs or more	1	2.1%
TOTAL	47	

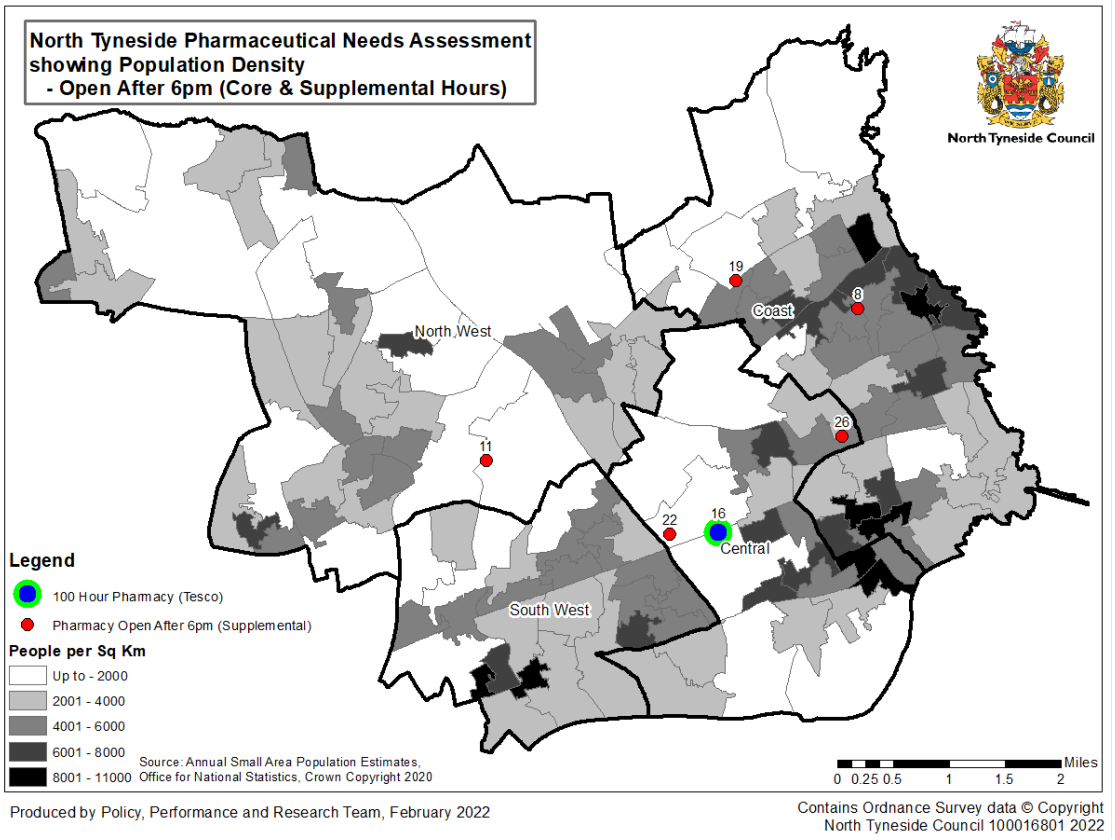
Source: NHS England

4.2.1. Weekday Opening

All community pharmacies are open between 9.00am and 5.00pm Monday to Friday. Most stay open until at least 5.30pm or 6.00pm. This extensive provision during the week provides choice and capacity to provide essential, advanced and locally commissioned services.

On weekday evenings, there are no services in the South West locality after 6.00pm or in the Coast locality after 8.00pm (#19 9pm Thurs / Fri) (Map 4).

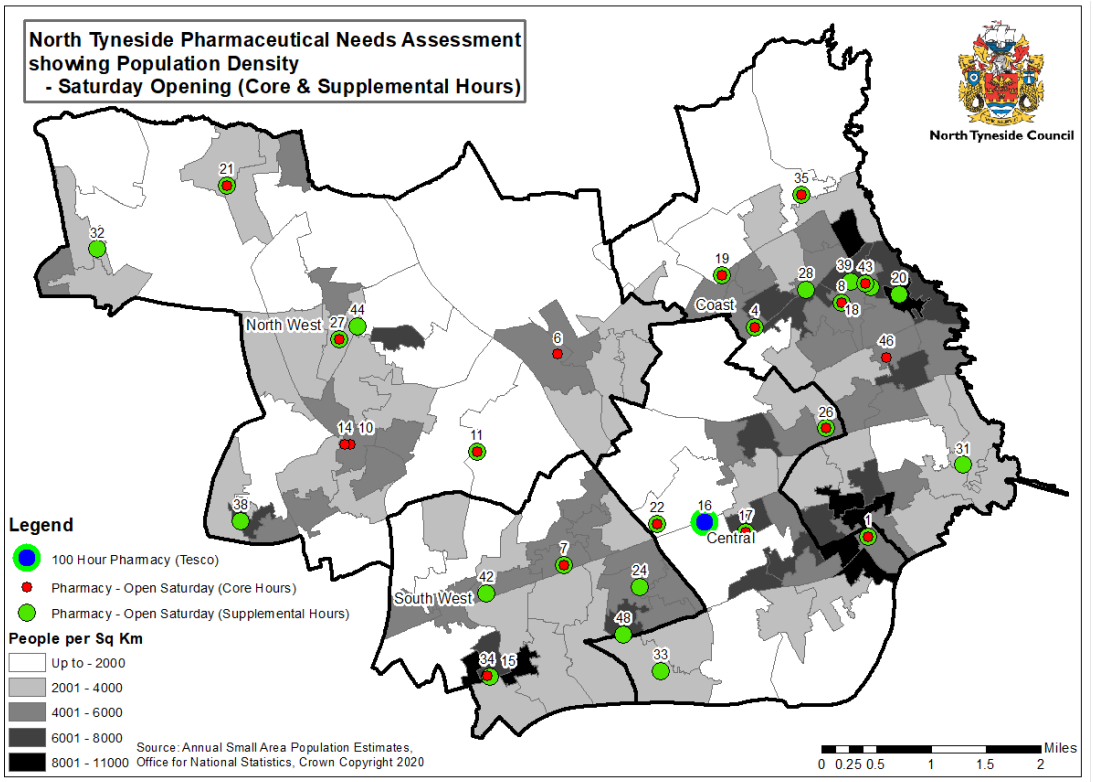
Map 4: Community pharmacies in North Tyneside open after 6pm on weekdays



4.2.2. Community Pharmacies Open on Saturdays

Many community pharmacies in town centres are open on Saturdays providing access for working residents, although it is recognised that this does rely on the supplementary hours provided by community pharmacies and the 100-hour community pharmacy (Map 5).

Map 5: Community pharmacies in North Tyneside open on Saturdays

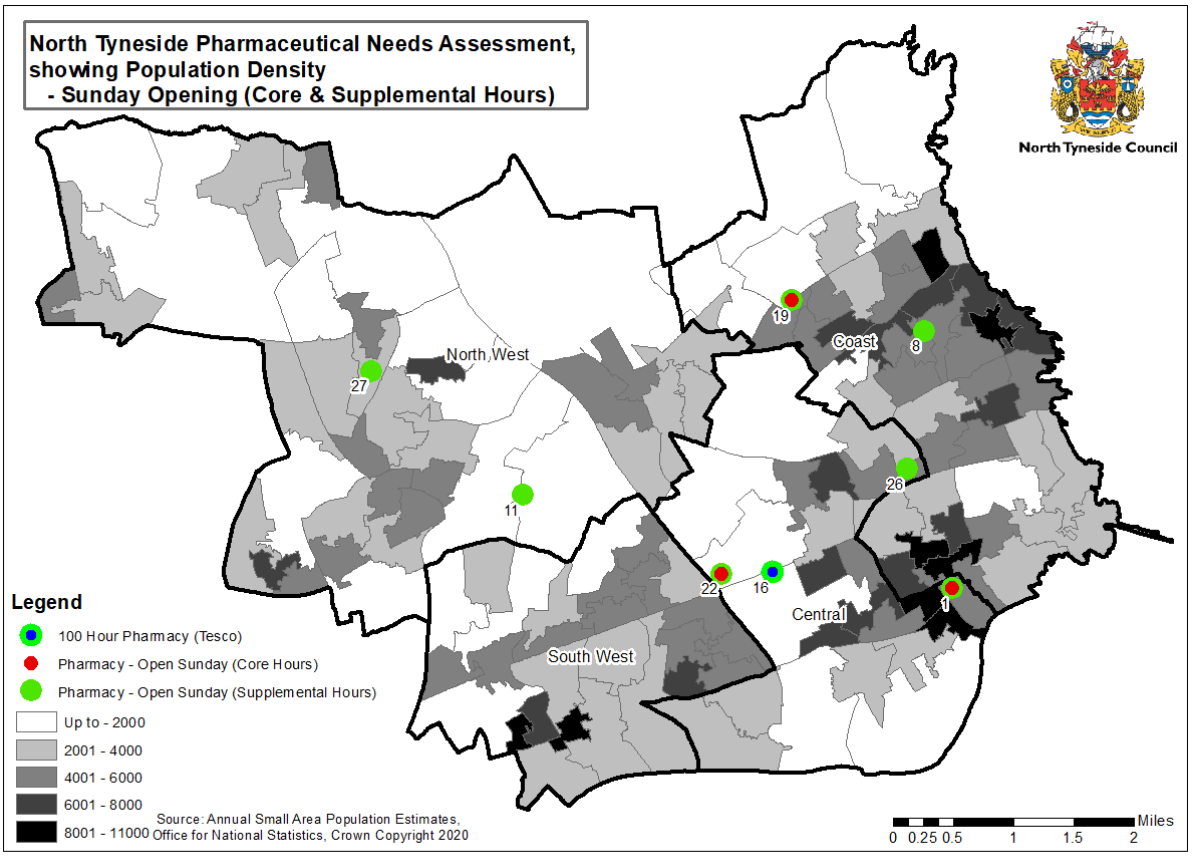


Produced by Policy, Performance and Research Team, February 2022

4.2.3. Community Pharmacies Open on Sundays

Due to the restrictions on Sunday opening hours in supermarkets and large shops, access to pharmaceutical services is only available in each location for six hours between the hours of 10.00am and 5.00pm on Sundays. There are no services in the South West on Sundays, although community pharmacy services are available at Boots Silverlink Retail Park until 5.00pm, and until 4.00pm at Asda Whitley Road (Benton), Tesco Norham Road (Chirton) and at the other large supermarkets. Services are also available at three community pharmacies in Newcastle, less than 1.8 miles from Wallsend, on Sundays.

Map 6: Community pharmacies open on Sundays



Eight community pharmacies within North Tyneside are open on Sundays. The 100-hour community pharmacy (Tesco), Boots at the Silverlink Retail Park and the supermarket pharmacies provide improved access to community pharmaceutical services in the evenings and at weekends. However, it should be noted that the extra hours provided by the 100-hour community pharmacy are not supplementary and are guaranteed as a core part of the contract. It is noted there are also 100 hour and extended hour community pharmacies in Northumberland and Newcastle that patients in North Tyneside can access.

4.2.4. People's Experiences of Accessing Community Pharmacies

The majority (73%) of people surveyed use a community pharmacy at least once every month. When visiting the community pharmacy 69% of people agreed that they would always use the same community pharmacy with 23% stating that they would usually use the same community pharmacy. 8% said they do not always use the same community pharmacy.[19]

When asked if they found it easy to access community pharmacy services, 93% of the respondents stated yes. Those who did not find community pharmacy services easy to access said that this was often to do with the community pharmacy's opening times, poor service and difficulties travelling to the pharmacy.

"Fitting around full time working is a challenge - sometimes have to leave work to access, which isn't always possible."

When asked what could be improved by their community pharmacy 36 people mentioned opening hours. This was especially in relation to longer opening hours and opening at the weekend.

"It would be helpful if the pharmacy opened slightly earlier so people could get there before work."

"Would prefer at least one late night opening"

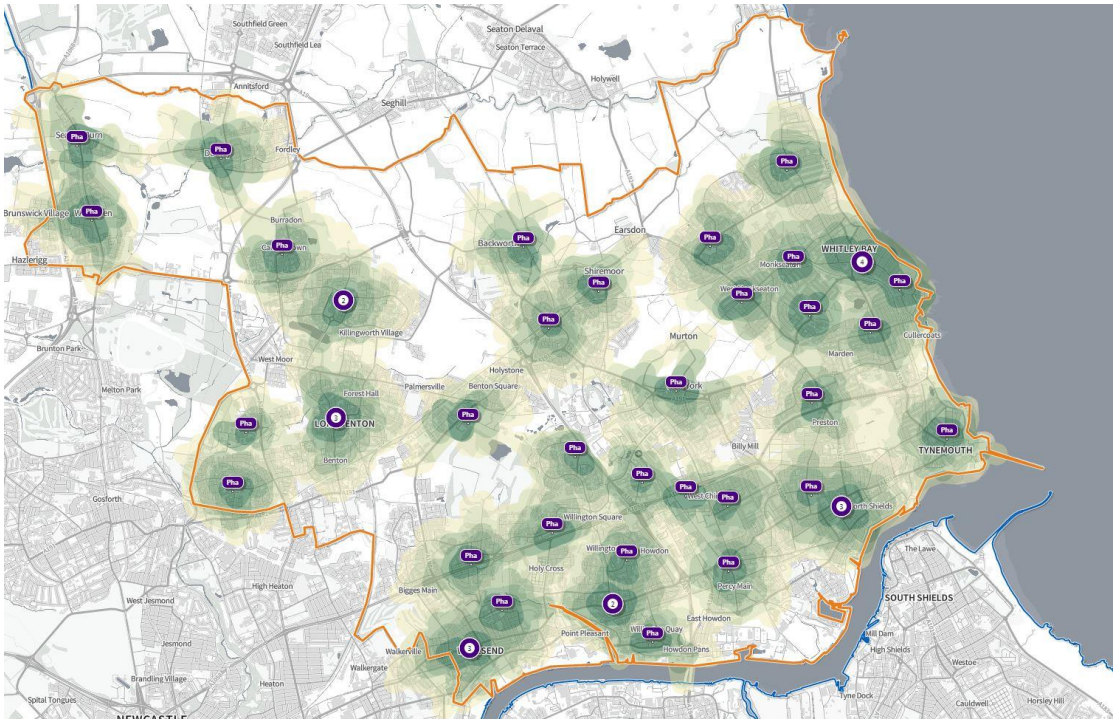
As we didn't receive feedback about all community pharmacies and the response rates vary significantly, it is not possible to look at patterns of satisfaction across the borough or by provider. However, we looked at the patterns of feedback we received for each community pharmacy to identify anywhere there were patterns of good practice, to acknowledge their contributions and identify community pharmacies who could share best practice with others. Good practice was described as providing a personalised service with staff going out of their way to help, a high quality and efficient service and good customer care.

People used community pharmacies throughout the day but most commonly between 12 noon and 5pm. Pharmacies were used most on weekdays. However, it is important to note that this may reflect community pharmacy opening hours and not necessarily indicate when people would prefer to use their community pharmacy.

41% of respondents stated they travel to their community pharmacy by car and 40% stated that they travel on foot, with 10% using delivery services instead of visiting their pharmacy. Only 4% of people travelled by public transport. Map 7 shows that 97% of the population in North Tyneside have access to a community pharmacy within a 15-minute walk.

[19] People's experiences of pharmaceutical services in North Tyneside March 2022; Healthwatch North Tyneside

Map 7: Access to a community pharmacy within a 15 minute walk



Source: Shape Atlas © Crown copyright and database rights 2022 **Ordnance Survey** 100016969 | **parallel** | **Mapbox** | **OpenStreetMap** contributors

4.3. Community Pharmacy Access Scheme (PhAS)

From 1 December 2016 to 31 March 2018, as part of the two year final funding package, set out in *Community pharmacy in 2016/17 and beyond*[3], the Department of Health (DH) confirmed the introduction of a community Pharmacy Access Scheme (PhAS) to support community pharmacies sparsely spread where patients depend on them most.

The aim was to ensure a baseline level of patient access to NHS community pharmacy services was protected in areas where there were fewer community pharmacies with higher health needs.

This scheme was updated in January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. The revised scheme is part of the Community Pharmacy Contractual Framework 5-year deal. Information provided by NHSEI in January 2022 indicated that nine pharmacies were identified as being eligible for the Pharmacy Access Scheme for 2022 these are available in Table 18.

Table 18: The PhAS community pharmacies in North Tyneside

Trading Name	Address	Postcode
Burradon Pharmacy	33-34 Front Street	NE12 5UT
Asda Pharmacy	Whitley Road	NE12 9SJ
Lloyds Pharmacy	24 Market Street	NE23 7HR
Boots UK Limited	9 Claremont Crescent	NE26 3HL
Backworth Pharmacy	Unit 2 Old Co-op Buildings	NE27 0JE
Boots UK Limited	Unit B4, Silverlink Retail Park	NE28 9ND
Hadrian Pharmacy	Unit 2 Hadrian Park Shopping Centre	NE28 9UY
New York Pharmacy	143 Brookland Terrace	NE29 8EA
Boots UK Limited	17 Percy Park Road	NE30 4LX

4.4. The Community Pharmacy Quality Payments Scheme

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed a five year plan, the *Community Pharmacy Contractual Framework (CPCF)*[20] which describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan.

In August 2021, the Framework described how community pharmacy services would be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and support managing demand in general practice and urgent care settings.

The Pharmacy Quality Scheme (PQS) replaced the Quality Payments Scheme with the gateway and quality criteria changed on an annual basis, with some becoming CPCF Terms of Service requirements during 2020-21. For the 2021-22 scheme, there was a focus on priorities supporting recovery from COVID-19 which officially began on 1st September 2021. PQS is designed to support delivery of the NHS Long Term Plan and reward community pharmacies that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

By 2023-24, as outlined in the CPCF, the NHS and PSNC's vision is that community pharmacies in England will:

- Be the preferred NHS location for treating minor health conditions.

[20] https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

- Take pressure off urgent care, out of hours services and GPs, reducing waiting times and offering convenient care for patients, closer to their homes.
- Become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities.
- Provide diagnostic testing on-site related to minor illness.
- Support key NHS targets such as tackling antimicrobial resistance.
- Continue to ensure patients can safely and conveniently access the medicines they need as well as doing more to improve patient and medicines safety.

4.5. Essential Services

The NHS Community Pharmacy Contractual Framework (CPCF or the 'pharmacy contract')[21] says that all pharmacies, including DSPs, are required to provide the essential services.

As of October 2021, the essential services are:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions i.e. prescriptions which contain more than one month's supply of drugs on them.
- 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 NHSEI 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.
- 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. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.
- 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.

In the previous PNA, all pharmacies were required to participate in the Health Living Pharmacy Scheme in recognition of the role that community pharmacy can play to help reduce health inequalities. The principle of community pharmacy being proactive in supporting the Public Health agenda has now been incorporated into the essential services as the promotion of health lifestyles.

4.5.1. Dispensing Medicines

Community pharmacies are contracted to supply medicines and appliances ordered on NHS prescriptions. They are required to maintain appropriate records of all supplies made.

The community pharmacies must ensure patients receive ordered medicines and appliances safely by:

- The community pharmacy performing appropriate legal, clinical and accuracy checks.
- The community pharmacy having safe systems of operation, in line with clinical governance requirements.
- The community pharmacy having systems in place to guarantee the integrity of products supplied.
- The community pharmacy maintaining a record of all medicines and appliances supplied which can be used to assist future patient care.
- The community pharmacy maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively community pharmacies provide:

- Information and advice to the patient on the safe use of their medicine or appliance.
- When appropriate, broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

Prescriptions can be transferred electronically from the GP's electronic clinical system to electronic dispensing systems in the patient's nominated community pharmacy via a secure N3 internet link. Eventually the Electronic Transfer of Prescriptions (ETP) will significantly reduce the need for paper prescriptions and eventually they may cease to be legal prescriptions. ETP improves the efficiency, security of transfer and reimbursement of prescriptions from GP surgery to the community pharmacy, or Dispensing Appliance Contractor (DAC), nominated by the patient and onto NHS

Business Services for payment. All practices in North Tyneside are enabled and use ETP. All 47 community pharmacies and the one DSP are enabled to receive ETP.

Some patients may choose to have appliances supplied by a DAC. Although no DACs are located within North Tyneside, these products are usually delivered to the patient's home as part of the contractual arrangements and so distance to the dispenser is not an impediment to service.

In the HWNT survey[24] community pharmacy staff were praised for their ability to work efficiently and deliver services in a timely manner by 59 people.

"Good customer service, helpful staff and efficient at preparing prescription"

"My pharmacy staff are pleasant, friendly & efficient when I go for my repeat prescription it's usually ready & waiting for me"

However, 20 respondents described dispensing of prescriptions as an area for improvement. This largely related to a need for quicker dispensing, having difficulties with prescriptions or them not being ready and products not being available.

Feedback was generally positive about both dispensing and repeat dispensing. Prescriptions are usually complete and ready for collection or can be made up quickly on the spot. If items are not in stock, they are ordered quickly and efficiently. Some people are notified by text which they value. Most people say repeat dispensing systems work well and are easy to access.

A small number of people said prescriptions were not ready for collection, staff had problems finding them or they could not be fully dispensed first time. A few also commented that prescriptions could take longer to come through from the GP than they expected and may not be ready by the time suggested by the GP.

4.5.1.1 Management of stock shortages

Serious shortage protocols (SSPs) under the Human Medicines Regulations 2012 (HMRs) are an additional tool to manage and mitigate medicines shortages. An SSP enables community pharmacists to supply a specified medicine in accordance with a protocol rather than a prescription, without needing to seek authorisation from the prescriber, saving time for patients, pharmacists and prescribers. They are only used in the case of a serious shortage, where a medicine would be likely to be out of stock for some time, and if, in the opinion of Government ministers, it would help manage the supply situation.

A small number of respondents (six) described difficulties in accessing their medication due to lack of stock.[24] The HWNT annual survey also reported stock issues for a further seven respondents.

"Recently I have noticed that the two pharmacies I have used the most cannot fulfil the whole prescription due to having to order something in, leaving me with

an owing note. Then I have to keep returning to the pharmacy to see if the medication has come in."

4.5.2. Repeat Dispensing Service/electronic Repeat Dispensing (eRD)

All community pharmacies are contracted to provide the essential repeat dispensing to increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber. The service helps to minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient and reduce the workload of General Medical Practices, by lowering the burden of managing repeat prescriptions. In the borough, all community pharmacies have the capability to deliver the eRD service.

Nomination is a process that was introduced in Release 2 of the Electronic Prescription Service (EPS). It gives patients the option to choose, or 'nominate', a preferred dispensing contractor(s) to which their acute and eRD prescriptions can be sent electronically using EPS.

Since 2020 all GP practices in North Tyneside have had the capability to undertake a one-off EPS nomination. This feature enables the following scenarios to be managed:

- EPS Phase 4 allows GP practices to use EPS for those patients that do not have EPS nomination.
- Nominated patients may also request Phase 4 prescriptions e.g. for urgent prescriptions which need dispensing even if their usual pharmacy is closed, or when the patient is on holiday and cannot use their regular nominated pharmacy.

4.5.3. Disposal of Unwanted Medicines

Community pharmacies play an important role in public health safety through the acceptance of unwanted medicines from households and individuals which require safe disposal in line with relevant waste management legislation.

4.5.4. Public Health (Promotion of Healthy Lifestyles)

Community pharmacies are contracted to provide opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- Have diabetes
- Be at risk of coronary heart disease, especially those with high blood pressure
- Smoke
- Be overweight

They are also contracted to pro-actively participate in national/local campaigns, and to promote public health messages to general community pharmacy visitors during specific targeted campaign periods.

The service is intended to increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.

The service is to be targeted to the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

Each community pharmacy needs to pro-actively take part in and contribute to national campaigns for patients and general community pharmacy visitors during the campaign period, including giving advice to people on the campaign issues.

4.5.5. Signposting

Community pharmacies are contracted to signpost people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the community pharmacy to other health and social care providers or support organisations who may be able to assist them.

4.5.6. Support for Self-Care

Community pharmacies are contracted to provide advice and support by community pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families as an essential service.

Advice on the treatment of self-limiting minor ailments and long-term conditions, including general information and advice on how to manage illness is to be provided as well as advice on the appropriate use of the wide range of non-prescription Over the Counter medicines (OTC) which can be used in the self-care of minor illness and long-term conditions.

Community pharmacies have an extended range of OTC medicines, compared to other retail outlets, which that are specifically licensed for sale from pharmacies only.

Community pharmacy staff can make healthy lifestyle interventions opportunistically when appropriate and receive self-care referrals from NHS 111 and other health care professionals, and signpost patients to other health and social care providers.

Targeted support for patients and their families in receipt of a means tested benefit is provided by the ICB-commissioned Enhanced Service Think Pharmacy First service (Section 4.8.1.).

4.5.7. Clinical Governance

Clinical governance is the framework through which health services are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care should flourish.

All community pharmacies have an identified clinical governance lead and apply clinical governance principles to the delivery of services. This includes use of standard operating procedures, recording, reporting and learning from adverse incidents, participation in continuing professional development and clinical audit and assessing patient satisfaction. The five themes of clinical governance are outlined in Table 19.

Table 19: The Five Themes of Clinical Governance

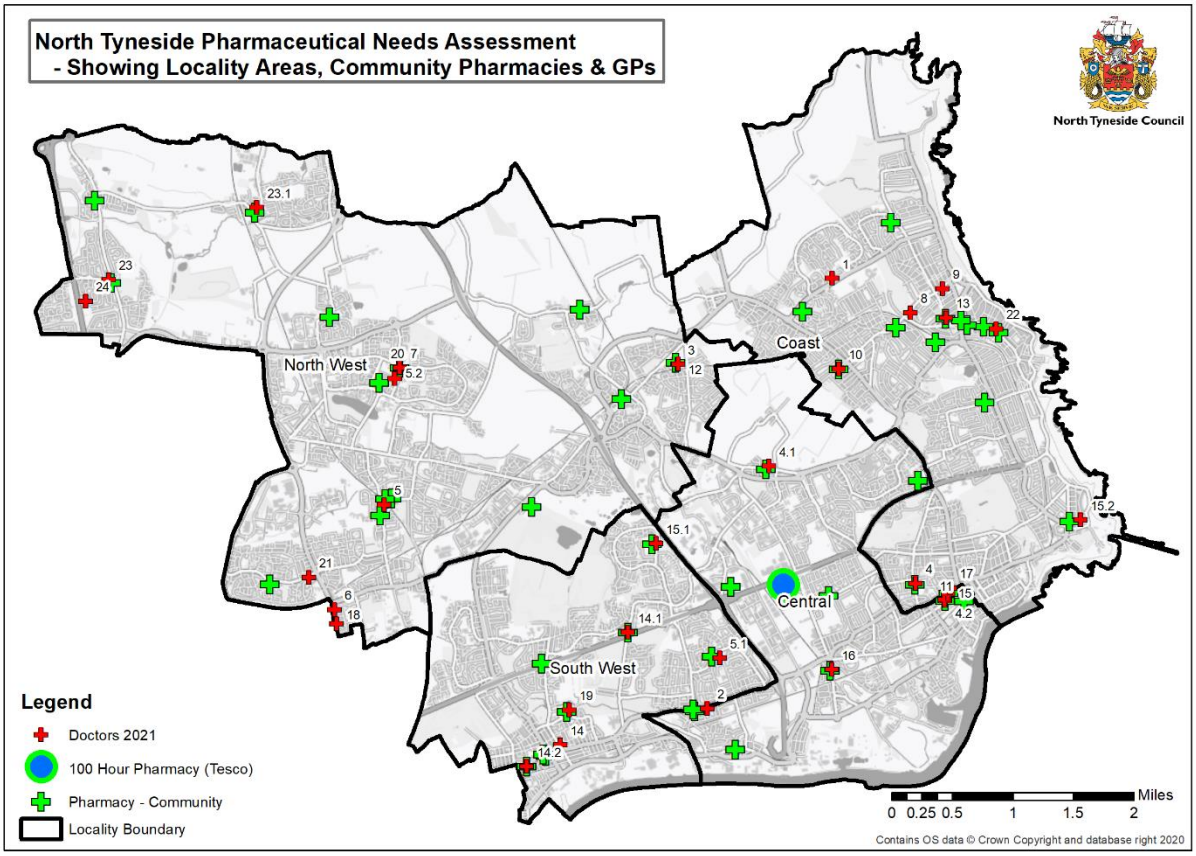
The 5 Themes of Clinical Governance	The Contractual Component
(i) Leadership, strategy and planning	Identifiable clinical governance lead
(ii) Public and patient involvement	1) Patient and public involvement
(iii) Processes for quality improvement	2) Clinical audit 3) Risk management 4) Clinical effectiveness programmes
(iv) Staff focus	5) Staffing and staff management 6) Education, training and CPD
(v) Use of information	7) Use of information to support clinical governance and health care delivery

Community pharmacies are required to make reasonable adjustment for patients who have disabilities which ensure that they can take their medicines as instructed by the prescriber. This will sometimes require the use of Monitored Dosage Systems (MDS) to help patients take complicated medicine regimens and may include use of reminder charts, large print labels, easy open packs, etc.

4.5.8. Current Provision of Essential Pharmaceutical Services

Map 8 identifies the current provision of essential pharmaceutical services via community pharmacies within the borough.

Map 8: Current provision of essential pharmaceutical services via community pharmacies, and location of GP practices



Produced by Policy, Performance and Research Team, March 2022

Contains Ordnance Survey data © Copyright
North Tyneside Council 100016801 2022

The key to the map is given in Appendix 1

Community pharmacies are located primarily in areas of higher population density, close to GP surgeries or in local shopping areas. North Tyneside has one 100-hour community pharmacy, Tesco, Chirton Road which is situated in North Shields. There is also a community pharmacy at the Silverlink Retail Park and five additional supermarket pharmacies offering extended hours opening.

Table 20 shows the number of community pharmacies per 100,000 population. North Tyneside as a whole is well served by community pharmacies, having significantly more community pharmacies per 100,000 population than the England and North East average. However, the distribution of community pharmacies is not even across the four localities, ranging from 20.0 in Coast locality to 33.1 in Central locality. However, this relative surfeit of community pharmacies gives additional patient choice, and

capacity to provide all pharmaceutical services to the growing elderly and young population.

Table 20: Number of community pharmacies per 100,000 population by locality

Localities	No. of community pharmacies (Jan 2022)	Population (mid-2020 resident population)[1]	Community pharmacies per 100,000 population
Central	11	35,424	31.1
Coast	13	65,052	20.0
North West	14	66,703	21.0
South West	9	41,692	21.6
TOTAL	47	208,871	22.5
North East (2020)	598	2,680,763	22.3
England (2020)	11,357	56,550,138	20.1

Source: [1] 2020 Midyear population estimates, Office for National Statistics (ONS) © Crown copyright.

Table 21 shows the average number of prescription items dispensed per community pharmacy from prescribers located in North Tyneside. These figures do not take into account prescriptions issued by dentists.

Table 21: Average number of prescription items dispensed per community pharmacy from prescribers located in North Tyneside in 2020-21

Locality	Number of community pharmacies in North Tyneside	Number of Prescription items dispensed by community pharmacies*	% of all items dispensed	Average number dispensed per community pharmacy
Central	11	902,695	16.3%	82,063
Coast	13	1,715,510	30.9%	131,962
North West	14	2,062,505	37.2%	147,322
South West	9	848,089	15.3%	94,232
Other**		15,121	0.03%	

Source: ePACT.net (NHSBSA) accessed February 2022

* Practices have been assigned to a locality based on the location of the main surgery. Branch surgeries may be in other localities or outside North Tyneside

**Prescriptions issued by NHS North Tyneside GP practices dispensed by non-North Tyneside community pharmacies or by dispensing appliance contractors

There is clear evidence from the HWNT survey that a number of services were well used within community pharmacies.[24] Dispensing of Medicines was the most used service (90% of respondents) followed by repeat or eRD (80%) and general advice about medicine (61%). Disposing of old/ unwanted medication had been used by 54% of respondents, private consultation rooms by 44% and medication review had been used by 30% of respondents.

4.5.9. People's Experiences of Accessing Community Pharmacy

Overall, there was a sense that community pharmacies in the borough perform well in patient experience. People described a range of services that community pharmacies were delivering to a high standard.

"They know who I am and the medications I take."

"Good advice so don't need to use GP services"

38% of respondents to a survey stated that their community pharmacy could not improve.

The main trends in people's experience of good practice were primarily in relation to quality customer service, sound knowledge and advice, speed and efficiency of service, receiving a personalised service and customer choice.

Other respondents identified areas that needed further improvement – including opening times, improved dispensing of prescriptions, staff availability and customer service.

76% of survey respondents felt that community pharmacy staff were friendly, helpful and knowledgeable when visiting their community pharmacy. Staff were largely praised as being 'friendly', 'pleasant', 'approachable', 'polite' and 'helpful' when respondents described what worked well within their community pharmacy.

"Friendly, local service that knows and understands their customers".

Quality customer service was largely reported by respondents. Those in the minority who had experienced poor customer service when using their community pharmacy often indicated that this linked to staff availability and resources, rather than staff attitude (although this was noted by a limited number of respondents). This was evident when respondents were asked how their community pharmacy could improve:

"Several times I have asked for advice but been told the 'right' member of staff isn't working or available"

The attitude and knowledge of staff to provide sound information and advice was highly valued by local people. This was highlighted as positively experienced by respondents.

"Because it's a village pharmacy the staff recognise their customers and call them by name. I think this is important because it makes you feel more at ease and more likely to consult with them if necessary."

"Offer advice by phone which is convenient and appreciated."

"Friendly, always take their time serving you and give good advice. Go out of their way to be helpful"

When considering receiving advice, issues of privacy were raised as an area for improvement, mainly by young people at the Phoenix project. Having to talk in front of others in busy areas also impacted people's privacy.

"The consultation rooms aren't soundproof"

4.6. Advanced Services

In addition to the essential services, the NHS Community Pharmacy Contractual Framework (CPCF) allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services as long as they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises. They are commissioned by NHSEI and the specification and payment is agreed nationally.

Advanced services currently (2022) include:

- Appliance Use Review (AUR).
- Community Pharmacist Consultation Service (CPCS).
- Hypertension case-finding service (from October 2021).
- New Medicine Service (NMS).
- Stoma Appliance Customisation Service (SAC).
- Flu vaccination service.
- Smoking Cessation Advanced Service (from 10/3/22).
- Hepatitis C testing service.

Additional advanced services were also established in response to the COVID-19 pandemic including:

- COVID-19 Lateral Flow Device distribution service.
- Pandemic Delivery service.

In April 2021, the Medicines Use Review (MUR) and Prescription Intervention Service services were decommissioned. Until 31st December 2020, 70% of MURs had to be targeted at high-risk medicines or patients who had recently been discharged from hospital.

The NHS Discharge Medicines Service was introduced as an essential service on 1st January 2021.

The provision of the advanced services across the borough is shown in Table 22.

Table 22: Analysis of community pharmacy questionnaire indicates current advanced service provision

CPCF Advanced Service	Number providing service	Percentage of all community pharmacies
Community Pharmacy Consultation Service	43	93.5%
Appliance Use Review Service (AURs)	7	15.2%
Stoma Appliance Customisation Service (SAC)	2	4.3%
New Medicine Service (NMS)	46	100%
Seasonal Influenza Service	46	100%
Hypertension Case Finding Service	7	15.2%
Stop Smoking Advanced Service	17	37.0%
Pandemic Delivery Service	34	73.9%
Covid-19 LFD Service	36	78.3%

Source: Online questionnaire February 2022

4.6.1 Community Pharmacy Consultation Service

The NHS Community Pharmacy Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The service, which replaced the NHS Urgent Medicine Supply (NUMSAS), connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. This provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

Since the CPCS was launched, nationally an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.[33]

In January 2022, NHSEI announced that community pharmacy contractors could expect to receive more referrals from NHS 111 for the Community Pharmacist Consultation Service (CPCS) following a review of the NHS Pathway algorithms.

Information from NHSEI indicated that in January 2022, there were 47 community pharmacies in North Tyneside signed up to CPCS delivery, as well as the one DSP in North Tyneside. Data from PharmOutcomes (Pinnacle) & Sonar for 2022 Week 14 - Reporting up to 04/04/2022 - showed 15 active referring practices with a combined total of 336 referrals being made to 41 known community pharmacies, a further 110 referrals to unknown pharmacies.

4.6.2. Appliance Use Review Service

The Appliance Use Review (AUR) Service is intended to help patients make best use of specified appliances by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Appliance Use Reviews (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'.

The service can be provided by community pharmacies that normally provide stoma appliances in the normal course of their business subject to specific conditions being satisfied.

Training for pharmacists to perform this service is difficult to access, and therefore when provided in a community pharmacy it tends to be undertaken by trained appliance specialist DACs. AURs can be carried out by a pharmacist or a specialist nurse in the community pharmacy, at the patient's home, or locally in GP practices.

Seven community pharmacies in the borough are providing AURs, whilst two intend to provide this service in the next 12 months.

4.6.3. Stoma Appliance Customisation Service

Stoma Appliance Customisation (SAC) Service makes sure that stoma products are customised to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing avoidable waste. The service can be provided by community pharmacies that normally provide stoma appliances in the normal course of their business subject to specific conditions being satisfied. Extra training and specialisation is required to provide this service, and therefore the service is usually provided by DACs.

Two community pharmacies in the borough are providing the SAC service, whilst one intends to provide this service in the next 12 months.

4.6.4. New Medicines Service

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. Non-adherence to prescribed medicine regimens is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

The New Medicine Service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. It is focused on specific patient groups and conditions.

From 1st September 2021, a broad range of the following conditions were covered by the service including respiratory conditions, diabetes (Type 2); hypertension, hypercholesterolaemia, osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/ retention and many cardiac related conditions such as heart failure, atrial fibrillation, coronary heart disease, strokes and long-term risks of venous thromboembolism/embolism.

Information from NHSEI indicated that in January 2022, 45 of the community pharmacy services were signed up to provide NMS. However, during the pandemic, submissions to NHSEI reflecting activity were temporarily ceased. These recommenced in April 2022.

In response to the public questionnaire, 61% of respondents stated that they used their pharmacy for general advice about medication, a further 36% of respondents were aware of the service but had not used it.

4.6.5. Seasonal Influenza Vaccination

This advanced service aims to:

- Sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice.
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations.
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccinations across England by providing a national framework.

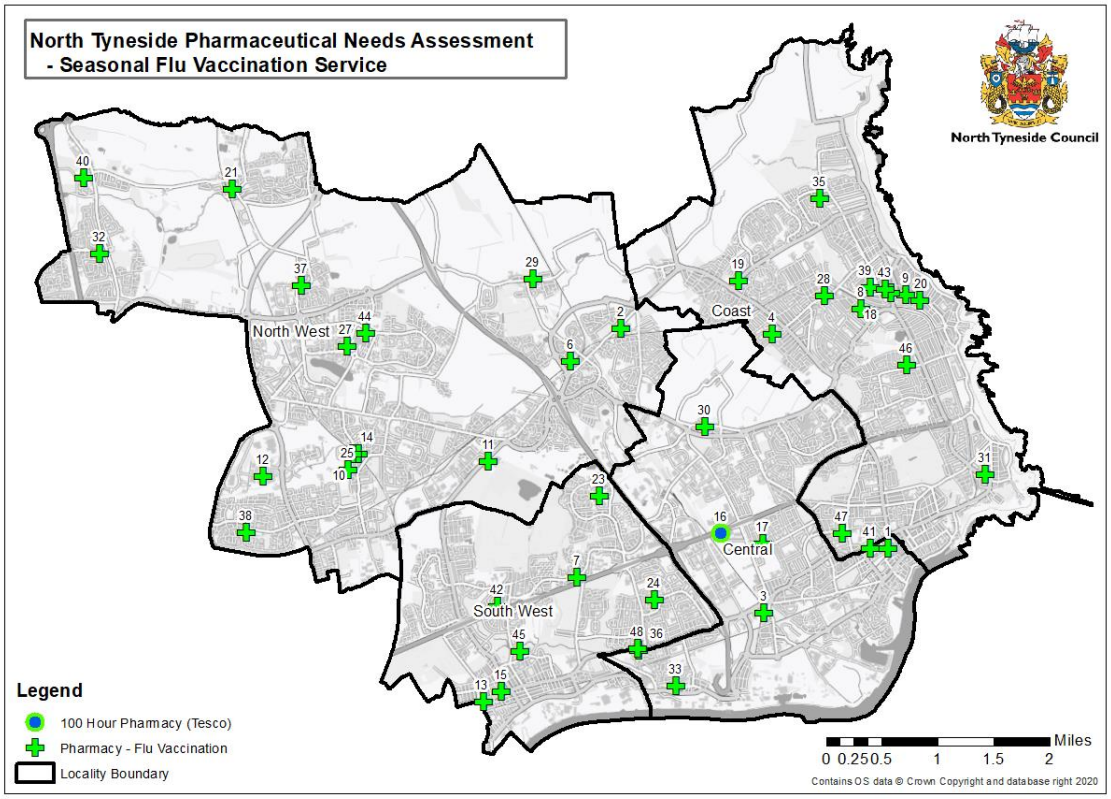
The seasonal influenza (flu) vaccination service is effective from 1 September and runs to 31 March but focus should be given to vaccinating eligible patients between 1 September and 31 January each year. The service offers eligible patients the opportunity of receiving a flu vaccination at the community pharmacy in line with *Immunisation against infectious disease* (The Green Book) (Map 9). The cost is met by the NHS. The vaccine is administered by a competent, appropriately trained pharmacist under the authority of the NHSEI Patient Group Direction (PGD).

In order to provide the service, community pharmacies must have a consultation room and must comply with a number of minimum requirements as well as meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises.

Whilst vaccinations will usually be carried out on the community pharmacy premises in the consultation room there is a facility that allows for patients in a long-stay care home or a long-stay residential facility to be vaccinated away from the community pharmacy premises.

NHSEI recently provided free flu vaccinations for hundreds of thousands of care home workers, to boost the uptake of flu vaccinations.

Map 9: Location of seasonal influenza services



Produced by Policy, Performance and Research Team, March 2022

Contains Ordnance Survey data © Copyright
North Tyneside Council 100016801 2022

Source: Pharmacy Survey 2022

This Advanced Service complements vaccinations provided as a private service that has been in place for much longer to patients who do not qualify for NHS vaccinations.

Table 23: Influenza vaccinations provided in 2021-22 by locality

Locality	Total number of pharmacies	Pharmacies providing vaccination service	% of total vaccinations	Number of vaccinations
Central	11	11	31.3%	5,739
Coast	13	13	28.9%	5,299
North West	15	14	26.4%	4,838
South West	9	9	13.3%	2,439
Total	**48**	**47**	**100.0%**	**18,315**

Source: National flu data 2021-22

In the 2021-22 flu season, a total of 47 pharmacies, including 46 community pharmacies, provided the advanced flu vaccination service and vaccinated 18,315 patients (Table 23). From 2015-16 to 2021-22 there has been a 17.5% increase in pharmacies delivering the service in the borough.

4.6.6 Hypertension case-finding service

In 2020, NHS England and NHS Improvement (NHSEI) commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSEI proposed the commissioning of a new Hypertension case-finding service, as an Advanced service. This commenced in October 2021 to support the programme of identification of undiagnosed cardiovascular disease.

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.

Information from NHSEI in January 2022 indicated that 11 pharmacies were signed up to deliver the Hypertension case-finding service in North Tyneside although it is recognised that there may be more pharmacies registering to deliver the service as it becomes established. Seven pharmacies reported currently delivering the service within the contractor survey, with 18 pharmacies reporting that the service will begin in the next 12 months.

4.6.7 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service supplements other locally commissioned smoking cessation services and 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, in line with the NHS Long Term Plan care model for tobacco addiction.

As this service has only recently begun, there was no further data in terms of activity regarding its implementation.

In the contractor survey, 17 pharmacies reported provision of the smoking cessation advanced service, with 14 pharmacies intending to provide the service in the next 12 months.

4.6.8 Hepatitis C testing service

The Hepatitis C testing service was launched in September 2020 and focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment as appropriate.

This service is currently being provided by 3 pharmacies: Backworth (FQ653), Coast Road (FWH07) and Willington Quay (FT006). The contractor survey also indicated 4 pharmacies will be starting this service in the next 12 months.

4.6.9 Additional Advanced services set up in response to the COVID-19 pandemic

In response to the pandemic, the majority of providers were involved in the distribution of Lateral Flow Device (LFD) tests, Covid vaccine administration and pandemic delivery service.

4.6.9.1 COVID-19 lateral flow device distribution service

At the end of March 2021, a new Advanced service, the NHS community pharmacy COVID-19 lateral flow device distribution service was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

The service was part of the Government's offer of lateral flow testing to all people in England and it worked alongside other available COVID-19 testing routes.

4.6.9.2 COVID-19 vaccine administration

Alongside vaccination centres, hospital hubs and Primary Care Network Local Vaccination Services, over 600 community pharmacy sites in England supported the vaccination of patients and health and care workers against coronavirus. Through their strong relationships in local places and neighbourhoods, community pharmacies helped to tackle vaccine inequalities and improve vaccination take-up.

Delivery of this service was as a Local Enhanced Service and required the pharmacists to submit an expression of interest application in order to become a designated site for this service delivery.

Community pharmacy has played a large part in the COVID Vaccination Programme in North Tyneside. From May 2021, eight local community pharmacies ran local vaccination services, and community pharmacies external to the Borough also ran a further eight local vaccination services. From September 2021, a further seven local community pharmacies and a distance selling pharmacy based in North Tyneside also started providing vaccinations, and an external pharmacy opened a further local vaccination service. At its peak, this meant there were 25 community pharmacy-provided Local Vaccination Services in North Tyneside. As activity has reduced, some of the sites have closed.

4.6.10 Pandemic Delivery Service (Advanced service)

Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free of charge or paid for service.

At the time of launching the Pandemic Delivery Service (early April 2020), Government restrictions meant most people had to stay at home, as part of the efforts to control the spread of the coronavirus, but people could leave their homes for healthcare reasons, such as visiting a pharmacy.

The service was originally commissioned across England to support clinically extremely vulnerable (CEV) patients until 31st July 2020, with some specified local outbreak areas continuing to be covered by the service until 5th October 2020.

During the second national lockdown across England, new advice was issued to people who were clinically extremely vulnerable from COVID-19 and the service was restarted on 5th November 2020. It ran until 3rd December 2020. The service for CEV patients continued in announced Tier 4 areas before then recommencing across the whole of England following commencement of a new national lockdown in England from 5th January 2021. Provision of the service to CEV patients ended at 23:59 on 31st March 2021, when shielding for that group of patients was paused.

From 16th March 2021 to 23:59 on 5th March 2022, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the delivery of their prescriptions from contractors.

4.7. Locally Commissioned Services

Since April 2013, community pharmacy services have been commissioned locally by Public Health in Local Authorities, CCGs and NHSEI.

Service reviews have been undertaken and new service specifications developed for those services commissioned by North Tyneside Council Public Health (NTC PH).

In September 2016, NHS NTCCG re-commissioned the services it has responsibility for from PSNE Ltd. on behalf of community pharmacies in the borough.

In North Tyneside, NHS NENC ICB commissions the following services from community pharmacies:

1. Think Pharmacy First: minor ailments scheme supporting self-care.
2. Specialist drug access service, the demand for which may be urgent and/or unpredictable, for example palliative care, tuberculosis and bacterial meningitis treatments.

NTC PH commissions the following services from community pharmacies:

1. Supervised consumption of methadone / buprenorphine. This service is also commissioned from NTRP which sub-contract community pharmacies to deliver prescribed items.
2. Stop smoking.
3. Emergency Hormonal Contraception (EHC), National Chlamydia Screening Programme and Condom Card (C-Card) which is commissioned from NHCFT which sub-contracts delivery to community pharmacies.
4. Pharmacy based needle exchange. This service is commissioned from North Tyneside Recovery Partnership (NTRP), which sub-contracts delivery from selected community pharmacies who work with their own needle exchange hub.

A summary of the current provision of locally commissioned services is provided in Appendix 2.

4.8. NHS North East and North Cumbria Integrated Care Board / North Tyneside place - Locally Commissioned Services

4.8.1. Think Pharmacy First

The scheme is targeted to patients and their families in receipt of a means-tested benefit, those under 18 and those over 60 years of age, to improve access and choice by promoting self-care through the community pharmacy, including the provision of advice and where appropriate medicines provided at NHS expense, without the need to visit the GP practice. This is an important service, particularly in terms of managing Winter Pressures in the NHS. The service operates a referral system from and to local medical practices and other primary care providers. The service supports the Choose Well campaign, by encouraging patients to use community pharmacies as a first choice as opposed to other services such as Urgent Treatment Centres or A&E Departments.

This service is used most frequently in the South West locality (33.7% of all items supplied) and least at the Coast (6.4%) (Table 24).

Table 24: Percentage of Think Pharmacy First items supplied by community pharmacies in the 4 years 1 April 2018 to 31 March 2022 by locality

Locality	% items supplied	Actual number supplied
Central	27.8%	9,953
Coast	6.4%	2,281
North West	32.2%	11,526
South West	33.7%	12,069

Source: PSNE Ltd. PharmOutcomes data March 2022

Table 25: The actions patients would have taken if they had not accessed Think Pharmacy First

Alternate action	Number of items	Overall %
Visit GP	25,126	69.8%
Bought it themselves	9,263	25.8%
Not received treatment	765	2.1%
Visit walk in centre	423	1.2%
Visit A & E / hospital	170	0.5%
Call out of hours service	91	0.3%
Other	141	0.4%

Source: PSNE Ltd. PharmOutcomes data March 2022

The majority of patients (69.8%) would have visited their doctor if they had not accessed the Think Pharmacy First service. This may have saved in excess of 25,000 GP appointments over 4 years (Table 25).

Only 1.7% stated they would have accessed an alternate provider of first response such as A&E or a Walk in Centre.

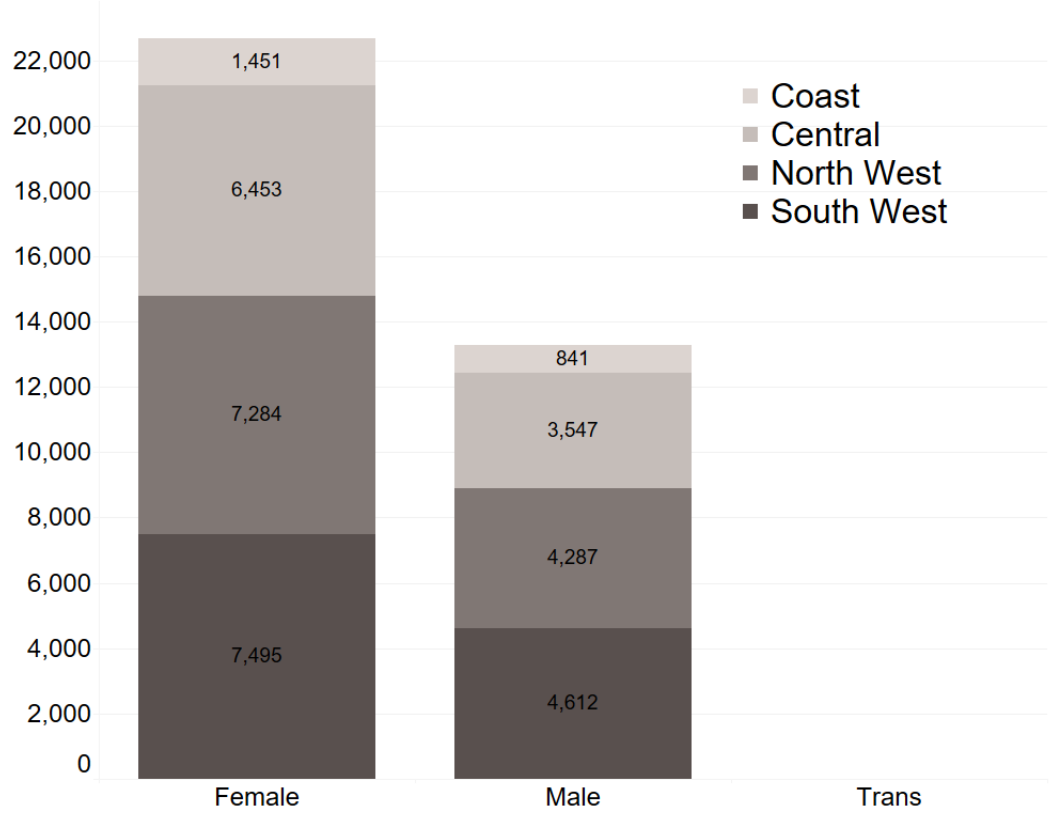
However, patients who pay for prescriptions would find that many of the medicines recommended by the scheme cost less to buy than a prescription fee.

More females access Think Pharmacy First in each locality within the borough (Figure 1).

Across the borough, the service is used by more people over 18 years of age than 18 or under (Figure 2).

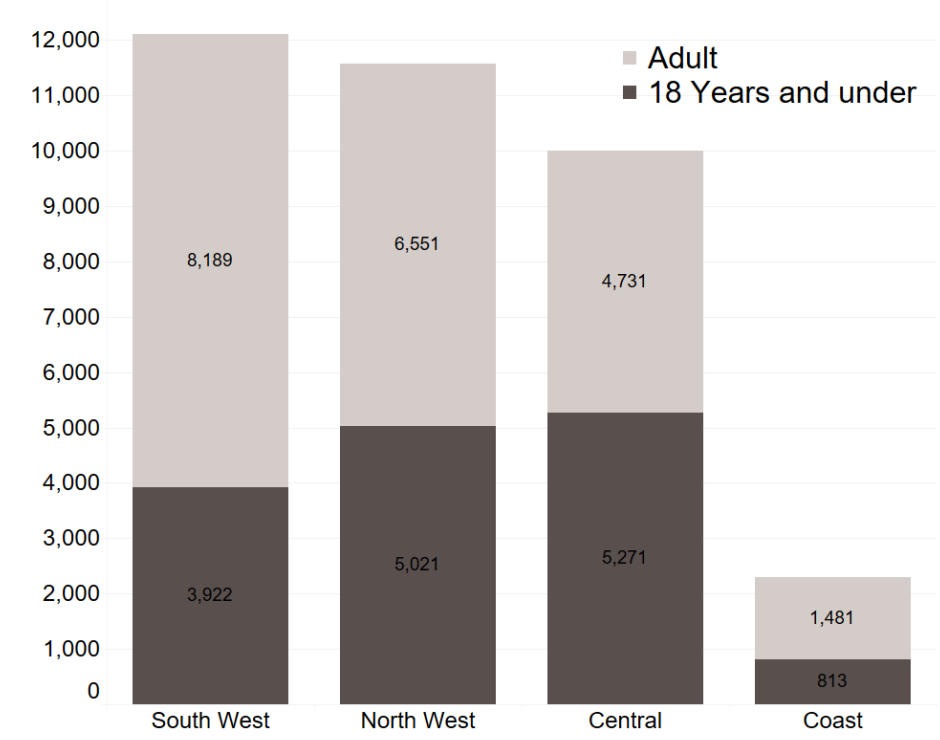
Use for children is broken down by age in Figure 3. This shows the service provides more support for younger children, particularly 6 years and under.

Figure 1: Gender profile of patients accessing Think Pharmacy First by locality



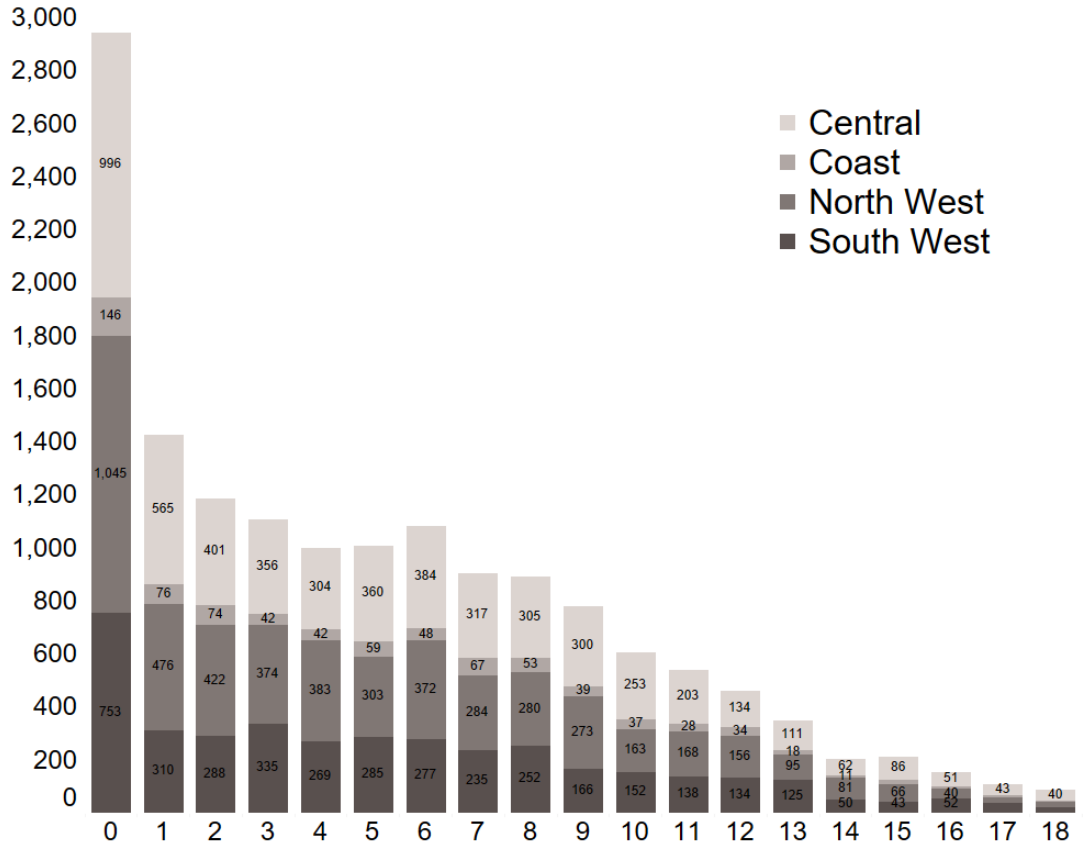
Source: PSNE Ltd. PharmOutcomes data March 2022

Figure 2: Proportion of patients accessing Think Pharmacy First by age by locality



Source: PSNE Ltd. PharmOutcomes data March 2022

Figure 3: Proportion of patients accessing Think Pharmacy First under 19 years of age by locality



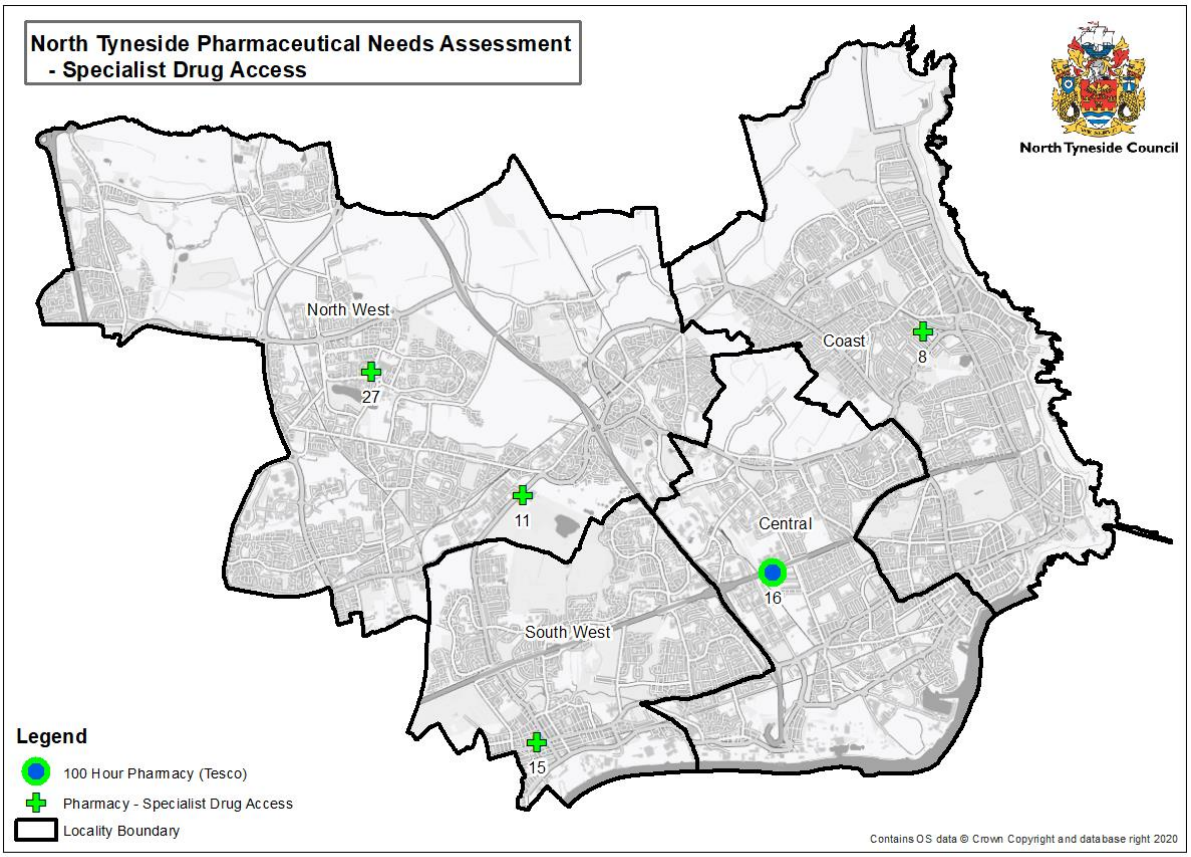
Source: PSNE Ltd. PharmOutcomes data March 2022

In May 2017, the North East & Cumbria Prescribing Forum communicated advice to patients and prescribers regarding the provision of medication specifically for the short term management of hay fever and analgesia. The Forum advised CCGs not to provide these medications on prescription for adult patients as they are widely available to purchase from community pharmacies and supermarkets in quantities suitable for managing acute symptoms.

4.8.2. Specialist Drug Access Service

Some medicines may not routinely be stocked in community pharmacies because they are prescribed infrequently or are required urgently and a level of stock needs to be maintained in the community. To ensure that patients and professionals can access these drugs e.g. for treatment in palliative care, tuberculosis and bacterial meningitis treatments, a few community pharmacies are commissioned to maintain a specific stock level in readiness. Currently five community pharmacies are commissioned to provide this service across North Tyneside (Map 10). They have been chosen because of their extended opening hours and good parking facilities.

Map 10: Locations of community pharmacies which stock Specialist and Palliative care drugs



Produced by Policy, Performance and Research Team, February 2022

Contains Ordnance Survey data © Copyright
North Tyneside Council 100016801 2022

4.8.3 Healthy Start Vitamins

Healthy start vitamins are a statutory requirement for ICBs and Local Authorities to provide for pregnant women and children up to four who are participating in the Healthy Start Scheme. Currently, for children this is provided by NHCFT out of four clinics within the borough. This is due to change imminently with the 0-19 Health Visitor team taking a lead in distributing the vitamins. Pharmacies do not currently hold a role within this scheme, however, as pharmacies are an integral part of the community, their role may be considered in the future.

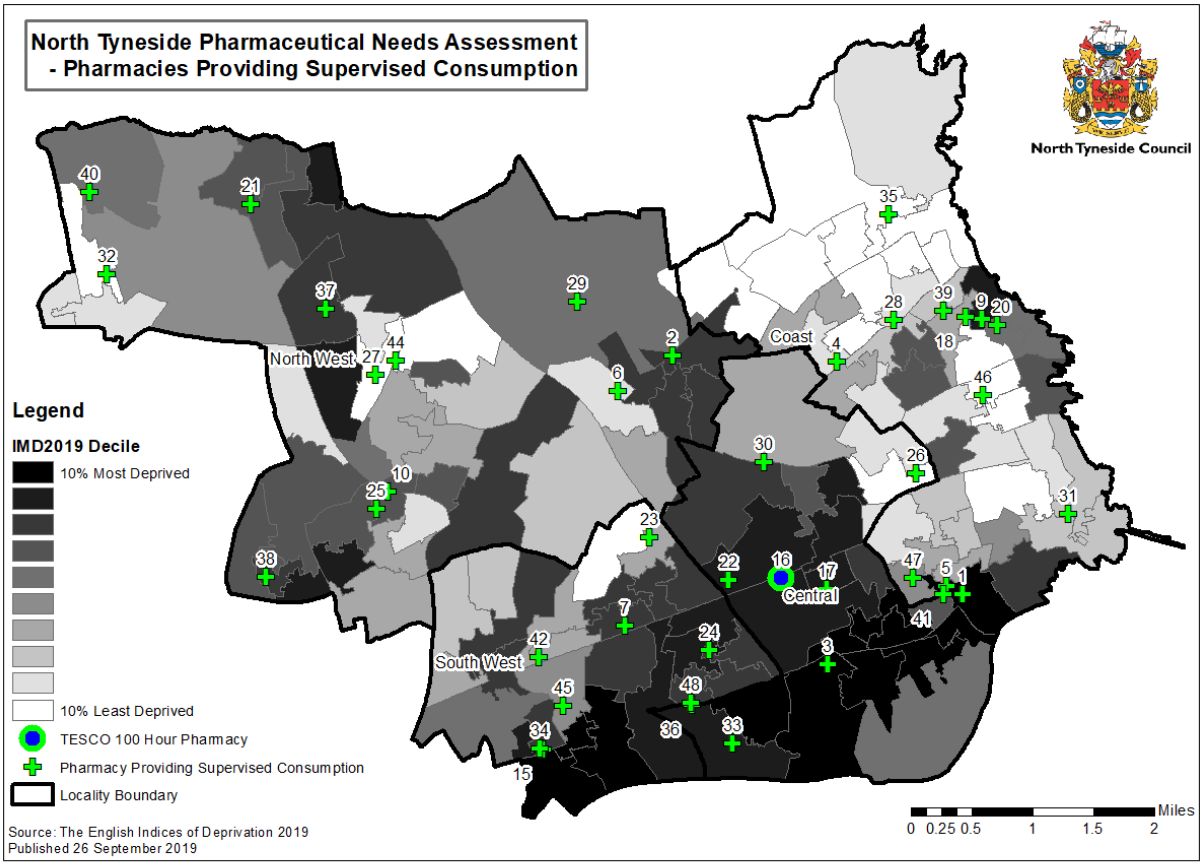
4.9. North Tyneside Council Public Health Locally Commissioned Services

4.9.1. Supervised Consumption of Methadone

Substance misuse services prescribe an opiate substitute for those individuals who have made the decision to reduce their illegal opiate use, tailoring the dose to the individual's needs. The community pharmacist then supervises the patient's consumption. This reduces the potential of overdose, methadone being traded on the street or the medicine accidently being taken by children in the home. The daily interaction with the client allows the community pharmacist to provide support and positive health messages.

Supervised consumption of methadone and buprenorphine has been provided from 41 of the 47 community pharmacies (Map 11) between 2019-2021. Map 11 also shows the link to deprivation, in that the community pharmacies providing the service tend to be in the more deprived areas.

Map 11: Location of community pharmacies providing Supervised Methadone Consumption



Produced by Policy, Performance and Research Team, February 2022

One community pharmacy (Fairmans, Wallsend) accounted for just under one-fifth of all attendances in North Tyneside. This is expected to be due to its proximity to NTRP.

Six of the 47 community pharmacies had no registered patients in 2019-21. Three of these community pharmacies were based in the Coast locality, two in the North West and one in the South West.

Figure 4 shows the remaining distribution across the four localities, excluding data for three pharmacies that are no longer in operation.

Figure 4: Distribution of clients accessing supervised consumption of methadone services 2019-21

Source: PharmOutcomes Claims system accessed January 2022

4.9.2. Stop Smoking

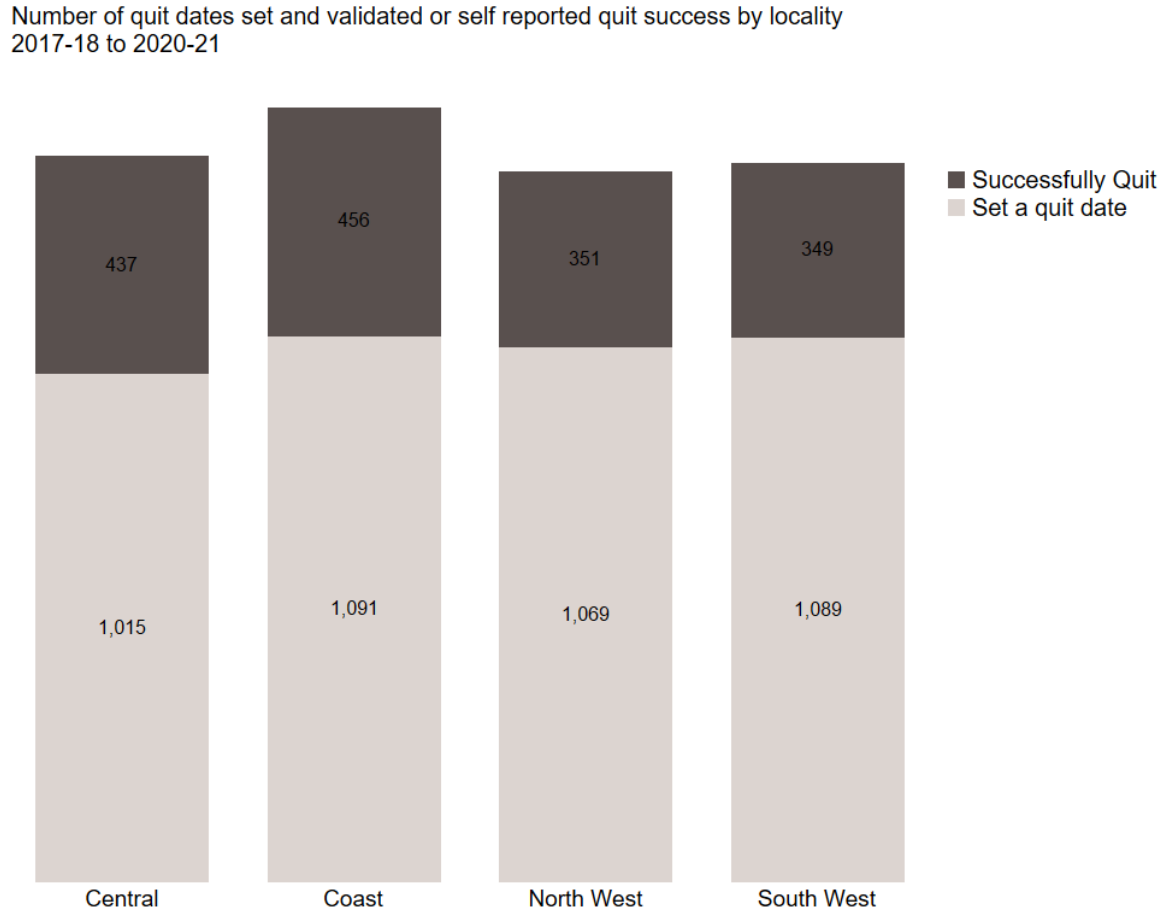
Community pharmacies delivering stop smoking services must meet the minimum requirement to deliver the full range of services i.e. Stop Smoking Behavioural Support, the supply of Nicotine Replacement Therapy through a voucher scheme and the supply of Varenicline® under a PGD. Varenicline is not currently available as it has been withdrawn as a precaution because of an impurity found in the medicine. It is not yet known whether it will be available again in the future.

As at 2019-2020, there are 26 community pharmacies in North Tyneside delivering stop smoking services (Map 12). One community pharmacy based in Newcastle also provides stop smoking services and serves those residents of North Tyneside living

close to the border and/or some individuals who are not residents of North Tyneside but are registered with a North Tyneside GP practice. This pharmacy had a total of 118 North Tyneside-registered patients accessing their stop smoking service and setting a quit date between 2017-18 and 2020-21 with 57 patients successfully quitting.

Within North Tyneside (excluding the Newcastle pharmacy figures), there was an average of 1,094 patients per year between 2017-18 and 2020-21 setting a quit date and an average of 406 patients successfully quitting per year. A breakdown by locality is shown in Figure 5.

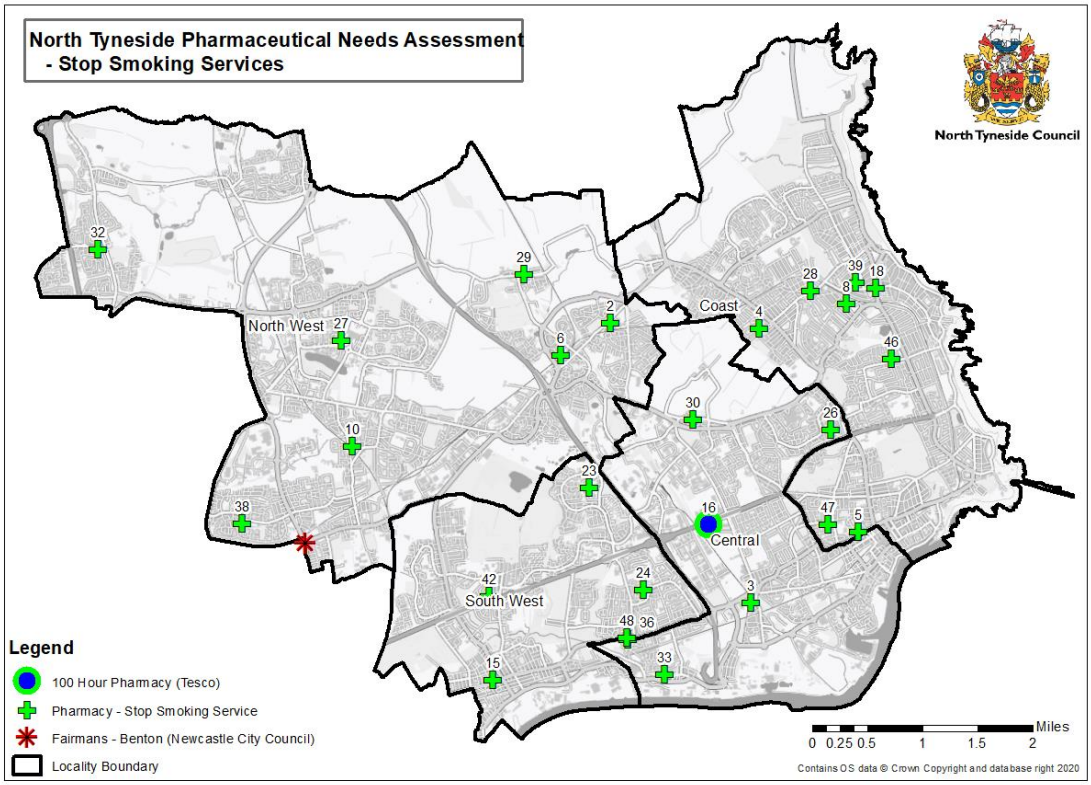
Figure 5: Distribution of patients accessing community pharmacies for stop smoking services 2017-21



Source: PharmOutcomes Claims system accessed March 2022.

Community pharmacies with longer opening hours have the opportunity to provide the service to the working population who may not be able to access other services in normal working hours.

Map 12: Community pharmacies which provide Stop Smoking Services



Produced by Policy, Performance and Research Team, February 2022

Contains Ordnance Survey data © Copyright
North Tyneside Council 100016801 2022

4.9.3. Sexual Health

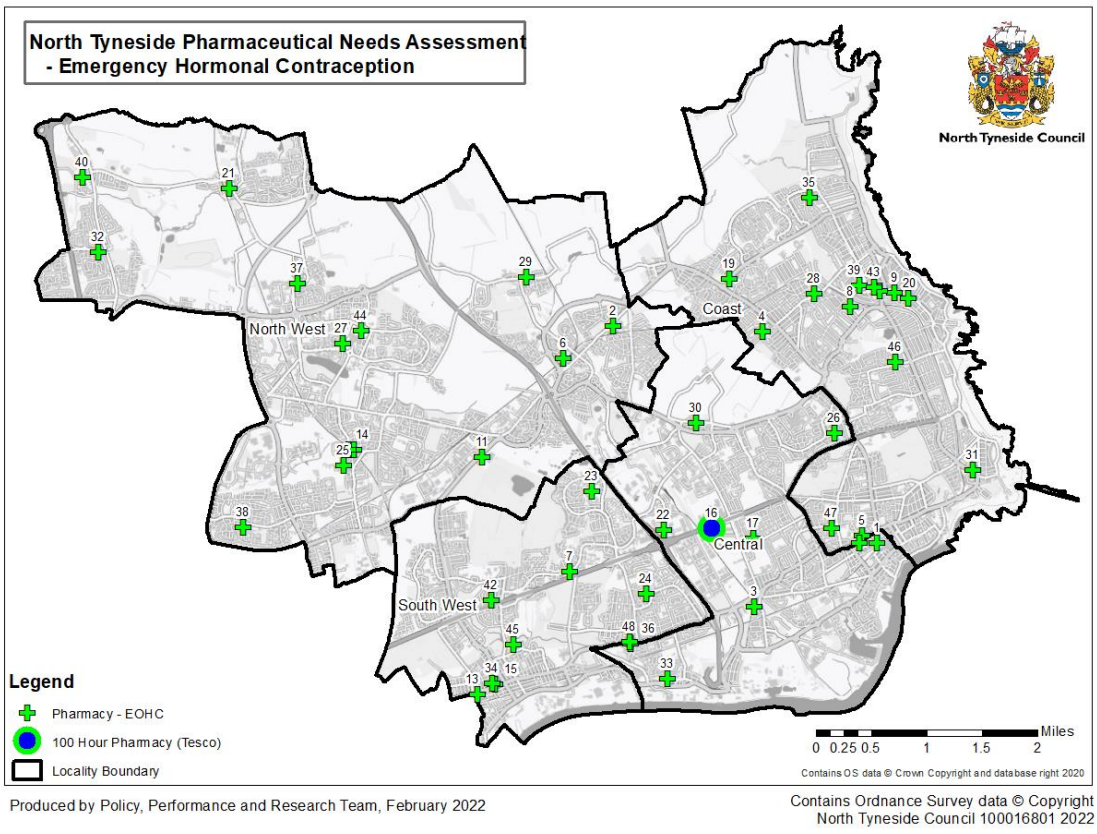
In 2015 North Tyneside Council commissioned an integrated Sexual Health Service from NHCFT which included the requirement for them to establish sub-contractual arrangements with community pharmacies for the provision of:

- Emergency Hormonal Contraception (EHC) as per PGD for Levonelle® and ellaOne®.
- Free dual testing kits for 15-24 years olds as part of the National Chlamydia Screening Programme.
- Free condoms to 15-24 year olds (C-card scheme).

These services which are provided within community pharmacies form an integral part of the local sexual health pathway.

All community pharmacies with consultation rooms could provide sexual health services, however community pharmacies wishing to do so are subject to an accreditation process which consists of a self-assessment against core standards, declaration of qualifications, agreement to deliver service policies/procedures and a commitment to actively participate in training. 47 community pharmacies are accredited (Map 13).

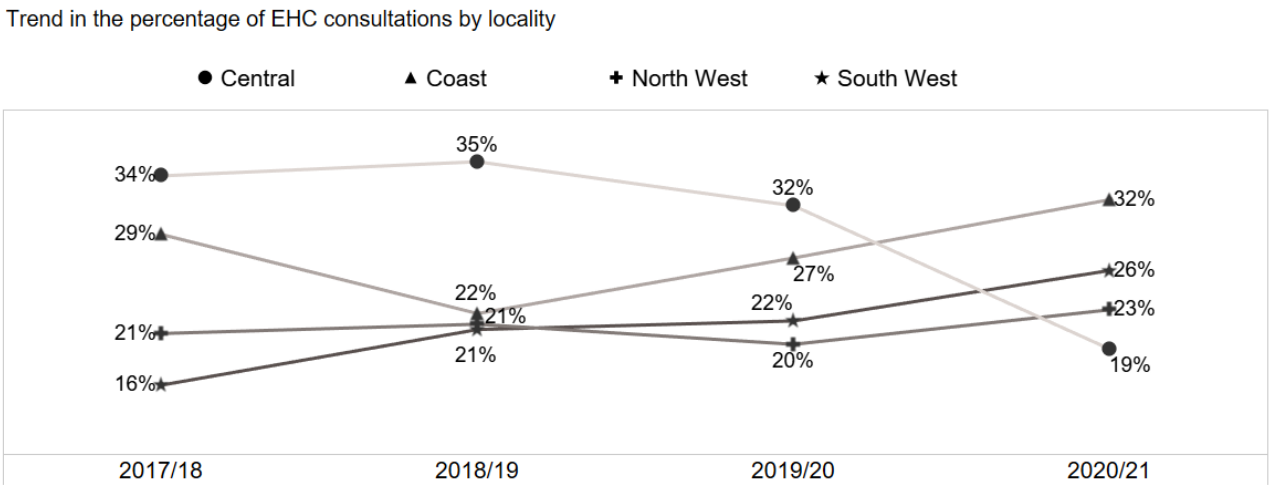
Map 13: Location of Community Pharmacies delivering Sexual Health Services



4.9.3.1. Emergency Hormonal Contraception (EHC)

There were on average 654 EHC consultations per year between 2017-18 and 2020-21. Figure 6 shows the percentage of EHC consultations by locality between 2017-18 and 2020-21.

Figure 6: Percentage of EHC consultations by locality between 2017-18 and 2020-21



Source: PharmOutcomes claims system accessed March 2022

The community pharmacies with the highest average number of EHC consultations between 2017-18 and 2020-21 are distributed across each of the locality areas and this is shown in Table 26.

Table 26: Community pharmacies with highest number of EHC consultations

Community pharmacy	Locality
Fairmans, Wallsend	South West
Boots, Riverside, North Shields	Central
Boots, Collingwood, North Shields	Central
Boots, Forest Hall	North West
Boots, Whitley Bay	Coast

Source: PharmOutcomes claims system accessed February 2022

4.9.3.2. National Chlamydia Screening Programme

All pharmacists providing EHC are expected to discuss screening for STIs during a consultation. Postal Chlamydia screening kits are provided to community pharmacies to give to those women aged 15 to 24 years who present for EHC.

In North Tyneside in 2020, 2,950 (14.5%) Chlamydia tests for 15-24 year olds were screened. This has fallen from 8,291 (37.9%) in 2012, a drop of 281%, with the COVID-19 pandemic contributing to this.

In June 2021, changes to the screening programme were announced with a focus on reducing reproductive harm of untreated infection through opportunistic screening offered to young women aged under 25 years.

4.9.3.3. Condoms and Condom-Card (C-card) Scheme

A C-card scheme is the primary form of condom distribution in North Tyneside. The scheme provides registered young people with a C-card (a paper or credit-card style card) which entitles them to free condoms. Registration includes providing the young person with sexual health advice and specific instruction around the correct use of condoms.

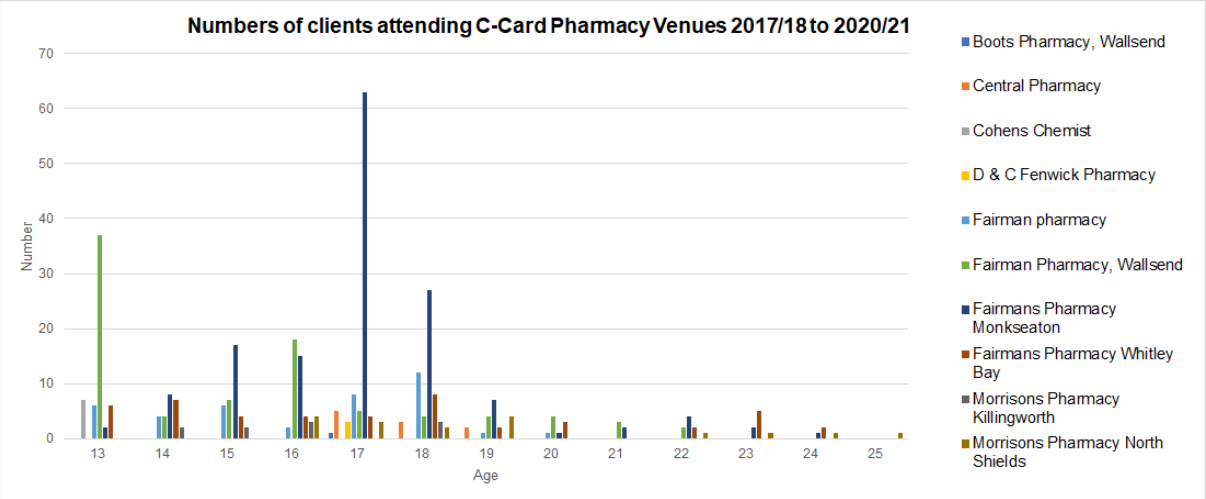
NHCFT is the lead agency in coordinating the delivery of the C-card scheme in North Tyneside and ensuring that it is in line with guidelines produced by PHE and Brook, 2014. The core age group for eligibility to the scheme is 14–25 years but other ages are catered for.

In total there are 67 C-card venues in North Tyneside, 10 of which are community pharmacies.

Of the 1658 individuals who attended a C-card venue in 2017/18-2020/21, 372 (22.4%) used a community pharmacy.

Figure 7 shows the number of clients attending C-card pharmacy venues between 2017-18 and 2020-21.

Figure 7: Number of clients attending C-card Pharmacy Venues 2017-18-2020-21



Source: Northumbria Healthcare NHS Foundation Trust – Minimum Data Set March, 2021

4.9.4. Alcohol and Drug Misuse Services

The aim of alcohol and drug misuse services is to reduce the harms done to patients by:

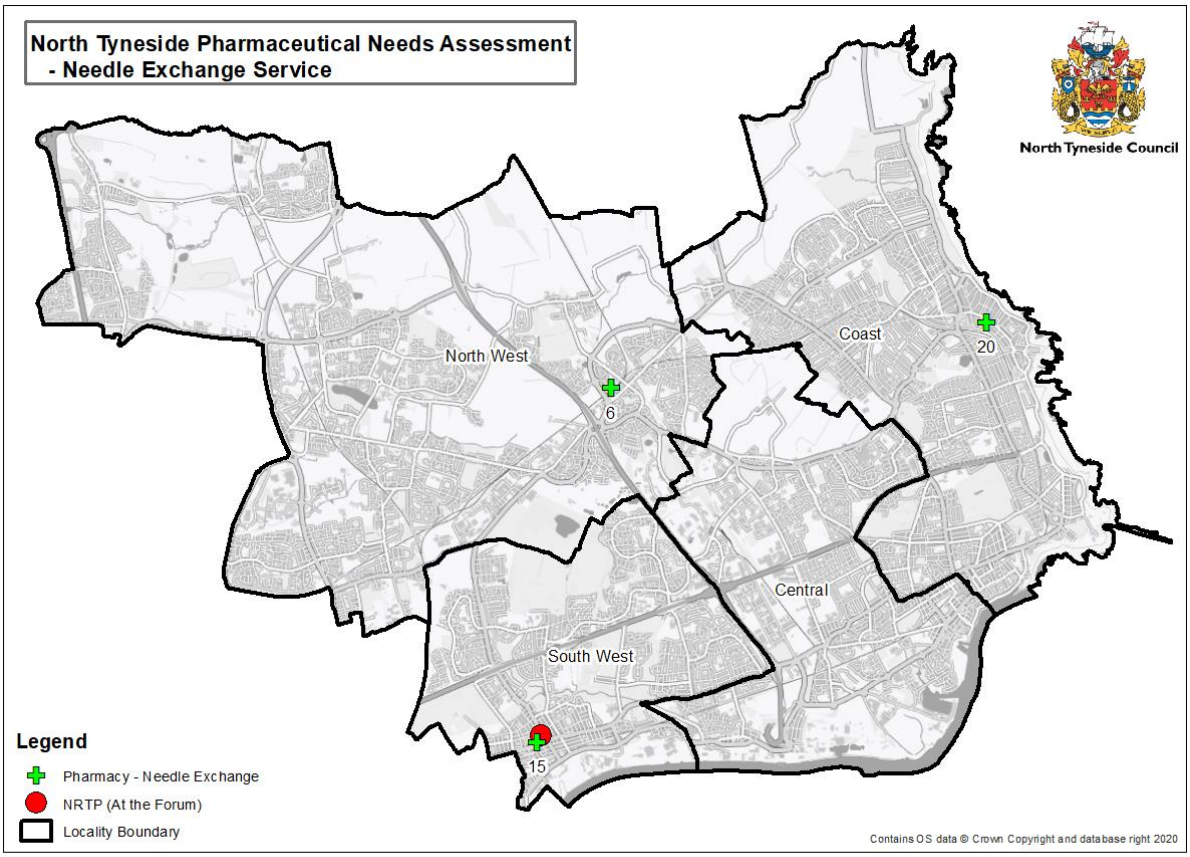
- Reducing illicit and other harmful drug and alcohol use.
- Increasing the numbers of people in treatment recovering from dependence on drug and/or alcohol.

4.9.4.1. Needle Exchange

This service is provided by NTRP, which is commissioned by North Tyneside Council to provide drug and alcohol services. Currently needle exchange services are provided by NTRP from the Customer First Centre in the Forum shopping centre, Wallsend and three community pharmacies spread throughout the borough (Map 14).

A key aim of this service is to reduce the harm to individuals from injecting drugs by offering sterile equipment such as needles and syringes to prevent the transmission of blood borne viruses and other infections caused by sharing injecting equipment. The service offers a range of services including harm minimisation, safer injecting techniques, advice for access to sexual health, general wellbeing, tetanus advice and access to drug and alcohol treatment.

Map 14: Needle exchange locations



Produced by Policy, Performance and Research Team, February 2022

Contains Ordnance Survey data © Copyright
North Tyneside Council 100016801 2022

4.10. Distance Selling Pharmacies

Distance selling pharmacies (DSPs) are required to deliver the full range of essential services, though the 2013 regulations[21] 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 either deliver them to the patient or arrange for them to be delivered.

DSPs must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential or advanced services whilst the patient is at the pharmacy premises.

As of 30 June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing board areas. Not every health and wellbeing board therefore

[21] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: https://www.legislation.gov.uk/uksi/2013/349/note

has one in their area, however, it is likely that some of their residents will use one. Currently there is one DSP registered in North Tyneside - Mail My Meds.

4.11. Digital solutions

In the previous PNA, digital solutions were in the process of being introduced and implemented to provide connectivity across healthcare settings.

Under the terms of service community pharmacies are now required to have digital solutions in place including:

- Premises-specific NHSmail account which their staff can access and can send and receive NHSmail from thereby ensuring safe and secure transfer of information across healthcare settings. Pharmacy contractors should ensure that NHSmail accounts are regularly checked throughout the opening hours of the pharmacy.
- Pharmacy staff have access to the Electronic Prescription Service (EPS) at their pharmacy premises which must be constant and reliable throughout core and supplementary opening hours, in so far as that is within the control of the contractor. In addition, where a contractor is unable to access the EPS to dispense an EPS prescription, they must take all reasonable steps to ensure that the item is supplied within a reasonable timescale.
- There is a comprehensive and accurate profile for their pharmacy on the NHS website (www.nhs.uk).
- Staff working at the pharmacy can access NHS Summary Care Records (SCR) 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.

4.12. Community Pharmacy Facilities

There is a commissioned service available to provide interpretation and translation services in community pharmacies.

4.12.1. Consultation Rooms

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements from 1st January 2021, almost all pharmacies will need to have a consultation room.

The requirement for the consultation room is based on the existing requirement for a consultation room which is included in the service specifications of most of the Advanced services; most pharmacies already comply with these requirements.

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.

Contractors who have not previously installed a consultation area will need to develop and implement a plan to do so. If the pharmacy is included in a pharmaceutical list on 1st January 2021, but no Advanced services were provided at or from the pharmacy during the 12 months ending 31st December 2020, the contractor will have until 1st April 2023 to install a consultation room within their pharmacy.

Contractors who open new pharmacy premises on or after 1st January 2021 will need to have a consultation room from the first day they open for business.

All of the community pharmacies in North Tyneside that completed the contractor questionnaire (45 of 47) have a consultation area which is an enclosed room that provides a confidential environment for the community pharmacist to talk with patients.

All community pharmacies who completed the questionnaire (45) have hand washing facilities in (38) or close to the consultation room (7). Note: it is not a requirement to have hand washing facilities but an added benefit to potentially facilitate the service offering.

Table 27: Availability of unaided wheelchair access to the community pharmacy and hand washing facilities

Locality	Number of pharmacies	Unaided Wheelchair Access	Hand washing facilities
Central	11	11	9
Coast	13	9	12
North West	14	13	13
South West	9	6	4

Source: Contractor survey 2022

4.13. Non NHS Contracted Services Provided by Community Pharmacies

Community pharmacies in the borough provide a range of services which are neither part of the core contract with the NHS, nor commissioned by North Tyneside Council, NHS NENC ICB or NHSEI. These services are often very valuable for special patient groups e.g. the housebound but are provided at the discretion of and expense of the contractor. The types of service included are prescription collection and delivery as well as travel clinics. In the HWNT annual survey, provision of a locally delivered pharmacy service was considered important to the residents of North Tyneside.

The services offered are not reimbursed by the NHS, the decision to provide a given service is not strategically aligned with the strategic priorities of the NHS nor the council but a commercial decision by individual contractors.

The additional offerings attract custom as an added benefit to generate customer goodwill and loyalty as community pharmacies are remunerated on the volume of prescriptions dispensed rather than on an allocated capitation system such as a patient list that operates for General Medical Practices.

Section 5: General Medical Services

5.1. Hours of Provision of General Medical Services

GPs are required to provide services between the core hours of 8.00am to 6.30pm, Monday to Friday, excluding bank holidays. Nationally, there are new contractual arrangements from 1st October 2022 for Enhanced Access – i.e., services from 6.30pm to 8.00pm Monday to Friday (excluding bank holidays), and 9.00am to 5.00pm on Saturdays. In North Tyneside, this will be provided by the four Primary Care Networks from central locations. Patients will need to be able to access community pharmacy for any medication prescribed by these services.

NTCCG commissioned a complementary GP video consultation service which supplements the provision of services provided in GP practices. The service operates 7.00am to 10.00pm Monday to Friday, and 8.00am to 4.00pm on Saturdays, Sundays and Bank Holidays. The service can prescribe medication to patients using EPS direct to their nominated community pharmacy or DSP.

GP out of hours services (overnight and Sundays) are provided as part of the Urgent Treatment Centre at North Tyneside General Hospital, Rake Lane.

5.2 GP enhanced services

NHSEI or ICBs may commission “enhanced services” from GP practices. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. They have previously been referred to as Directed Enhanced Services (DES) or National Enhanced Services (NES). Enhanced services that are currently available with national specifications produced by NHS England are as set out in Table 28. This includes highlighting the possible contribution that community pharmacies can make now or in the future.

Table 28: Possible community pharmacy role in relation to GP enhanced services

Service	Description
Health checks for people with a learning disability	Allows GP practices to offer a medical to patients aged 14 years and over with a learning disability and produce a health action plan. Community pharmacies could help to deliver elements of individual patients’ health action plans by supporting behaviour change, providing advice and support about prescribed medications, supporting the management of long-term conditions, help with self-care and signposting to other services.
Targeted immunisation programmes	Allows GP practices to provide the following targeted immunisation programmes: • childhood ‘flu (2 & 3 year olds) meningitis ACWY (18 year olds and University Freshers) • meningitis B (infants) • pertussis (pregnant women) • shingles (catch up) • seasonal ‘flu and pneumococcal (adults aged 65 and over and clinical at risk groups) Community pharmacies already make a significant contribution to improving access to seasonal ‘flu vaccine for adults aged 65 and over, adults in clinical at risk groups, adult carers and adult household contacts of people with a compromised immune system. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.

Section 6: 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), had regard to:

- The demography of North Tyneside.
- Whether there is sufficient choice with regard to obtaining pharmaceutical services within North Tyneside.
- The different needs of the localities within North Tyneside.
- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Boards.
- Any other NHS services provided in or outside of North Tyneside.
- Likely changes to the demography of North Tyneside and/or the risks to the health or well-being of people of North Tyneside.

The *Equality Act, 2010* [12] requires that in making this assessment, the needs of different population groups have been considered. This final PNA has been subject to an equality impact assessment; this is included as Appendix 6.

6.1. The Pharmacy Integration Fund

The Pharmacy Integration Fund (PhIF) was established in 2016 to accelerate the integration of:

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system.
- Clinical pharmacy services into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan.

The community pharmacy contractual framework (CPCF) agreement for 2019 – 2024 sets out the ambition for developing new clinical services for community pharmacy as part of the five-year commitment. The pharmacy integration programme will pilot and evaluate these services with the intention of incorporating them into the national framework depending on pilot evaluations.

6.2 Point of care testing

As part of the Community Pharmacy Contractual Framework agreement of 2019, NHS England and NHS Improvement committed to explore point-of-care testing (POCT) by community pharmacists to help in the drive to conserve the use of antibiotics. The impact of the COVID-19 pandemic and emergence of new POCT technologies that are more robust and less prone to error have now broadened the scope for the

deployment of POCT in community pharmacies. This can help to improve the quality and efficiency of the delivery of diagnostic services closer to home and support the recovery of primary care. This drive also reflects the NHS Long Term Plan focus on prevention of ill-health, making the best use of the clinical skills of pharmacists and providing more clinical services in convenient and accessible locations in the community.

Examples of NHS-commissioned POCT services that can now be delivered in community pharmacies are:

- Non-invasive blood pressure monitoring as part of the hypertension case finding and blood pressure checks.
- Urinalysis for possible urinary tract infections.
- Chlamydia screening for the under 25s.
- Carbon monoxide monitoring as part of smoking cessation services.
- COVID-19 rapid antigen testing.
- Blood glucose measurements as part of diabetes prevention services.
- Oxygen saturation using oximeters to assess people presenting with breathing difficulties.
- Peak flow measurements for patients with asthma.

6.3 Working across North East and North Cumbria and North Tyneside

The NHS across England has recently changed with the creation of 42 Integrated Care Systems (ICS) designed to support better co-ordination of health and care services and improve overall health and outcomes and reduce inequalities.

From 1 July 2022, the NHS changes included the establishment of the NHS North East and North Cumbria Integrated Care Board (ICB) – a statutory NHS organisation.

ICBs took over the responsibilities previously held by Clinical Commissioning Groups (CCGs) and will take over some of NHSEI's commissioning functions which includes dental, community pharmacy and optometry services. ICBs will be required to develop plans, working with NHSEI regional commissioning teams to take on effective delegated commissioning functions from 2023-24.

The ICB is responsible and accountable for NHS spend and performance within the system. Other functions of the ICB include promoting integration of health and care services, improving people's health and wellbeing and reducing health inequalities.

6.4. Independent Prescribing and Workforce Skills

Independent prescribing by pharmacists has been available for a number of years and yet its potential has not been realised or exploited, particularly in the community sector. Independent prescribing by pharmacists can make a great contribution to a convenient and integrated pathway approach to patient care, that makes full use of the clinical skills and expertise of the pharmacist in implementing the principles of medicines optimisation.

Although a number of community pharmacists are independent prescribers, the system has not commissioned services which make use of this resource. This may reflect the tension between the current volume-driven community pharmacy contract and enhanced prescribing role, and the lack of integration of community pharmacists into primary care to allow them to support an integrated patient care pathway.

There will need to be alternative ways to overcome this apparent conflict while at the same time enhancing uptake of training for already qualified pharmacists and these should be explored as part of the future work programme. Pharmacists qualifying from 2026 onwards will be independent prescribers.

6.4.1 Patient Group Direction

In the autumn of 2021 opportunities for Community Pharmacy across North Tyneside to relieve pressure on higher acuity services were developed by the Interim ICS Lead Pharmacist in conjunction with community pharmacy, LPC and NHSEI colleagues.

The opportunities included the introduction of an ICS wide Patient Group Direction (PGD) for uncomplicated UTI in women. The use of a PGD by appropriately trained pharmacists allows a patient to access prescription-only medicines directly through a community pharmacy in the absence of a prescriber. A PGD is a legal method of supply under very well-defined circumstances and with detailed inclusion and exclusion criteria. The focus is given to implementing one PGD for uncomplicated UTIs in women, as this accounts for up to 4% of GP appointments. Other PGDs could be introduced in future to broaden the scope of this service. The service has been funded through winter access funding (WAF) and will be implemented in the middle part of 2022. Evaluation of the service will inform future commissioning decisions by the ICB.

Section 7: Conclusions

Community pharmacies provide a significant number of services across North Tyneside. Feedback from the Healthwatch North Tyneside public engagement exercise identified that community pharmacies are generally well thought of by residents and provide valued services to the population of North Tyneside.

7.1. Access to services

The current provision of community pharmacies per 100,000 population in North Tyneside is 22.5, which exceeds the England (20.1) and North East (22.3) averages. The provision of community pharmacies in the four North Tyneside localities (North West (21.0), Coast (20.0), Central (31.1) and South West (21.6)) ranges from 20.0 to 31.1 per 100,000 population. Coast is just below the England average, North West and South West are below the North East average. However Central is well above both averages.

Taking into account the variation in the provision of the number of pharmacies per 100,000 population between the four localities of the borough, there appears to be adequate provision of essential, advanced and locally commissioned pharmaceutical services across the borough, with no significant gaps. A pharmacy can be reached within a 15-minute walk for 97% of North Tyneside's residents.

Since the 2018 PNA, there has been some consolidation between pharmacies. If this trend in pharmacy consolidation continues, it will be important to monitor the changes to the distribution of pharmacies over time.

Access to community pharmacies across North Tyneside is very good during the 40 core contractual hours they are contracted to open and many community pharmacies in the town centres are open on Saturday afternoons, providing extended access for residents who work Monday to Friday. These hours are additional to the 40 core contractual hours and are referred to as supplementary hours; these hours appear to meet the needs of patients. There is one pharmacy at Tesco, Norham Road, Chirton which has 100-hour core contractual provision.

Community pharmacies are only open between 10.00am and 5.00pm on Sundays due to opening hour restrictions. There are no community pharmacy services available in the South West locality on a Sunday; however, access is available nearby at Silverlink Retail Park and Tesco Norham Road, Chirton. Sunday services are also available at three community pharmacies in Newcastle, less than 1.8 miles from Wallsend.

By 2023-24, as outlined in the CPCF, the NHS and PSNC's vision is that community pharmacies in England will:

- Be the preferred NHS location for treating minor health conditions.

- Take pressure off urgent care, out of hours services and GPs, reducing waiting times and offering convenient care for patients, closer to their homes.
- Become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities.
- Provide diagnostic testing on-site related to minor illness.
- Support key NHS targets such as tackling antimicrobial resistance.
- Continue to ensure patients can safely and conveniently access the medicines they need as well as doing more to improve patient and medicines safety.

7.2. Use of services

Many of the additional services are commissioned to divert people away from inappropriate use of general practice and hospital services. HWNT reported that awareness and uptake of commissioned services is variable. Commissioners of additional services should consider how to promote awareness and uptake to maximise the role and contribution of community pharmacy within the health care system and deliver better outcomes for residents.

In particular this should focus on improving awareness of and access to:

- Health checks.
- NHS minor ailments scheme.
- Hypertension case-finding.
- Promotion of healthy lifestyles.
- Information about self-care.
- Signposting.
- Asthma management.
- Sexual health testing.
- Telephone advice.

There may also be a future role for pharmacies with awareness raising and access to healthy start vitamins.

There are no gaps in provision of the Think Pharmacy First scheme as all community pharmacies in North Tyneside provide this service.

There are no gaps in the provision of specialist drug access services. However, when surveyed an additional number of community pharmacies reported that they are willing to provide the service.

Services for drug users i.e. needle exchange and supervised consumption of methadone have adequate coverage in the areas of greatest need. There may be some opportunities to widen the needle exchange component to further promote harm reduction should funding become available. An additional number of community pharmacies when surveyed reported that they are willing to provide this service.

Stop smoking services are available from more than half of community pharmacies across North Tyneside which appears to provide adequate access. Community pharmacies with longer opening hours can provide the service to the working age population who may not be able to access services during normal working hours.

The provision of emergency hormonal contraception (EHC) forms an integral part of the local sexual health pathway and is available from all community pharmacies. The provision of EHC in each locality is considered to be sufficient.

7.3. Quality of services

Overall, community pharmacies in the borough appear to perform well in terms of patient experience and access and deliver services to a high standard. Most of the public questionnaire feedback was positive, though a number suggested they would like extended opening times in relation to weekend opening and longer opening hours.

7.4. Medicine shortages

Stock shortages were also raised by a small number of respondents in both the public survey and HWNT annual survey. There could be an overall impact on the health of residents unable to get their prescription dispensed within reasonable timescales. The health consequences of any delay in obtaining medicines could result in increased demand on other health services. Serious stock shortages are managed under the serious shortage protocols which saves time for patients, pharmacists and prescribers.

7.5. Housing developments

Major strategic housing developments are planned at Killingworth Moor and Murton Gap over the next ten years with 16,593 additional homes being built. Despite these major developments there is currently no need to increase community pharmacy provision above the current level, as the development timetable means significant increases in demand are unlikely to occur within the timescales of this PNA, and people living in these areas will still be able to access existing community pharmacies within a 15-minute walk.

The overall conclusion of this PNA is that:

- **Given the relative surfeit of community pharmacies and the range of services on offer it is anticipated that the pharmaceutical needs of residents of North Tyneside can be met within existing service provision for the period 2022- 2025.**
- **Although pharmacy provision is not uniform across the borough, there is no identified need for any additional provider of pharmaceutical services (that is, for the avoidance of doubt, no current or known future need for new additional pharmacy contractor/s) within the lifetime of the document.**
- **Awareness and uptake of commissioned services in North Tyneside is variable. Additional opportunities for improvements and better access include commissioners continuing to review the availability and awareness of all services to maximise any opportunities for patients to**

benefit from the provision of services from pharmacies that open for longer opening hours or from pharmacies in different locations.

- **Pharmacy services in North Tyneside are viewed positively and considered to be of a high quality overall.**

Appendix 1: Key of GP Practices and Community Pharmacies

Locality	Ref.	Code	Name	Address	Postcode
Central	2	A87013	Bewicke Medical Centre	51 Tynemouth Road	NE28 0AD
	16	A87030	Redburn Park Medical Centre	15 Station Road	NE29 6HT
	11	A87019	Nelson Medical Group	Nelson Health Centre	NE29 0DZ
	4.2	A87004002	Collingwood Health Group: Jubilee Park Surgery	Cecil Street	NE29 0DZ
	15	A87009	Priory Medical Group	19 Albion Road	NE29 0HT
	4.1	A87004001	Collingwood Health Group: New York Surgery	Brookland Terrace	NE29 8EA
Coast	17	A87002	Spring Terrace Health Centre	Spring Terrace	NE29 0HQ
	4	A87004	Collingwood Health Group: Collingwood Surgery	Hawkeys Lane	NE29 0SF
	15.2	A87009002	Priory Medical Group: Tynemouth Surgery	Percy Street	NE30 4HD
	10	A87020	Monkseaton Medical Centre	Cauldwell Avenue	NE25 9PH
	22	A87005	Whitley Bay Health Centre	Whitley Road	NE26 2ND
	13	A87600	Park Parade Practice	Park Parade Surgery	NE26 1DU
	8	A87008	Marine Avenue Medical Centre	Marine Avenue	NE26 3LW
	9	A87006	49 Marine Avenue Surgery	49 Marine Avenue	NE26 1NA
	1	A87011	Beaumont Park Surgery	Hepscott Drive	NE25 9XJ
North West	18	A86041	Swarland Avenue Surgery	2 Swarland Avenue	NE7 7TD
	6	A86016	Lane End Surgery	2 Manor Walk	NE7 7XX
	21	A86005	West Farm Surgery	31 West Farm Avenue	NE12 8LS
	5	A87007	Stephenson Park Health Group: Forest Hall Health Centre	Station Road	NE12 9BQ
	5.2	A87007002	Stephenson Park Health Group: White Swan Surgery	Citadel East	NE12 6SS
	7	A87615	Mallard Medical Practice	Citadel East	NE12 6HS
	20	A87612	Wellspring Medical Practice	Killingworth Health Centre	NE12 6HS
	3	A87023	Bridge Medical	Shiremoor Resource Centre	NE27 0HJ
	12	A87022	Northumberland Park Medical Group	Shiremoor Resource Centre	NE27 0HJ
	24	A87017	Woodlands Park Health Centre	Canterbury Way	NE13 6JJ
	23	A87012	Wideopen Medical Centre	Great North Road	NE13 6LN
	23.1	A87012001	Wideopen Medical Centre: Dudley Surgery	Market Street	NE23 7HR
South West	19	A87016	The Village Green Surgery	The Green	NE28 6BB
	5.1	A87007001	Stephenson Park Health Group: Garden Park Surgery	225 Denbigh Avenue	NE28 0PP
	14	A87029	Hadrian Health Partnership: Park Road Medical Practice	93 Park Road	NE28 7LP
	14.1	A87029001	Hadrian Health Partnership: Battle Hill Health Centre	Belmont Close	NE28 9DX
	15.1	A87009001	Priory Medical Group: Hadrian Park Surgery	Addington Drive	NE28 9UX
	14.2	A87029002	Hadrian Health Partnership: Portugal Place Health Centre	Portugal Place	NE28 6RZ

Pharmacies

Reference Number	ODS CODE	Trading Name	Reference Number	ODS CODE	Trading Name
1	FA553	Boots UK Limited	25	FNP15	Forest Hall Pharmacy
2	FAH39	Seaton Healthcare Pharmacy	26	FPC71	Morrisons Pharmacy
3	FAQ67	Percy Main Pharmacy	27	FPG08	Morrisons Pharmacy
4	FC800	Lloyds Pharmacy	28	FPV06	Fairmans Pharmacy
5	FCA21	Lloyds Pharmacy	29	FQ653	Backworth Pharmacy
6	FCH04	Shiremoor Pharmacy	30	FQN29	New York Pharmacy
7	FD576	Lloyds Pharmacy	31	FQP86	Boots UK Limited
8	FEG71	Morrisons Pharmacy	32	FR698	Wideopen Pharmacy
9	FF889	Welcome Health Pharmacy	33	FT006	Willington Quay Pharmacy
10	FFQ42	Boots UK Limited	34	FTF19	Boots UK Limited
11	FGN62	Asda Pharmacy	35	FTJ64	Boots UK Limited
12	FGT70	Mail My Meds **(* Distance Selling)**	36	FTK50	Dennis Pharmacy
13	FH208	Portugal Place Pharmacy	37	FTK96	Burradon Pharmacy
14	FJA62	Halls Pharmacy (North East) Limited	38	FTP20	Boots UK Limited
15	FKK14	Fairmans Pharmacy	39	FVA84	Whitley Bay Pharmacy
16	FL037	Tesco Stores **(100 Hour)**	40	FVL68	Seaton Burn Pharmacy
17	FMJ02	Well	41	FWC26	Boots UK Limited
18	FMK84	Fairmans Pharmacy	42	FWH07	Coast Road Pharmacy
19	FMT44	Lloyds pharmacy	43	FX048	Boots UK Limited
20	FMX65	Boots UK Limited	44	FX233	Boots UK Limited
21	FN025	Lloyds Pharmacy	45	FX325	Well
22	FN104	Boots UK Limited	46	FXJ21	D And C Fenwick Limited
23	FNG81	Hadrian Pharmacy	47	FXN15	Lloyds Pharmacy
24	FNK57	Well	48	FXP81	Burn Terrace Pharmacy

Appendix 2: Overview of Commissioned Services

Community Pharmacies

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Stop Smoking	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
Central	Boots UK Limited	NE29 0SZ	Y	Y			Y		Y	Y
Central	Gill & Schofield Pharmaceutical Chemists Limited	NE29 6HN	Y	Y	Y		Y		Y	Y
Central	Lloyds Pharmacy Limited	NE29 0HT	Y	Y	Y		Y			Y
Central	Tesco Stores Limited	NE29 7UJ	Y	Y	Y		Y	Y	Y	Y
Central	Bestway National Chemists Limited	NE29 7DR	Y	Y			Y		Y	Y
Central	Boots UK Limited	NE28 9ND	Y	Y			Y			Y
Central	Wm Morrison Supermarkets Plc	NE29 9QR	Y	Y	Y		Y			Y
Central	G Whitfield Limited	NE29 8EA	Y	Y	Y		Y		Y	Y
Central	Newline Pharmacy Limited	NE28 6NJ	Y	Y	Y		Y		Y	Y
Central	Avicenna Retail Ltd	NE28 0AA	Y	Y	Y		Y		Y	Y
Central	Boots UK Limited	NE29 0DZ	Y				Y		Y	Y
Coast	D And C Fenwick Limited	NE30 3ER	Y	Y	Y		Y		Y	Y

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Stop Smoking	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
Coast	Lloyds Pharmacy Limited	NE25 9PH	Y	Y	Y		Y		Y	Y
Coast	Wm Morrison Supermarkets Plc	NE25 8HY	Y		Y		Y	Y	Y	Y
Coast	Welcome Health Pharmacies Limited	NE26 2SY	Y	Y			Y		Y	Y
Coast	Fairman Chemists Limited	NE26 2SN	Y	Y	Y		Y		Y	Y
Coast	Lloyds Pharmacy Limited	NE25 9EX	Y				Y		Y	Y
Coast	Boots UK Limited	NE26 2NA	Y	Y		Y	Y		Y	Y
Coast	Fairman Chemists Limited	NE25 8AN	Y	Y	Y		Y		Y	Y
Coast	Boots UK Limited	NE30 4LX	Y	Y			Y		Y	Y
Coast	Boots UK Limited	NE26 3HL	Y	Y			Y		Y	Y
Coast	Alanichem Limited	NE26 3QL	Y	Y	Y		Y		Y	Y
Coast	Boots UK Limited	NE26 1DG	Y				Y		Y	Y
Coast	Lloyds Pharmacy Limited	NE29 0SF	Y	Y	Y		Y		Y	Y
North West	Seaton Healthcare Limited	NE27 0HJ	Y	Y	Y		Y		Y	Y
North West	AKS Healthcare Limited	NE27 0SJ	Y	Y	Y	Y	Y		Y	Y
North West	Boots UK Limited	NE12 7AR	Y	Y	Y		Y		Y	Y
North West	Asda Stores Limited	NE12 9SJ	Y				Y	Y	Y	Y

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Stop Smoking	Needle exchange	Think Pharmacy First	SpecialistDrugs	Flu Vaccs.	Healthy Living Pharmacy
North West	Halls Pharmacy (North East) Limited	NE12 7AR	Y				Y		Y	Y
North West	Lloyds Pharmacy Limited	NE23 7HR	Y	Y			Y		Y	Y
North West	Avicenna Retail Ltd	NE12 7HS	Y	Y			Y		Y	Y
North West	Wm Morrison Supermarkets Plc	NE12 6YT	Y	Y	Y		Y	Y	Y	Y
North West	Newline Pharmacy Limited	NE27 0JE	Y		Y		Y		Y	Y
North West	Avicenna Retail Ltd	NE13 6LH	Y	Y	Y		Y		Y	Y
North West	Avicenna Retail Ltd	NE12 5UT	Y	Y			Y		Y	Y
North West	Boots UK Limited	NE12 8GA	Y	Y	Y		Y		Y	Y
North West	Avicenna Retail Ltd	NE13 6EN	Y	Y			Y		Y	Y
North West	Boots UK Limited	NE12 6HS	Y	Y			Y		Y	Y
South West	Lloyds Pharmacy Limited	NE28 9DX	Y	Y			Y		Y	Y
South West	Avicenna Retail Ltd	NE28 6RZ	Y				Y		Y	Y
South West	Fairman Chemists Limited	NE28 8HU	Y	Y	Y	Y	Y	Y	Y	Y
South West	Norchem Healthcare Limited	NE28 9UY	Y	Y	Y		Y		Y	Y
South West	Bestway National Chemists Limited	NE28 0PS	Y	Y	Y		Y		Y	Y

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Stop Smoking	Needle exchange	Think Pharmacy First	SpecialistDrugs	Flu Vaccs.	Healthy Living Pharmacy
South West	Boots UK Limited	NE28 8JR	Y	Y			Y			Y
South West	Newline Pharmacy Limited	NE28 9HP	Y	Y	Y		Y		Y	Y
South West	Bestway National Chemists Limited	NE28 7PG	Y	Y			Y		Y	Y
South West	Avicenna Retail Ltd	NE28 7BJ	Y	Y	Y		Y		Y	Y

Other Providers

Area	Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Stop Smoking	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
Central	Urgent Treatment Centre, North Tyneside General Hospital, Rake Lane	NE29 8NH								
North West	One to One Centre Shiremoor	NE27 0PR	Y							
South West	Needle Exchange - Harm Reduction Service	NE28 6SS				Y				
Newcastle	Fairmans Pharmacy (Benton)	NE7 7EE			Y					

Appendix 3: Sources of information used in the preparation of the PNA

- Information supplied by NHSEI regarding community pharmacy opening hours.
- Information supplied by Local Pharmaceutical Committee PharmOutcomes information system.
- Information supplied by commissioners of services – NHS NTCCG / NHS NENC ICB, Public Health (North Tyneside Council), Northumbria Healthcare NHS Foundation Trust, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- Information on prescription numbers provided by NHS Business Services Authority.
- Public Health England data sources:
    - NHS Outcomes Framework (NHS Digital).
    - Quality and Outcomes Framework 2020-21.
    - Public Health Profiles (OHID).
    - Public Health Outcomes Framework (PHE).
- Information supplied by Healthwatch North Tyneside.
- Information on population estimates from the Office of National Statistics.

Appendix 4: Members of Steering Group

Rachel Nicholson	Senior Public Health Manager, North Tyneside Council (Chair)
Suzy Cooke	Public Health Registrar, North Tyneside Council (co-ordinator)
Steve Rundle	Head of Planning & Commissioning, NHS North Tyneside Clinical Commissioning Group
Neil Frankland	Medicines Optimisation Pharmacist, NHS North of England Commissioning Support
Oonagh Mallon	Commissioning Manager, North Tyneside Council
Ann Gunning	Community Pharmacy Development Lead, North of Tyne Local Pharmaceutical Committee
Paul Jones	Director, Healthwatch North Tyneside
Laurie Watts	Communications and Media Manager, North Tyneside Council
Neil Tait	Policy, Intelligence and Research Advisor, North Tyneside Council
Callum Garner	Clinical Pharmacist, Northumbria Healthcare NHS Trust

Appendix 5: Our response to consultation feedback

Following the consultation, the PNA steering group reviewed the responses to the consultation and has agreed feedback to the points raised as outlined below.

13 responses were received.

- 7 responses were from members of the public
- 6 responses were from members of organisations working in North Tyneside.

- 12 out of 13 respondents thought the PNA was accurate.
- 4 out of 13 respondents thought there were aspects missing from the PNA
- 12 out of 13 respondents agreed with the conclusions of the PNA

There were four comments made that felt there were gaps in the PNA. The Steering Group considered these comments, and the response is outlined below:

Comment	Response
A respondent did not think there was adequate smoking cessation provision in the area and existing provision was not promoted effectively.	The PNA concluded that there is adequate access to stop smoking services. Stop smoking services are available from more than half of community pharmacies across North Tyneside. While the point about promotion of stop smoking services is outside the remit of the PNA there is acknowledgement that continual promotion of stop smoking services is needed. The North Tyneside Tobacco Alliance provides a multi-agency programme to deliver the national smokefree ambitions. The Alliance takes a partnership approach to improving referral routes into local services, providing stop smoking advisor training and will have a renewed focus on promoting mass media campaigns such as Stoptober that aim to improve targeted awareness of the benefits of going smokefree and increase awareness of local stop smoking services.
A respondent thought that community pharmacies should have a role in annual medication reviews for over 75s.	This is outside the remit of the PNA, and Community Pharmacies are not commissioned to do annual medication reviews and do not have access to medical notes.
A respondent highlighted a gap in the PNA regarding services commissioned by the NENC ICS in December 2021 utilising Winter Access Funding that not been included in the PNA.	The services commissioned through Winter Access Funding are part of the Think Pharmacy First provision as outlined in section 4.8.1 in the PNA.

	The Winter Access funding has not been specifically mentioned in the PNA due to the short-term nature of the funding.
A respondent stated that there does not appear to be much included within the PNA that looks to exploit the clinical services that community pharmacy could provide to support the system now and, in the future, (e.g., building on examples which are included such as the PGD for simple UTI). The PNA makes no reference to the possibility that NHCFT may bring a General Practice onto one of its sites, creation of virtual wards (implications on clinical pharmacy services and supply of medicines), further development of the North Tyneside Urgent Treatment Centre, potential for hospital access to EPS and resulting opportunity to re-engineer supply of (a) outpatient dispensing services, (b) the supply of medicines to vulnerable patients following virtual clinics (as seen during COVID pandemic) and/or (c) supporting the supply of medicines to hospital patients when discharged back into community. There is little included within the document about how community pharmacy could contribute to achieving the sustainability aims of the NHS e.g., opportunity to re-engineer medicines homecare provision and thus reduce carbon footprint associated with transport (plus advantages associated with many of the potential re-engineered services listed above). There is no acknowledgement of the lack of capacity available within North Tyneside to get medicines dispensed into compliance aids when they are required.	The PNA does mention the UTI PGD and does state that other PGDs could be introduced in future to broaden the scope of this service. While it is not the remit of the PNA to assess NHS or private hospital pharmacy services the Steering Group agrees that at a system wide level we need to maximise opportunities to identify additional clinical services to be commissioned and provided through community pharmacies. The Health and Wellbeing Board will work with the Trust and the LPC to look at these opportunities and understand that the Integrated Care Strategy is likely to place a greater emphasis on pharmacies providing a wider range of services. The Steering Group acknowledge that the respondent has raised the issue of difficulty in getting monitored dosage systems supplied by local pharmacies and have agreed that the Health and Wellbeing Board will work with the Trust and the LPC to understand this issue further. The Health and Wellbeing Board look forward to working with the Trust as they progress with developments such as GP practice within the hospital, virtual wards and any new approaches to discharge and outpatient dispensing especially if they change the need for community pharmacy services.

The final draft of the PNA has considered the feedback comments received from the consultation as outlined above.

Appendix 6: Equality Impact Assessment

Equality Impact Assessment (EIA)

Before completing this form, please refer to the supporting guidance documents which can be found on the equality page of the intranet. The page also provides the name of your Corporate Equality Group member should you need any additional advice.

Equality Impact Assessments (EIAs) are a planning tool that enable us to build equality into mainstream processes by helping us to:

- consider the equality implications of our policies (this includes criteria, practices, functions or services - essentially everything we do) on different groups of employees, service users, residents, contractors and visitors
- identify the actions we need to take to improve outcomes for people who experience discrimination and disadvantage
- fulfil our commitment to public service.

The level of detail included in each EIA should be proportionate to the scale and significance of its potential impact on the people with protected characteristics.

This assessment may be published on the Authority's website as part of a Council or Cabinet Report. It can also be requested under the Freedom of Information Act 2000 and can be used as evidence in complaint or legal proceedings.

Proposal details

1. Name of the policy or process being assessed	Pharmaceutical Needs Assessment
2. Version of this EIA (e.g. a new EIA = 1)	1.0

3. Date EIA created	23.05.22	
	Name	Service or organisation
4. Principal author of this EIA	Suzy Cooke Public Health Registrar	North Tyneside Council
5. Others involved in writing this EIA *EIAs should not be completed by a sole author. Think about key stakeholders and others who can support the process and bring different ideas and perspectives to the discussion.*	Rachel Nicholson, Senior Public Health Manager Steve Rundle, Head of Planning and Commissioning Paul Jones, Director	North Tyneside Council NHS North Tyneside Clinical Commissioning Group Healthwatch North Tyneside

6. What is the purpose of your proposal, who should it benefit and what outcomes should be achieved?

Health and Wellbeing Boards have a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) and the process is led by the Local Authority on behalf of the HWBB. The purpose of the PNA is to determine if there are enough community pharmacies to meet the needs of all residents in North Tyneside, including those with protected characteristics.

The PNA is not a new policy, service or function but will be used in the decision-making process when identifying new, or changes to pharmaceutical services. It will be primarily used by NHS England when considering pharmacy applications, which may include the opening of a new pharmacy, relocation of a pharmacy or change in hours and other commissioners such as CCGs and local authorities who commission other pharmacy services. This assessment therefore considers any impact the PNA has on access and pharmacy services for those with protected characteristics.

A steering group including partners from the Local Authority, North Tyneside CCG, Healthwatch, Local Pharmaceutical Committee and NHS England met regularly to provide guidance, support and to oversee the production of the North Tyneside PNA.

7. Does this proposal contribute to the achievement of the Authority's public sector equality duty? Will your proposal:
Write your answers in the table

Aim	**Answer:** Yes, No, or N/A	**If yes, how?**
Eliminate unlawful discrimination, victimisation and harassment	N/A	
Advance equality of opportunity between people who share a protected characteristic and those who do not	Yes	*The PNA looks to meet the needs of different groups across North Tyneside.* *The PNA looks to ensure equal access, recognising the need to have a higher concentration of pharmacies per 100,000 population in more deprived areas within the borough. Access within a 15-minute walk is also considered.* *The PNA takes account of the needs of people with disabilities, reporting on wheelchair access and necessary adjustments within community pharmacies.*
Foster good relations between people who share a protected characteristic and those who do not	N/A	

Evidence Gathering and Engagement

8. What evidence has been used for this assessment?

A resident survey on pharmacy access, quality and areas for improvement was undertaken collaboratively with Healthwatch North Tyneside (HWNT). The questionnaire could be completed online or by hand to increase access to the underserved community who may not have digital access. The survey was publicised widely through Local Authority social media outlets, North Tyneside Council Residents Panel, posters/flyers and hard copies of the survey were delivered to each pharmacy to had to customers and through other avenues including patient forums through the CCG. In addition, to reach younger people the survey was publicised via the Phoenix Detached Youth Project. The views gathered in the questionnaire, as well as in the HWNT annual survey were included within the PNA. Through HWNT's Website, residents could access information using the reciteme accessibility tool that improves accessibility https://reciteme.com/product/assistive-toolbar Data sourced from North Tyneside Council's Joint Strategic Needs Assessment, NHS England and NHS Improvement, NHS Business Services Authority, the Pharmaceutical Services Negotiating Committee, and a contractor survey sent to all pharmacies in North Tyneside were used to collate data on services offered across the borough.

9.a Have you carried out any engagement in relation to this proposal?

	√
Yes - please complete 9b	x
No	

9.b Engagement activity undertaken	With	When
Public questionnaire disseminated by HWNT: paper and online	North Tyneside Residents	March 2022
As part of gathering responses to the public questionnaire from hardly reached groups, HWNT undertook a group discussion around access to pharmacy services	Phoenix Detached Youth Project	March 2022
Contractor questionnaire on pharmacy provision	Pharmacy contractors	February 2022

9. Is there any information you don't have?

	√	Please explain why this information is not currently available
Yes - please list in section A of the action plan at Q13		
No	x	

Analysis by protected characteristic

	A	B	C
11. Protected characteristic	**Does this proposal and how it will be implemented have the <u>potential</u> to impact on people with this characteristic?** (Answer – Yes or No)	**If 'Yes' would the <u>potential</u> impact be positive or negative?** (Answer – positive or negative)	**Please describe the <u>potential</u> impact and the evidence (including that given in Q8 and 9) you have used**

All Characteristics	Yes	Positive	The PNA assesses current provision and gaps in the provision of pharmaceutical services in North Tyneside. The PNA is used as a tool by NHS England when assessing pharmacy applications and by CCGs and North Tyneside Council when commissioning additional local pharmaceutical services. Therefore, the PNA could improve services and access to pharmaceutical services for the North Tyneside population.
Sex – male or female	Yes	Positive	Pharmacies can provide opportunities to make health services more accessible. Health needs and services for women are specifically considered e:g:, emergency contraception. The surveys did not identify any negative impacts of the PNA on access or other service provision on the basis of sex.
Pregnancy and maternity – largely relates to employment, but also to some aspects of service delivery e.g. for breastfeeding women	Yes	Positive	Health needs and services relating to pregnancy and maternity are specifically considered e:g. emergency contraception, C Card, Healthy Start Vitamins. The surveys did not identify any negative impacts of the PNA on access or other service provision on the basis of pregnancy or maternity.

Age – people of different ages, including young and old	Yes	Positive	Health needs and services for children and young people are specifically considered. Health needs and services for people of working age and older people are also specifically considered. The surveys did not identify negative impacts of the PNA on access or other service provision on the basis of age.
Disability – including those with visual, audio (BSL speakers and hard of hearing), mobility, physical, mental health issues, learning, multiple and unseen disabilities	Yes	Positive	Consideration is given for access to services by people with a disability and a range of common adjustments. The HWNT survey gathered resident's views on the accessibility of pharmacies. The contractor survey gathered information regarding the provision unaided wheelchair access to pharmacies.
Gender reassignment - includes trans, non-binary and those people who do not identify with or reject gender labels	Yes	Positive	The PNA did not identify any specific pharmaceutical services in relation to gender reassignment. The surveys did not identify any negative impacts of the PNA on access or service provision for those undergoing or having undertaken gender reassignment
Race – includes a person's nationality, colour, language, culture and geographic origin	Yes	Positive	The PNA did not identify any specific pharmaceutical services in relation to race. The surveys did not identify any negative impacts of the PNA on access or service provision on the basis of race.
Religion or belief – includes those with no religion or belief	Yes	Positive	The PNA did not identify any pharmaceutical services for a particular religion or belief. The surveys did not identify any negative impacts of the PNA on access or service provision on the basis of religion or belief.

Sexual orientation – includes gay, lesbian, bisexual and straight people	Yes	Positive	The PNA did not identify any pharmaceutical services for a particular sexual orientation. The surveys did not identify any negative impacts of the PNA on access or service provision on the basis of sexual orientation.

Marriage and civil partnership status - not single, co-habiting, widowed or divorced– only relates to eliminating unlawful discrimination in employment	Yes	Positive	The PNA did not identify any difference in access or provision of pharmacy services by marital status. No negative impacts of the PNA have been identified for this group from the surveys.
Intersectionality - will have an impact due to a combination of two or more of these characteristics	Yes	Positive	Consideration given to the health needs and access to services for those in deprived areas.

If you have answered **'Yes'** anywhere in column A please complete the rest of the form, ensuring that all identified negative impacts are addressed in either Q12 'negative impacts that cannot be removed' or Q13 'Action Plan' below

If you have answered **'No'** in all rows in column A please provide the rationale and evidence in the all characteristics box in column C and go to Q14 'Outcome of EIA'.

12.a Can any of the negative impacts identified in Q11 not be removed or reduced?

Yes - please list them in the table below and explain why	

No	N/A

12.b Potential negative impact	What alternative options, if any, were considered?	Explanation of why the impact cannot be removed or reduced or the alternative option pursued.

Action Planning (you do not need to complete the grey cells within the plan)

13. Action Plan	Impact: (Answer remove or reduce)	Responsible officer (Name and service)	Target completion date
Section A: Actions to gather evidence or information to improve NTC's understanding of the potential impacts on people with protected characteristics and how best to respond to them (please explain below)			
Section B: Actions already in place to remove or reduce potential negative impacts (please explain below)			

Section C: Actions that will be taken to remove or reduce potential negative impacts (please explain below)			
Section D: Actions that will be taken to make the most of any potential positive impact (please explain below)			
Section E: Actions that will be taken to monitor the equality impact of this proposal once it is implemented (please explain below)			
Section F: Review of EIA to be completed			

14. Outcome of EIA

Based on the conclusions from this assessment:

Outcome of EIA	Tick relevant box	Please explain and evidence why you have reached this conclusion:
The proposal is robust, no major change is required.	x	The PNA assesses current provision and gaps in the provision of pharmaceutical services in North Tyneside. The PNA is used as a tool by NHS England when assessing pharmacies applications and by CCGs and North Tyneside Council when commissioning additional local pharmaceutical services. Therefore, the PNA could improve services and access to pharmaceutical services for the North Tyneside population. The PNA is not expected to have a

		negative impact with regards to protected characteristics and aims to advance equality of opportunity between those who share a protected characteristic and those who do not.
Continue but with amendments		
Not to be pursued		

Now send this document to the Corporate Equality Group member for your service for clearance.

Quality assurance and approval

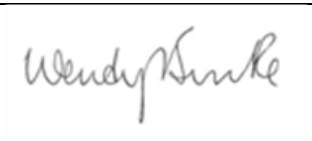
Questions 15-18 are only for completion by the Corporate Equality Group Member for your service

15. Do you agree or disagree with this assessment?	Agree	✓	Disagree	
16. If disagree, please explain:				
17. Name of Corporate Equality Group Member:	Behnam Khazaeli			
18. Date:	07.06.2022			

Conclusion:

- If the assessment is agreed, please send the document to the Head of Service for sign off.
- If you disagree return to author for reconsideration.

Questions 19-22 are only for completion by the Head of Service

19. Do you agree or disagree with this assessment?	Agree	✓	Disagree	
20. If disagree, please explain:				
21. Head of Service:				
22. Date:	08.06.22			

Please return the document to the Author and Corporate Equality Group Member.

This page is intentionally left blank

North Tyneside
Health & Wellbeing Board Report
Date: 22 September 2022

Title: Health and Wellbeing Strategy: Implementation plan consultation findings and governance arrangements

Report from: North Tyneside Council and North Tyneside Healthwatch

Report Author: Rachel Nicholson, Senior Public Health Manager,
North Tyneside Council
(0191) 643 8073

Paul Jones, Director, Healthwatch North Tyneside
(0191) 263 5321

Responsible Officers: Wendy Burke, Director of Public Health, North Tyneside Council

Jacqueline Laughton, Assistant Chief Executive, North Tyneside Council

1. Purpose:

The purpose of the report is to present the findings of the consultation on the implementation plan of the Health and Wellbeing Board's Strategy, Equally Well: A Healthier, Fairer Future for North Tyneside (2021-2025), approve the final implementation plan and agree the governance arrangements for monitoring delivery.

2. Recommendation(s):

The Board is recommended to: -

a) note the feedback from the findings of North Tyneside's Healthwatch consultation;
b) approve the final implementation plan based on the findings from the consultation;
c) endorse the proposed governance arrangements to deliver the implementation plan; and
d) endorse the proposed mechanism for reporting back progress of delivery against the implementation plan.

3. Policy Framework

The Health and Wellbeing Board has a statutory duty to develop a Health and Wellbeing Strategy (HWBS) under section 116A of the Local Government and Public Involvement Act 2007 which is prepared and published by the Health and Wellbeing Board by virtue of section 196 of the Health and Social Care Act 2012.

The HWBS is North Tyneside's joint high-level plan for reducing health inequalities and improving health and wellbeing for residents.

This item relates to the Joint Health and Wellbeing Strategy 2021-2025, Equally Well: A healthier, fairer future for North Tyneside which was approved by the Board in November 2021 and is available to view by clicking here.

4. Information:

The Health and Wellbeing Board (HWBB) agreed to focus the strategy on the areas that have the biggest impact on people's health and wellbeing:

- The wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

The draft implementation plan outlined the proposed delivery actions and expected outcomes in Year 1, in addition to presenting the expected longer-term outcomes over the strategy's four-year duration.

As the strategy makes clear attempts to tackle inequalities must be done in collaboration and equal partnership with those affected. The vision and ambitions for the strategy were developed through engagement with a range of partners and, in particular, the Voluntary, Community and Social Enterprise sector (VCSE).

Therefore, it was essential that the draft implementation plan was also agreed by the community. North Tyneside Healthwatch led the process to ensure that extensive consultation with a range of local community groups happened across the Borough, and the findings are outlined in point 4.1.

4.1. ***Findings from the consultation on the implementation plan***

North Tyneside Healthwatch worked on behalf of North Tyneside's Health and Wellbeing Board to gather views from residents and organisations about the implementation plan.

Organisations who wanted to take part in the consultation exercise were able to apply to use small grants of up to £1,000 to support activity to gather feedback and views on the draft implementation plan through consultation events or engagement sessions.

30 organisations/groups participated in the consultation, directly involving over 100 staff, volunteers, and trustees. Over 450 people have been consulted from a broad range of age groups and from all areas of the Borough.

The overall findings of the consultation were broadly positive, with consultees agreeing with the approach of the strategy, particularly the need to look at the wider determinants of health to reduce health inequalities.

Many of the engagement sessions covered one of the 7 specific impact areas within the strategy, highlighted below:

1. **Give every child the best start in life**
2. **Enable all children, young people, and adults to maximise their capabilities and have control over their lives**
3. **Create fair employment and good work for all**
4. **Ensure a healthy standard of living for all**
5. **The places and communities we live in and with**
6. **Our lifestyles and health behaviours**
7. **An integrated health and care system**

Detailed feedback from the consultation will be provided to the relevant lead partnership groups (see point 4.2) relating to each impact area so that each partnership can look more closely at the specific views gathered, issues raised and consider how the delivery of interventions or support could be improved.

The draft implementation plan has been updated after considering the consultation findings (Appendix 1). The consultation findings strengthened some of the existing actions and identified some additional issues that were missing:

- The cost-of-living crisis is a key challenge that is facing communities and potentially could widen health inequalities. The strategy and implementation plan were drafted before the stark impact of the cost-of-living crisis was fully understood but will affect delivery of ambitions of the strategy. There was also a wide acknowledgement that the cost-of-living crisis does not only affect the most vulnerable residents but many people who are sometimes referred to as 'just about managing' and also local businesses.

- Ensuring that the skills, knowledge, resources, and networks of the VSCE are maximised across all the impact areas and delivery solutions outlined in the implementation plan are truly co-produced.

- There are workforce challenges across the system e.g., recruitment, retention, and retirement which needs to be more explicit the implementation plan.

- Infrastructure challenges and cost around local transport options were highlighted through the consultation which impact on various areas, including being able to get to work or attend appointments.

- There was broad agreement that digital inclusion is an important approach to ensure that residents have the skills and confidence to be online and access information and services. However, some respondents were anxious that too many services are moving online and they would prefer face to face services.

Healthwatch will present further detail about the consultation findings at the Health and Wellbeing Board meeting.

4.2. *Governance arrangements on the delivery of the implementation plan*

As detailed in the strategy, Health and Wellbeing Board members have collective and individual responsibility to ensure that the vision, ambition, and priorities are reflected across the business of their own organisations to support delivery of the implementation plan.

The proposed governance structure outlined in Table 1 will give the Health and Wellbeing Board assurance that each key impact area is being considered by a multi-agency partnership.

The Health and Wellbeing Board Chair will write to the Chairs of the respective partnerships to agree the governance and reporting mechanisms. Each partnership will have responsibility for delivering the actions, monitoring progress, and reporting back on the implementation plan to the Health and Wellbeing Board (4.3). They will also be responsible for drafting the implementation plan for delivering the Year 2 actions.

Table 1: Governance Structure

Governance structure as agreed by the LA, ICB and Trust leads for the key priorities within the health and wellbeing strategy						
Best start in life	**Maximising capabilities of children, young people and adults**	**Fair Employment and good work for all**	**Ensuring a healthy standard of living for all**	**The places and communities we live in and with**	**Our lifestyles and healthy behaviours**	**An integrated health and care system**
Leads: Wendy Burke, Janet Arris, Jill Harland	**Leads:** DCS TBC Janet Arris/Anne Foreman Ruth Auten	**Leads:** John Sparkes Gary Charlton Ruth Auten/Kate Thomson	**Leads:** Jacqueline Laughton, Gary Charlton, Jill Harland	**Leads:** Sam Dand Gary Charlton Jill Harland	**Leads:** Wendy Burke Gary Charlton Jill Harland	**Leads:** TBC (ASC) Anya Paradis Ross Wigham TBC
Children and Young People's Partnership	Children and Young People's Partnership	Employabilty Strategy Group	Poverty Partnership	Safer North Tyneside Partnership Wallsend and North Shields Masterplan Climate Change Partnership Culture Partnership	Tobacco Alliance Healthy Weight Alliance Drugs Alliance Alcohol Partnership	NENC Integrated Care Board Place Based arrangement for North Tyneside (details are yet TBC)

4.3. *Monitor progress of delivery of the implementation plan*

Key indicators have been selected to measure progress and a dashboard will be developed to monitor progress.

However, it is acknowledged that tackling health inequalities requires a long-term commitment and solely relying on changes in data such as life expectancy will take longer than the life of this strategy.

It is proposed that progress on each of 7 key impact areas be provided to the Health and Wellbeing Board at regular intervals plus an overall annual progress report and a refresh of the implementation plan. A proposed forward plan is outlined in table 2 below. The partnership Chairs responsible for each impact area will coordinate the compilation of the report.

This reporting will supplement the dashboard with localised knowledge, service data and case studies. This will help the Health and Wellbeing Board to understand in the short to medium time the impact of the interventions in the implementation plan.

Table 2: Proposed Forward Plan for Health and Wellbeing Board

Health and Wellbeing Board	Item 1 Progress Update	Item 2 Progress Update
10 November 2022	Best Start in Life	Ensuring a healthy standard of living for all
12 January 2023	Maximising Capabilities of Children, Young People and Adults	The places and communities we live in and with
9 March 2023	Fair Employment and good work for all	Our Lifestyles and Health Behaviours
TBC June 2023	An integrated health and care system	Annual Progress Report and refreshing Implementation plan in Year 2

5. Decision options:

The Board is recommended to: -

a) note the feedback from the findings of North Tyneside's Healthwatch consultation;
b) approve the final implementation plan based on the findings from the consultation;
c) endorse the proposed governance arrangements to deliver the implementation plan; and
d) endorse the proposed mechanism for reporting back progress of delivery against the implementation plan.

6. Reasons for recommended option:

Both the strategy and the implementation plan have been out to consultation and existing partnerships are in place to take forward delivery of the vision and ambitions of Equally Well.

7. Appendices:

Appendix 1. Final Implementation Plan and indicators

8. Contact officers:

Rachel Nicholson, Senior Public Health Manager, North Tyneside Council (0191) 643 8073

9. Background information:

The following background documents have been used in the compilation of this report

Equally Well : A Healthier, Fairer Future for North Tyneside (2021-2024)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Any financial implications arising from the delivery of the implementation plan to delivery Equally Well, North Tyneside's Health and Well Being Strategy will be met from existing budgets.

11 Legal

The Authority is required to prepare a joint Health and Wellbeing Strategy for the Borough through the Health and Wellbeing Board, under section 116A of the Local Government and Public Involvement in Health Act 2007.

Delivering the Joint Health and Wellbeing Strategy supports the Board's duty under Section 195 of the Health and Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

12 Consultation/community engagement

Community engagement on the implementation plan was undertaken during July and August 2022 and led by Healthwatch. 30 organisations/groups participated, directly involving over 100 staff, volunteers, and trustees. Over 450 people have been consulted from a broad range of age groups and from all areas of the Borough.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

In undertaking the development of the Joint Health and Well Being Strategy and implementation plan, the aim has been to secure compliance with responsibilities under the Equality Act 2010 and the Public Sector Equality Duty under that Act.

An Equality Impact Assessment was carried out on the engagement approach. The aim was to remove or minimise any disadvantage for people wishing to take part in the engagement activity. Direct contact was made with specific groups representing people with protected characteristics under the Equality Act 2010 to encourage participation and provide engagement in a manner that will meet their needs

15 Risk management

Relevant risks have been identified regarding this report, they are currently held on the Authority's corporate, strategic risk registers, they are being reviewed and managed as part of the Authority's normal risk management process.

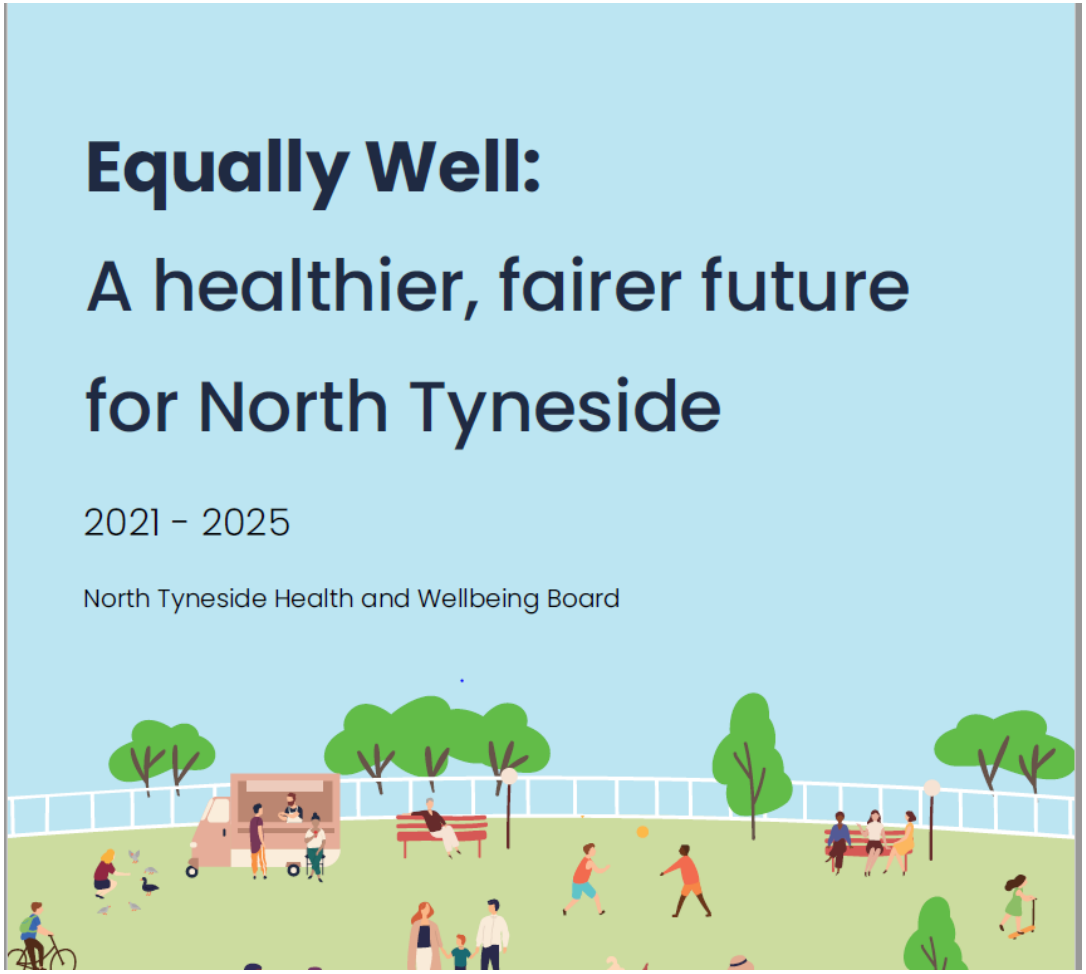
16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children and Adult Services	X
Director of Healthwatch North Tyneside	X
ICB Director	X
Monitoring Officer	X

This page is intentionally left blank



IMPLEMENTATION PLAN

Equally Well : Best Start In Life

Leads: Wendy Burke, Janet Arris, Jill Harland

Governance: Children and Young People's Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes
Develop and deliver a model for Family Hubs Consult and publish the Start for life offer. New NHS LTP Tobacco Dependency model will be implemented by quarter 4. Reducing Parental Conflict training is rolled out to frontline staff Implement the new breastfeeding strategy Review supply of healthy start vitamins especially for families eligible for the free scheme Effective implementation of Revised EYFS 2 Matters – promote the award for settings working with funded two-year-olds with more vulnerable children.	Best start in life (BSIL) steering group (multi-agency) Northumbria Healthcare NHS Foundation Trust Early Help (NTC) All partners (Breastfeeding Strategy Delivery Group) School Improvement Early Years (NTC) Early Help / Early Years (NTC)	Families have seamless access to information and support Reduction in smoking in pregnancy Increase uptake of healthy start vitamins especially for families eligible for the free scheme Practitioners' confidence and ability to provide support for parents in conflict will be improved Increase in breastfeeding in our more deprived communities. More children achieving a good level of development at the 2-2.5 year health and development review. More children achieving a good level of development at the end of reception EYFSP – narrowed gaps between more disadvantaged groups	**Prospective and new parents are supported as they make the transition to parenthood** **Mothers and babies have positive pregnancy outcomes** **Babies and parents/carers have good early relationships to promote attachment.** **Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported** **Children and parents/ carers have good health outcomes** **Children and parents / carers are supported with early language, speech and communication** **Children have access to high quality early years provision and are ready to learn for nursery and ready for school and achieve a good level of overall development**

Proposed KPIs outcomes

Across our most disadvantaged areas we will see:

- Increase in the rates of breastfeeding
- Reduction in smoking in pregnancy
- More children achieving a good level of development at the 2-2.5 year health and development review.
- Good level of development at age 5 with free school meal status (%)

Community Engagement and mobilising community assets

Consultation on the Start for Life offer and Family Hubs.

VCSE will be a critical conduit for disseminating the start for life offer

Delivery of the Breastfeeding Strategy includes peer support

Links to other priorities

Needs a dotted line to 'Ensuring a healthy standard of living for all' workstream.

Addressing family poverty

Healthy Standard of Living for All: parents/ carers are in secure employment or in training

Equally Well: Maximising capabilities of children, young people, and adults.

Leads: Lisa Cook, Mark Barratt, Janet Arris/Anne Foreman, Ruth Auten

Governance: Children and Young People's Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes
Achievement for all with a focus on the most vulnerable children – as part of the ambition for Education. Route 16 Pilot to smooth transitions for a specific cohort of young people. Roll out of Youth Mental Health First Aid (MHFA) across schools in second and third cohorts Pilot a model of 'sleep' support including a community sleep clinic. Implement and launch new framework for revised parenting offer including mental health and children with SEND and reducing parental conflict Improve early language and reading with a focus on SEND and improving outcomes for disadvantaged Pilot programme in two schools to embed careers into the school curriculum Review and develop programme of post 16 support Review lifelong learning opportunities – including older people accessing digital technology and retirement courses	Strategic Education and Inclusion Programme Board Strategic Education and Inclusion Programme Board CYP Mental health partnership Barnardo's Strategic Alliance. Strategic Education and Inclusion Programme Board SEND Strategic Board Strategic Education and Inclusion Programme Board Strategic Education and Inclusion Programme Board Ageing Well Board	Reducing inequalities in pupils' educational outcomes is a sustained priority. Increase in levels of school attendance in lowest attaining schools School staff trained in Youth Mental Health First Aid (MHFA) are able to identify children and young people at risk of developing mental health problems and to support them to get appropriate professional help Increase in uptake of training and development and apprenticeships for 16–25-year-olds Reduction in the proportion of pupils being referred for Social Emotional Mental Health. Easily accessible support and advice is available for 16–25-year-olds on life skills, training and employment opportunities Increase access to and uptake of adult learning with a specific focus on those living in the 25% most deprived areas in NT Increased availability of non-vocational lifelong learning across the life course, including retirement	**Narrow the gap in attendance and attainment in our most vulnerable children.** **A child's progress, strengths and needs are identified at an early stage in order to promote positive outcomes** **Schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people** **Improved physical and mental wellbeing of young people** **Improved access and use of quality lifelong learning across all communities** **Increase proportion of 16–18-year-olds in post-16 education or training** **Reduced proportion of 18–24-year-olds claiming JSA.** **Reduced rates of first / repeat offences in 16–24-year-olds** **Reduced rates of teenage pregnancy.** **Reduce levels of anti-social behaviour, drug and alcohol misuse among young people.**

Proposed KPIs

Reduced gaps in educational attainment

Attendance and exclusion data

Percentage of 16–18-year-olds not in education, employment or training

Apprenticeship & destination data

Hospital admissions as a result of self-harm (10-24 years)

Increase in adult learning completers in education / employment across the lifecourse

Community Engagement and mobilising community assets

Children in Care Council, SEND Youth Forum and the Youth Council

Emotional Wellbeing Advisory Panels.

CYP Peer Supporters for Mental Health and Wellbeing

Engagement with the Wallsend Children's Community

Links to other priorities

Ensure a healthy standard of living for all

An integrated health and care system

The places and communities we live in

Equally Well: Fair Employment and Good Work for All.

Leads: John Sparkes, Gary Charlton, Ruth Auten/Kate Thompson

Governance: North Tyneside Employability Partnership and Strategy Group

Actions	Responsibility	Short-term outcomes	Long-term outcomes
Needs Assessment of population and insight data to understand employment and skills of different residents and communities Specific sector analysis to identify issues and solutions regarding recruitment and retention e.g., health and social care sector. Delivery of employability projects targeting support at disadvantaged groups. Pilot the North Shields Employability Hub – Working Well North Tyneside Rollout of Skills Bootcamps to support recruitment and progression Supporting over 50s back to work, upskilling people to work in the digital environment Digital Outreach Project (DOP) supporting informal digital skills development and digital champions training. Work with businesses involved in major developments to deliver corporate social responsibility commitments to increase the number of jobs opportunities, including apprenticeships, available to local residents.	Public Health / Performance and Intelligence team Adults and Children's Social Care Employment and Skills Team Employment and Skills Team Employment and Skills Team Employability Partnership and Strategy Group Employability Partnership and Strategy Group	In depth understanding of residents and communities needs for employment and skills support Targeted health and social care recruitment drive Increase in the skills levels of residents Increase in the number of people in Education and Training Increase the number of residents moving into work Increase the number of residents receiving enterprise support Increase the number of Apprenticeships available to local residents Supporting employers to provide healthy physical environments, promoting wellbeing and providing mental health support when required Numbers of people completing digital champion training	**More residents from groups identified as being furthest away from the labour market will be supported into employment** **It will be easier for people who are disadvantaged in the labour market to obtain and keep work** **More good quality jobs will be created** **Improvement in young people's transition from education to employment** **Increase in the number of new business start-ups.** **Improved local workforce skills across the social gradient** **Increased wage levels and reduction in wage gap** **More businesses will be supporting the health and wellbeing of their staff and reducing sickness absence rates** **Increase in numbers of organisations and business signed up to North of Tyne Good Work Pledge** **Improved wellbeing and job satisfaction among working population** **Digitally confident workfoce**

Proposed KPIs

Across our most disadvantaged communities we will see:

Fewer NEET aged 18-24

A reduction in unemployment %

Reduction in long-term claimants of Jobseeker's Allowance

Increase proportion of employed adults earning the living wage

Reduction in the disability employment gap.

Reduced rates of sickness absence across North Tyneside

Community Engagement and mobilising community assets

Community engagement to inform the development of the North Shields Employability Hub

Digital Champions across communities

Links to other priorities

Enable all children, young people and adults to maximise their capabilities and have control over their lives – regarding lifelong learning

Ensure healthy standard of living for all – re addressing in work poverty

Equally Well: Ensure a healthy standard of living for all

Leads: Jacqueline Laughton, Gary Charlton, Jill Harland

Governance: Poverty Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
Setting up a multi-agency partnership to coordinate efforts to support people re the cost-of-living crisis across the system Maximise residents' income by delivering benefits take up advice and campaign via CAB and Age UK. Support financial capacity and inclusion by delivering projects with essentials such as food, energy, and clothing, using the household support fund. Develop and publish the digital inclusion strategy to ensure all residents can benefit from digital technology Support every school in North Tyneside through the Poverty Proofing the School Day training, delivered by Children North East. Fund schools to set up their own school uniform schemes to reduce the cost of the school day for families. Continue to manage and extend the Holiday Activities and Food programme, to ensure that vulnerable children in low-income families access nutritious food and enriching activities during the school holidays. Provide supermarket vouchers to families on FSM for all school holidays up until the end of the academic year 2021/22 and potentially beyond, dependent on funding. Continue to provide Healthy Start Scheme vouchers for pregnant women and children under 4 in eligible low-income families. Deliver community-based projects which enable low-income households to access affordable healthy food. This includes launching The Bread-and-Butter Thing (TBBT) in five community hubs in 2022. Extend the Council Tax Support Scheme backdating rules to 20 weeks. Directly support residents in fuel poverty by delivering the Green Homes Grant Local Authority Delivery Scheme for residents on low incomes to improve home energy efficiency and through the Welfare assistance scheme or those in crisis. Raise awareness of how to save energy through targeted leaflet campaign, energy bingo events at community centres and the recruitment of community energy champions.	North Tyneside Council lead agency Citizens Advice Age UK North Tyneside Council North Tyneside Schools VCSE Sector North Tyneside Council (Social Inclusion Team, Public Health, Digital Inclusion Team) The Bread-and-Butter Thing North Tyneside Council North Tyneside Council North Tyneside Council / VCSE	Increased benefit uptake and income for residents Support for residents in work poverty Awareness raised and information given about managing energy bills and heating efficiently Schools receive training to implement reducing poverty impact for young people. Children have access to nutritious food and activities during school holidays. Support given to families during school holidays to support the expense of this period. Bread and Butter things established within 5 Communities. Increase uptake of healthy start vouchers Community Energy Champions recruited and trained Delivery of the DfE funded scheme delivering laptops and wifi devices	**More people achieving a healthy standard living above the relative poverty threshold** **Early identification of people at risk of getting into crisis e.g. homelessness.** **Residents able to navigate the benefits system – smoothing the cliffe edge between in and out of work poverty** **Young people have an equitable experience within school** **Residents improve their homes to be more energy efficient.** **All residents have physical access, economic ability & knowledge to access and consume healthy food** **Residents are digitally confident and connected both in terms of physical access to technology and digital connection**	**Across out most disadvantaged communities we will see**: Reduction of number of children in poverty Reduction in number of households not reaching Minimum Income Standard (%) Fuel poverty for high fuel cost households (%) Reduction in the number of residents experiencing digital exclusion **Community Engagement and mobilising community assets** Ensuring that the skills, knowledge, resources, and networks of the VSCE are maximised to reach residents affected by cost-of-living crisis. Cross sector partnership to develop the digital inclusion strategy – considering barriers and access funding for future projects Increased Opportunities Committee **Links to other priorities:** Maximising the capabilities of Children, Young People and Adults Best Start in Life Our lifestyles and healthy behaviours The Places and Communities we live in

Equally Well: The Places and Communities we live in and with

Leads: Sam Dand, Gary Charlton, Mike Blades / Paul Jones / VODA TBC

Governance: Safer North Tyneside Partnership, Climate Change Partnership, Culture Partnership and North Shields and Wallsend Master Plans

Actions	Responsibility	Short-term outcomes	Long-term outcomes
Deliver the Health inequalities VCSE small grants funding and monitor projects Living Well North Tyneside will be kept up to date and promote widely so residents who want to can be actively involved in their communities. Develop the Community Hub model to host and provide universally accessible services in all communities e.g. (Drug and Alcohol, Police, CAB, ASC, OT, Reablement and Care Call) Review the Social prescribing offer across the system Pilot Healthy, Happy Places in North Shields and Wallsend which aims to shape places to benefit mental health and wellbeing in our communities. Development of Strategic Cycling Route network to increase opportunity for active travel Review the community safety board and take a public health approach to community safety Expand the safe and healthy homes initative to support more households in need Deliver more energy efficiency measures to reduce fuel poverty Establish a cultural compact that supports health and wellbeing and reduces inequalities	VODA / NTC NTC Corporate strategy NTC Corporate Strategy Team and Partners Commissioning / Public Health Academic Health Science Network for the North-East and North Cumbria/ Public Health and PCNs Regeneration Safer North Tyneside Partnership Regeneration Housing Culture and wellbeing partnership	Proposed solutions and interventions to reduce inequalities are co-produced and fully informed by the lived experience of North Tyneside residents. More socially connected communities with more opportunities for all residents to take part in community life Active travel infrastructure will enable more residents from disadvantaged communities to access education, employment and leisure opportunities. Increased levels of volunteering A supply of good quality affordable homes for those most in need Improved active travel across the social gradient Improve the accessibility, existing parks, green spaces and beaches to promote good mental health and physical activity	Building on communities' assets and strengthening our work with communities across the system Adequate resourcing of VCSE to support their work Clean, green and safe open spaces across the Borough Improved digital inclusion Integrated planning, housing, environmental and health systems in place Well-designed communities with decent homes and good transport links Access to arts and culture and outdoor spaces that provide opportunities to connect with others Support community regeneration schemes that remove barriers to community participation and reduce social isolation. Improved energy efficiency of housing across the social gradient. Improved the food environment in local areas Reduced social isolation More residents feeling safer in their local community Social prescribing becomes a routine part of community support

Proposed KPIs

Across our most disadvantaged communities we will see:

Improved results in resident survey - participation / safety, accessing services/ parks/ beaches etc.

Fewer socially isolated residents

Reduction in the number of residents who are digitally excluded

More residents feeling safe in their communities

Number of affordable housing units developed

Number of energy efficient improvements made in private sector

Community Engagement and mobilising community assets

Supporting community engagement of the implementation plan

Connecting diverse communities to local policy makers to ensure their voices are central to the commissioning, and decision-making process in North Tyneside.

Links to other priorities

Communities and Place are a golden thread across all priorities

Equally Well: Our lifestyles and healthy behaviours across the life course

Leads: Wendy Burke, Jill Harland, Gary Charlton

Governance: Active North Tyneside, Tobacco Alliance, Healthy Weight Alliance, Strategic Alcohol Partnership, Living Well Locally Board, NHCT Inequalities Board

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
Strengthen treatment pathways for people who smoke to support them to quit, including those admitted to hospital and other targeted groups Support businesses to identify, support and signpost employees drinking at increasing and higher risk levels Target schools, GP practices and other community services in areas with high rates of under-18s and adults being admitted to hospital due to alcohol to ensure appropriate support in place Targeted delivery of bespoke weight management programmes in communities with inequalities, including a Healthy4Life pilot in school, HENRY, Body Benefit and HowFit approaches Delivery of the Active North Tyneside Programme to improve access to free/affordable healthy behaviour change interventions and physical activity across the lifecourse Deliver a community offer for blood pressure, atrial fibrillation, and diabetes checks Embed and sustain learning from NHCT Active Hospitals pilot to continue to support people in hospital with physical activity Develop partnership approach with VCS to reach vulnerable groups with poorer cancer outcomes Support people affected by drug misuse including exploring opportunities to embed a substance misuse social worker into treatment services, developing the M-PACT programme to support the wellbeing of children and families affected by substance misuse and developing processes to learn from drug-related deaths Ensure those with lived experience of substance misuse can shape and influence services Develop a Health Equity in All Policies (HEiAP) approach including training materials and champions to improve understanding of health inequalities across all Health and Wellbeing Board partners Promote a Making Every Contact Count (MECC) approach across the borough, particularly in targeted areas, to impact on lifestyles and behaviours across the lifecourse	North Tyneside Council (Public Health, Early Help, Schools Improvement) Active North Tyneside Partnership Northumbria Healthcare NHS Foundation Trust (Public Health, Inequalities Board and Tobacco Dependency Steering Group) North Tyneside CCG North Tyneside Recovery Partnership	People who smoke are supported to quit Adults and under-18s who drink alcohol at harmful levels are identified and supported to reduce their drinking Adults and children are supported to achieve a healthy weight People have access to cancer services and interventions to support early diagnosis to promote the best possible outcomes Healthcare professionals have increased capability and opportunities to promote physical activity to people in hospital and are able to signpost patients appropriately People using drugs or affected by drugs are identified and supported, and so are their families	**Children are exposed to less second-hand smoke and are less likely to start smoking due to a reduction in illicit tobacco** **People who require specialist alcohol support are identified and able to access appropriate services and all residents are less likely to be affected by all aspects of alcohol-related harm.** **Children are less likely to be affected by the broader effects of excess weight in childhood and less likely to become overweight as adults** **Inequalities in health outcomes driven by the food environment and wider environment are reduced, leading to lower levels of excess weight and cardiovascular disease** **Residents have improved awareness of cancer and are supported to receive earlier diagnoses to promote the best possible outcomes** **Harm from illicit drug use is reduced, in line with the findings of the Dame Carol Black review** **HWB Board partners promote HEiAP and MECC approaches to recognise and reduce the impact of inequalities**	Across our most disadvantaged areas we will see: • Reduction in smoking • Reduction in alcohol-related hospital admissions (adults and under 18s) •Reduction in children with excess weight (NCMP indicators) •Increased physical activity in hospital inpatients •Increased uptake of cancer screening programmes •Reduction in drug-related deaths and unmet need

Community mobilising community assets

Consultation on approaches to reduce alcohol-related harm and improve healthy weight

Co-production of cancer prevention work

Co-production of MECC at scale work

Needs a dotted line to 'Best Start in Life' workstream

Reduction in smoking in pregnancy

Needs a dotted line to 'The Places and Communities we live' – cycling, green space indicators

Equally Well: An integrated health and care system

Leads: ASC TBC , Anya Paradis , Ross Wigham (TBC)

Governance: NENC Integrated Care Board Place Based Arrangements for North Tyneside (details are yet TBC)

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
Establish the Integrated Care Board Place Based arrangement for North Tyneside	ICB	It will be easier for residents to 'navigate' the system	**Our most vulnerable residents to live healthier and fulfilling lives and maintain independence for longer**	**Across our most disadvantaged communities we will see:**
Four Primary Care Networks (PCNs) will build on collaborative work around extended hours access, access to clinical pharmacy and development of social prescribing initiatives.	PCNs	Integrated working with Primary Care Networks, statutory partners and the VCSE working together to reduce inequalities	**Improved access to appropriate support and unnecessary variations and fragmentation in care.**	Increased referrals to the Community Frailty Team
Implement the integrated North Tyneside Frailty Service with two pathways.	Ageing Well Strategy	Residents experiencing falls and frailty have support from a 'one stop shop' and an integrated care service	**Fewer residents will be discharged from hospital directly into permanent residential/nursing care**	Reduction in delayed transfers of care
Backworth Ageing Well Village development to continue and integrated services to be established to prevent unnecessary hospital admissions and premature admissions to long-term care	Adult Social Care	Residents have improved access to technology and are more digitally included.	**Demand in the acute sector is well managed and the gaps in care which have the most impact on health inequalities have reduced**	Reduction in hospital admissions
Adult social care will increase the use of technology within the homes of residents with social care needs to enable people to live more independently.		Care home residents and other vulnerable groups are supported to receive COVID booster vaccinations in line with current JCVI recommendations	**Health inequalities are considered in all policies across health and social care and the work of the Health and Wellbeing Board partners**	Reduction in hospital re-admission rates
All partners continue to work together to support delivery of the COVID-19 booster vaccination programme to ensure good uptake overall and reduced inequalities	All Partners	BCF and iBCF continue to meet local and national priorities	**Organisations work together at scale to share planning and pool resources to work sustainably and address financial pressures that can be a barrier to providing health and social care**	Increased referrals for social prescribing
Northumbria Healthcare Trust will continue to work with key partners to deliver their Community Promise	Northumbria Foundation Trust			Reduction in patients breaching 18 week waits for hospital treatment
Promoting the services of community pharmacy to support our local communities.				Reduction in average length of stay in hospital and intermediate care settings
Strengthening public, patient and carers 'voices at place to shape integration, working with a range of partners such as Healthwatch, the VCSE sector and experts by experience	VCSE			Reduction in prescribing rate of medicines that can cause dependency, antimicrobial medication and medicines of low value
Addressing workforce challenges e.g., recruitment, retention, and retirement by working together to ensure a strong and sustainable workforce for the future	All partners			Increased proportion of people who receive short term (enablement) service in year with an outcome of no further requests for support **or** increase in over 64s discharged to their usual place of residents (examples from Rotherham and elsewhere)
				Community mobilising community assets
				Participatory engagement methods where community members are actively involved in design, delivery and evaluation of integrated services 'Ageing Well Village'
				Link to all priorities and impact areas across the strategy

Equally Well Implementation Plan: Our Indicators

The Equally Well Implementation Plan sets out how we will turn the vision and ambitions into real outcomes in the short and longer term for our residents. We need to know if our approach and strategic ambition is making a difference.

It is widely acknowledged that it is difficult to monitor effectiveness of interventions to reduce health inequalities because of the complex range of factors that contribute to change. All partners acknowledge that major change will not happen overnight, so we will be seeking gradual improvements in these indicators

The high-level measures a population level are the overarching indicators that will be monitored are set out in Table 1

It is proposed that progress on each of 7 key impact areas be provided to the Health and Wellbeing Board at regular intervals plus an overall annual progress report and a refresh of the implementation plan. A proposed forward plan is outlined in table 2 below. The partnership Chairs responsible for each impact area will coordinate the compilation of the report. This reporting will supplement the dashboard with localised knowledge, service data and case studies. This will help the Health and Wellbeing Board to understand in the short to medium time the impact of the interventions in the implementation plan.

We will also measure our progress by focusing on the impact that the strategy will have on people's lives and case studies and residents' experience will supplement the quantitative data below.

Table 1: Overarching indicators: high level measures of health inequalities

Overarching indicators
Male life expectancy at birth
Female life expectancy at birth
Healthy life expectancy – male
Healthy life expectancy – female
Infant mortality
Life expectancy gap between most and least deprived areas - Male
Life expectancy gap between most and least deprived areas - female

Table 2: Indicators to monitor progress across each of the 7 impact areas:

*= overall figure for borough and also by ward/PCN/locality etc

Best start in life	• Smoking in pregnancy (SATOB/SATOD, partners smoking)* • Breastfeeding rates (delivery, 48hrs, day 10, 6 weeks)* • Children who receive a good level of development at the end of reception*
Maximising capabilities of children, young people and adults	• Educational attainment (overall, by ward and by FSM eligibility) • Attendance and exclusions (overall, by ward and by FSM eligibility) • Percentage of 16-18 year olds NEET (link to 'fair employment') • Hospital admissions as a result of self harm (10-24 years) • Apprenticeship and destination data • Adult learning completers in education/employment
Fair employment and good work for all	• NEETs at age 18-24* • Proportion of adults who are unemployed* • Number of long term claimants of JSA • Proportion of employed adults earning the Living Wage • Disability employment gap • Rates of sickness absence across North Tyneside
Ensure healthy standard of living for all	• TBC, but indicator relating to schools running the poverty proofing programme and/or HAF and/or food bank usage
The places and communities we live in and with	• TBC, but measure of child poverty and/or low income households, crime rates (ASB), access to parks/beaches etc • Proportion of residents feeling safe in their communities • Proportion of residents experiencing social isolation • Proportion of residents experiencing digital inclusion/isolation • Number of affordable housing units developed • Number of energy efficient improvements made in the private sector
Our lifestyles and healthy behaviours	• Smoking prevalence (overall, by ward, hospital inpatients) • Alcohol-related hospital admissions (adults and under 18s) * • NCMP indictors* • Physical activity in hospital inpatients • Uptake of screening programmes* • Drug Related Deaths* and unmet need
An integrated health and care system	• Delayed transfers of care • Hospital admissions (over 64s?) • Hospital readmission rates • Referrals for social prescribing • Patients breaching 18 week wait • Average length of stay in hospital and intermediate care settings • Prescribing rate of medicines that cause dependency, antimicrobial medication and medicines of low value • Indicator linked to short term reablement or discharge to usual place of residence • TBC - but could include referrals to Community Frailty Team

This page is intentionally left blank

North Tyneside
Health & Wellbeing Board Report
Date: 22 September 2022

Title: Better Care Fund Plan 2022/23

Report from :	North Tyneside Council	
Report Author:	Sue Graham	Tel:(0191) 643 4036
Relevant Partnership Board:	Better Care Fund Partnership Board	

1. Purpose:

This report seeks approval of the Better Care Fund (BCF) Plan for 2022/23 prior to submission to NHS England by the national deadline of 26 September 2022. The BCF Plan requires spending on all funding elements of the Plan to be jointly agreed by the Authority and the Integrated Care Board (ICB) and for the Plan to be approved by the Health and Wellbeing Board.

2. Recommendation(s):

The Board is recommended to:

a) approve the attached Better Care Fund Plan, and

b) authorise the Director of Children and Adults Services in consultation with the Chair of the Health and Wellbeing Board to determine and agree any further revisions to the submission on behalf of the Board, before the deadline for submission to NHS England on 26 September 2022.

3. Policy Framework

This item relates to section 9 of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021- 2025” which relates to an integrated health and care system.

This section outlines the approach to supporting everyone to live healthier and fulfilling lives and maintaining independence for longer. Throughout the pandemic there were impressive collaborations between organisations that served and supported all communities in a joined-up way. The drive to integrate health and social care services is greater than ever, with improved experience for residents and more community-based support being delivered closer to home being the Board’s local objective. There is no single definition of integrated care and services can be joined up in different ways, for example between primary and secondary care, physical and mental health care and health and social care. The key aim is to reduce local health inequalities by improving access and unnecessary variations and fragmentation in care.

4. Information:

The Better Care Fund, has been in operation since 2015/16, and is a government initiative to improve the integration of health and care services, with an emphasis on keeping people well outside of hospital and facilitating safe and timely discharge from hospital.

The BCF creates a pooled fund, managed jointly by the Authority and the North East and North Cumbria Integrated Care Board (the ICB). This is done at place level with North Tyneside ICB. The value of contributions to the fund in 2022/23 is £30,774,007 which is an increase of 4.47% over 2021/22 BCF pooled fund (note an amount of £1,157,668 of unspent Disabled Facilities Grant carried forward from 2021/22 will be added to this amount and included within the overall total of the fund).

ICBs are required to contribute a defined amount to the fund to support adult social care and in North Tyneside this amount is £12,310,605. Together with the "Improved Better Care Fund" grant, which is paid direct by Government to the Authority, the BCF supports 20.5% of adult social care revenue expenditure within the Borough. The fund also provides for £7,015,863 for NHS commissioned out of hospital care.

BCF income helps to fund community based social care services, such as reablement, immediate response home care, CareCall, and loan equipment/adaptations. It also contributes towards the Authority's services offered to support carers, the Community Falls First Responder Service, and to independent living support for people with learning disabilities. Within NHS out of hospital care, the fund supports bed based intermediate care, community based support, liaison psychiatry and end of life services.

The BCF Policy Framework for 2022/23 was published on 19 July 2022 by the Department of Health and Social Care and the Department for Levelling Up, Housing, and Communities.

There are two policy objectives for the BCF;

i. Enable people to stay well, safe and independent at home for longer and,
ii. Provide the right care in the right place at the right time.

National conditions

Three national conditions are unchanged:

a. A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board;
b. NHS contribution to adult social care to be maintained in line with the uplift to the identified North Tyneside ICB minimum contribution
c. Invest in NHS-commissioned out-of-hospital services

There is one new national condition:

d. Implementing the BCF policy objectives

Metrics

The Policy Framework mandates metrics to support the updated national conditions.

1. Effectiveness of reablement (as in previous years)

2. Permanent admissions of older people to residential care (as in previous years)
3. Unplanned hospitalisations due to chronic ambulatory care sensitive conditions (as in 2021/22)
4. Hospital discharge metric – improving the proportion of people discharged from home to their usual place of residence (as in 2021/22)

The plan documents the current performance against these metrics, sets ambitions for future performance, and explains how the services funded through the BCF work alongside other services to impact the metrics.

There is a new planning template included within the requirements for 2022/23 on demand and capacity for intermediate care across the winter period of October 2022 to March 2023. This template will not form part of the national assurance process and it is designed to encourage whole system planning for demand.

Governance arrangements

The detailed operations of the Better Care Fund in North Tyneside are set out in a Section 75 Agreement between North Tyneside Council and the North East and North Cumbria Integrated Care Board (ICB). That agreement establishes a BCF Partnership Board with representatives from each party. An updated s75 Agreement will be prepared once the BCF Plan has received approval from the national bodies.

The current and proposed BCF Plan are in line with the place-based strategy developed by the Future Care Programme Board, which has representation from North Tyneside Council, the ICB, local NHS Foundation Trusts, the GP federation, primary care networks, Healthwatch, the Council for Voluntary Service, Carers Forum, and Community and Health Care Forum.

The BCF Policy Framework requires that BCF plans are agreed by Health and Wellbeing Boards. As in previous years, the Cabinet and the Governing Body of the ICB will also be asked to agree the BCF Plan.

The Value of the Better Care Fund

The minimum value of the North Tyneside BCF is set nationally. Table 1 below shows the value in the current year, and changes from previous years.

Table 1

Income Component	2020/21	2021/22	2022/23	% change this year
Disabled Facilities Grant	1,647,220	1,869,024	1,869,024	0.00 %
Minimum CCG Contribution	17,420,966	18,291,187	19,326,469	5.66 %
Improved Better Care Fund	9,296,886	9,296,886	9,578,514	3.03 %
TOTAL before carry forward	28,365,072	29,457,097	30,774,007	4.47 %
Disabled Facilities Grant carried forward			1,157,668	

Grand total			31,931,675	

The national framework also stipulates minimum contributions to be paid by the ICB to adult social care, and minimum spend on NHS-commissioned out of hospital services and these are set out I the table below.

Table 2

	2020/21	2021/22	2022/23	% change this year
CCG minimum contribution to adult social care	£11,096,836	£11,651,150	£12,310,605	5.66%
NHS commissioned out-of-hospital spend	£4,950,544	£5,197,836	£5,492,034	5.66%

5. Decision options:

The Board may either:-

a) approve the attached Better Care Fund Plan, set out in the appendix to this report; and to also authorise the Chair of the Health and Wellbeing Board to agree any further revisions to the submission on behalf of the Board, before the deadline for submission to NHS England on 26 September 2022.
or
b) request relevant officers, in consultation with the Chair and Deputy of the Board, to undertake further work to make changes to the submission taking into account the comments and suggestions made by the Board at the meeting.

6. Reasons for recommended option:

The Health and Wellbeing Board is recommended to agree option a).

The continuation of the Better Care Fund presents a major opportunity to take forward the principles of the Joint Health and Wellbeing Strategy. Delay in agreeing a plan for use of the Fund may lead to delay in the release of funds by NHS England and this could impact on service delivery in North Tyneside for those services / areas funded through the Better Care Fund.

7. Appendices:

Appendix 1 – The North Tyneside Better Care Fund Narrative Plan

8. Contact officers:

Sue Graham, Health and Social Care Integration Manager, North Tyneside Council (tel:0191 643 4036)

Anya Paradis, Director of Place (North Tyneside), NHS North East and North Cumbria ICB, (tel: 0191 293 1157)

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

1. 2022/23 Better Care Fund Policy Framework. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities. **https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023**

2. Better Care Fund Planning Requirements for 2022 to 2023. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities.

   https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The financial implications for the Council and the Clinical Commissioning Group will be considered separately by each organisation as part of their approval processes.

11 Legal

The NHS Act 2006, as amended, gives NHS England the powers to attach conditions to the payment of the Better Care Fund Plan. In 2016/17 NHS England have set a requirement that Health and Wellbeing Boards jointly agree plans on how the money will be spent and plans must be signed off by the relevant local authority and Integrated Care Board.

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

12 Consultation/community engagement

The Better Care Fund plan has been developed jointly by the Authority and the ICB and consultation on the contents of the Better Care Fund Plan has taken place with local NHS Foundation Trusts and no issues have been raised.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

Risk management processes will be outlined within the s75 agreement and managed through the governance arrangements between the Authority and North Tyneside ICB.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X
ICB Chief Officer	X
Monitoring Officer	X

North Tyneside Health and Wellbeing Board

Better Care Fund Plan 2022-23

Executive Summary

The Better Care Fund (BCF) plan has evolved over a number of years as an element of the implementation of the North Tyneside Future Care strategy, shaped by the Future Care Programme Board which is our place-based planning mechanism. The Future Care Programme Board includes representatives of the local NHS providers (acute, mental health and primary care), social care, primary care networks, the Council for Voluntary Service, North Tyneside Carers Centre, and the Community and Health Care Forum.

The plan provides for a range of investments in:

- Community-based services, which includes CarePoint - our multi-agency, multi-disciplinary integrated team which delivers a home-first approach to hospital discharge and admission avoidance; reablement; immediate response and overnight home care; adaptations and loan equipment service; telecare including falls first responder service; and seven day social work.
- Intermediate Care beds, including bed-based facilities complemented by a community rehabilitation team
- Out of hospital community health services
- A hospice-at-home service for end of life care
- Liaison Psychiatry for working-age adults
- Support for people with learning disabilities
- Implementation of the Care Act, support for carers, and the provision of advice and information.

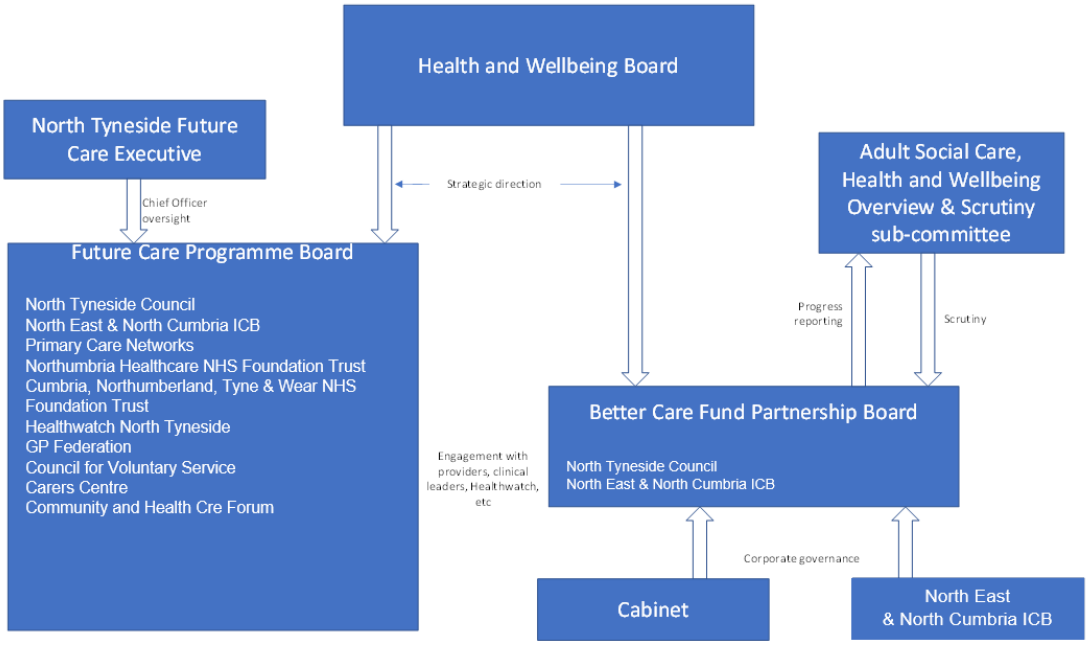
The Improved Better Care Fund element will be used to support the social care market, including meeting the costs of paying at least the Living Wage to staff in care homes and home care with movement towards paying the Real Living Wage. These investments also support hospital capacity by helping to ensure that discharge services are sufficient to meet demand.

The Disabled Facilities Grant will be used to enable people to live independently in their own home; minimise risk of injury for customer and carer; prevent admission to hospital and long term care; reduce dependency upon high level care packages; improving quality of life and wellbeing; maintain family stability; improve social inclusion; and enhance employment opportunities of the disabled person.

This plan provides continuity with the previous BCF plan. The COVID-19 pandemic has accelerated the provision of hospital discharge services based on a “home-first” approach, which was already under way. Our priorities for 2022/23 and beyond are to continue the progress in the establishment of the integrated frailty service, which was impacted by the Pandemic, and to maintain admission avoidance and hospital discharge services, thus supporting hospital capacity.

Governance

The Better Care Fund (BCF) plan has evolved over a number of years as an element of the implementation of the North Tyneside Future Care strategy, shaped by the Future Care Programme Board which is our place-based planning mechanism. The Future Care Programme Board includes representatives of the local NHS providers (acute, mental health and primary care), social care, primary care networks, the Council for Voluntary Service, North Tyneside Carers Centre, and the Community and Health Care Forum. This Governance structure is expected to continue under the place based arrangements within the North East and North Cumbria Integrated Care Board (referred to as the ICB).



The Future Care Programme Board is our place-based planning mechanism which brings together stakeholders to define and implement a strategy to deliver a patient-centred sustainable health and social care system. It is supported by sub-groups including the Ageing Well Board, which is responsible for the design and delivery of the Ageing Well strategy, including development of an integrated frailty service, end of life care, mental wellbeing in later life, and falls services.

Northumbria Healthcare NHS Foundation Trust and Newcastle upon Tyne Hospital NHS Foundation Trust have been consulted on the approach to the BCF hospital discharge metrics.

The Better Care Fund Partnership Board includes senior representatives of the ICS and Local Authority. The Board defines the BCF plan based on national guidance and the place-based strategy which is driven by the Future Care Programme Board, and agrees and manages a Section 75 Agreement to give effect to the BCF plan.

The North Tyneside Health and Wellbeing Board authorises the BCF plan. It provides reports to enable scrutiny by the Adult Social Care, Health and Wellbeing sub-committee of the Overview and Scrutiny sub-committee.

Overall approach to integration

The Future Care programme has a vision to deliver a patient centered sustainable health and social care system with a focus on:

- Self-care and preventing ill health
- Resilient communities and families
- People living longer and with better quality of life
- People staying as independent and as well as they can for as long as possible
- Those at the end of life to have support and care to enable them to live in the best way they can, taking into account their wishes, beliefs and values
- People dying with dignity in their chosen place of death
- A more resilient, responsive and financially stable health and social care system.
- High quality, fully integrated services
- High levels of people and staff satisfaction with services
- Evidence based practice and care models
- Reduced reliance on acute services
- Reduction in bed-based care.
- Right Care, Right Place and Right Time
- North Tyneside system is seen as a preferred place to work with high levels of wellbeing and satisfaction however, in line with national trends, recruitment and retention is concern.

This plan represents a natural progression from the previous plan, with some changes to take into account progress that has been made. Within the Future Care Programme, action is under way to further develop services for older people, which will lead to reconfiguration of some services included in the BCF, within the overall financial envelope set out in the BCF Plan.

The Local Authority and the ICB work collaboratively on a number of initiatives linked to ensuring there are high quality services and support arrangements in place for the people of North Tyneside. More so, since the start of the Pandemic, we have seen increasing need for collaboration, joint working and integrated services to meet the health and social care needs of the borough.

The Better Care Fund is a vehicle to support integrated work to ensure that funding put in place in social care services is also targeted at freeing up health services and ensuring there is a good flow of people either out of hospital or preventing admission in the first place. Some specific examples of this would include:

- The Local Authority leads on the commissioning of nursing placements, shared funding placements in the community and S117 mental health act funded placements for individuals following a detention for assessment and treatment in hospital under the Mental Health Act
- The Adaptation and Loan Equipment Service and the Disabled Facilities Grant (both under the Better Care Fund arrangements) put in place services and environmental changes to support people at home
- The work undertaken within the Frailty Pathway Group will deliver on a new Integrated Frailty Service for the borough with integrated provision and services

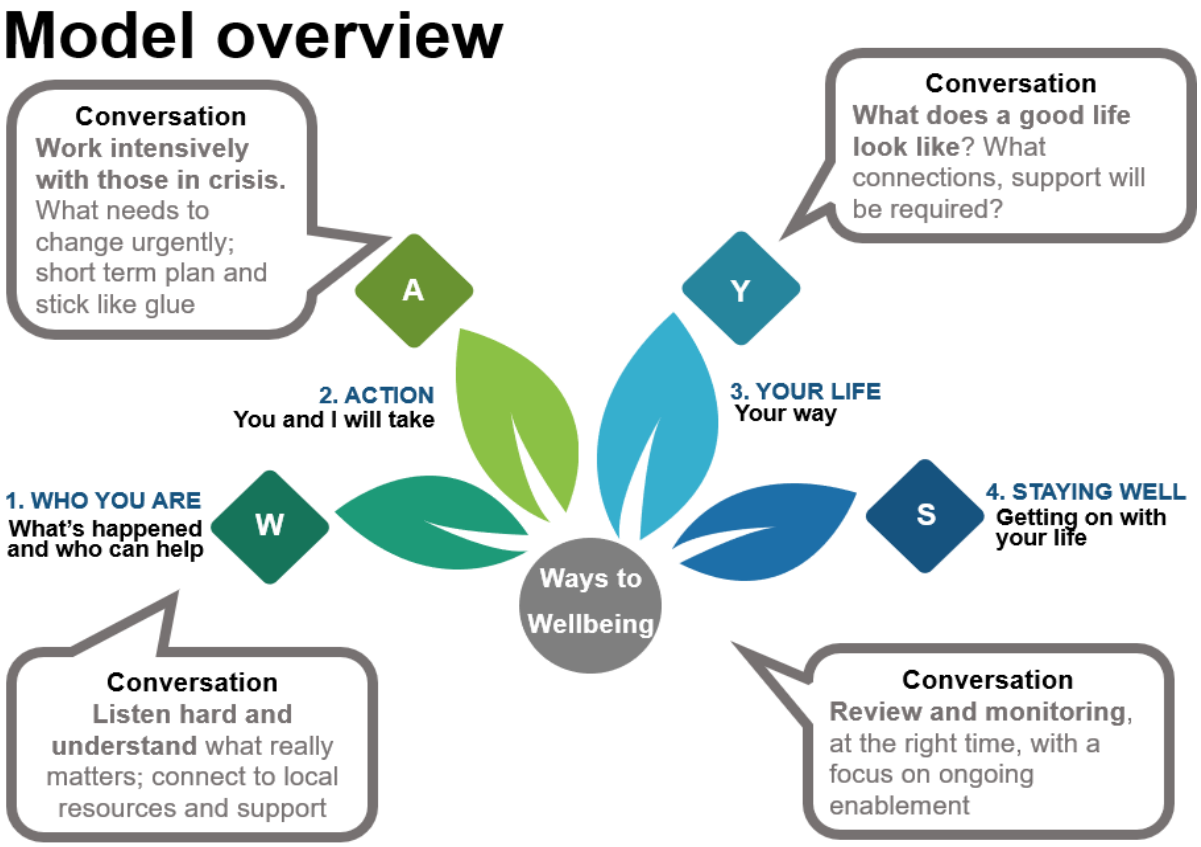
Our use of a strengths-based approach and person-centred care is shown by the development of the “Ways to Wellbeing” model within adult social care. This provides a practice model which;

- describes our approach to working with adults
- is values-based and transformative
- is responsive to challenges that our customers face
- provides consistent knowledge, tools and skills for staff
- enables great quality of practice

The underlying principles of the model are:

- Always start the conversation with the strengths of people, families and communities
- Always exhaust conversations 1 and 2 before conversation 3 (see Figure 1 below)
- Never make a long-term plan in a crisis
- Stick to people like glue during conversation 2 – support people to regain control of their life
- No hand-offs, no referrals, no waiting lists, no pending cases
- Listen to people – understand from their perspective
- Know the neighbourhoods and communities that people live in
- Work collaboratively with members of the community, networks, and support system
- Strengthen focus on maximising family support, and keeping people connected to communities
- Use **technology** wherever we can

Figure 1: The "ways to wellbeing" practice model

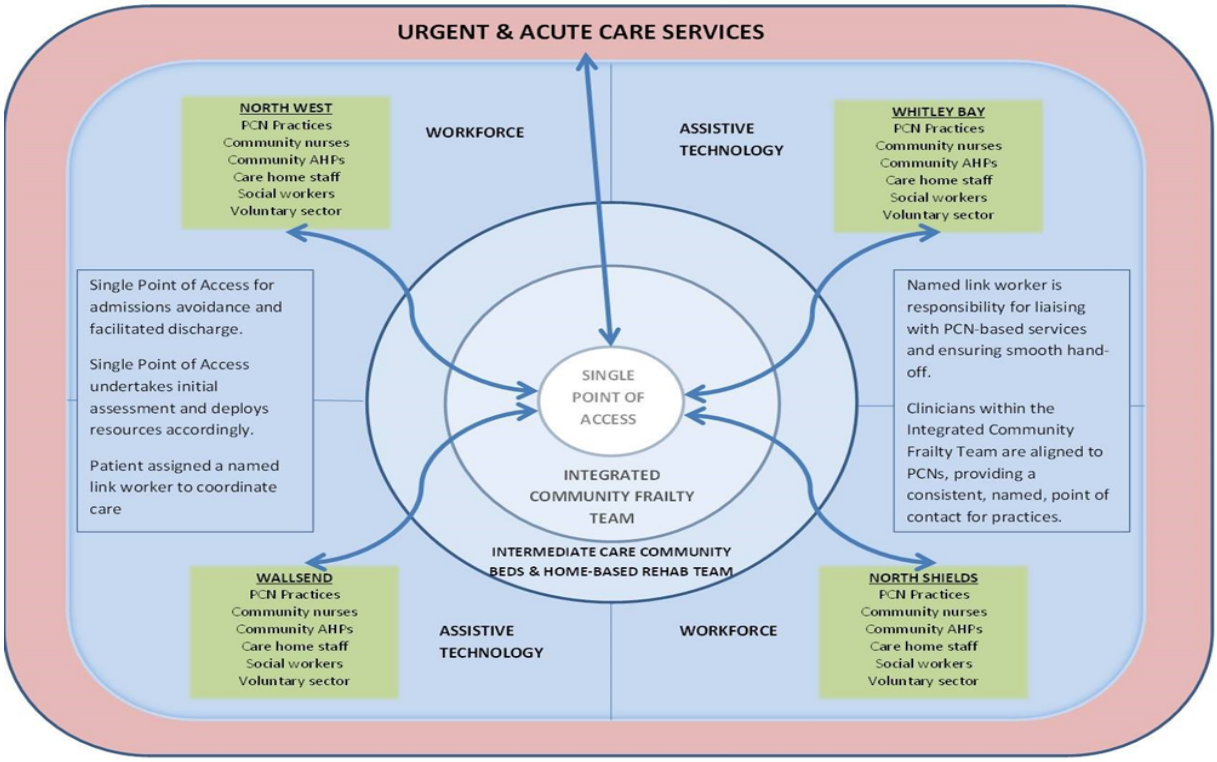


The Integrated Frailty Service

An Integrated Community Frailty Service for North Tyneside is being created through the reconfiguration of Care Point, Care Plus, Jubilee Day Hospital and intermediate care beds.

- The development of an integrated frailty service within existing NHS and Local Authority services contracts.
- The development of a new community bed based intermediate care facility at Backworth in North Tyneside, which will also house an integrated community frailty / aging well service, bringing together Care Point, Jubilee Day Hospital, and community bed based care under a shared management structure to provide a 'one-stop-shop' for frail elderly patients. Planning permissions have been obtained and building work will commence in 2022/23 with completion in 2023/24.

Figure 2: Integrated Frailty service model



The key components of the planned model are:

- A single point of access and assessment, capable of understanding demand and deploying resources to avoid admission and facilitate rapid discharge.
- A single integrated community frailty team providing proactive and reactive, multidisciplinary assessment, interventions, rehabilitation, reablement and care planning for frail elderly patients in North Tyneside.
- All North Tyneside residents have rapid and equitable access to step-up and step-down beds, regardless of which local hospital they are accessing that care from.
- Coordination of care and closer alignment with community nursing teams, including mental health and Primary Care Networks.
- This service will consist of:
    - Single point of access
    - Integrated Community Frailty Team
    - Integrated Care community beds and reablement
    - Integration with primary care networks and community services

Single point of access

The single point of access will:

- Act as a true single access to the Integrated Community Frailty Service. This will end the current system whereby referrals can be made via Care Point or directly into individual services themselves.

- Assess the patient's needs and deploy the resources of the Integrated Community Frailty Team accordingly. This will include the assignment of a clinical link-worker who will take responsibility for coordinating the patient's care.
- Assess patients requiring access to community step-up and step-down beds.
- Replicate the 'back of house functions' of the existing Care Point service and the admissions avoidance and discharge planning resource funded under the BCF.
- Coordinate the alignment of the clinical and social care workforce within the integrated community frailty team to the localities, ensuring that there is a consistent, named, point of contact for practices and community nursing teams seeking guidance and support.
- Use technology to manage system wide community capacity and demand in real-time

Integrated community frailty team

The integrated community frailty team will bring together the teams currently delivering the following services:

- Jubilee Day Hospital
- Care Point 'front of house functions and teams'
- Enhanced CarePoint
- Community Falls Clinic (once existing contracts expire)

To provide:

- Single MDT-based assessment, diagnosis and management of frail elderly patients with the aim of enabling self-management, preventing further deterioration, avoiding admission and facilitating discharge.
- A person centred single assessment and care plan based upon CGA process
- Patients will also be assigned a clinical link worker to act as their main point of contact to ensure person centred care coordinated care delivery.
- Care will be delivered in the patient's place of residence or a community-based setting wherever possible, particularly for patients with more severe levels of frailty.
- The service will be accessed on an equitable basis which reflects the fact that approximately 40% of North Tyneside residents access acute care in Newcastle.

Intermediate care community beds and reablement

More care will be delivered in a community setting, with additional investment in community services and social care provision being used to support this transition. This will include:

- Creation of a new community-based facility capable of housing the Single Point of Access and the Integrated Community Frailty Team alongside the intermediate care beds.
- Creation of step-up community bed pathways to support admission avoidance and functions of the single point of access.
- Strengthening the role of the peripatetic service.
- Enhancing the role of Personal Independence Coordinator workers and volunteers

Integration with Primary Care Networks and community services

Patients and clinicians have both identified the need for a single named person to coordinate care and manage transition into and out of specialist frailty services. This ensures that patients will only have to “tell their story once” during a specific episode of care and that healthcare is delivered more efficiently by removing unnecessary duplication of assessment.

The Community Matrons that are currently deployed within Enhanced CarePoint will normally act as the named link-worker for the majority of patients referred into the Integrated Community Frailty Service. They will also act as the primary point of contact between the specialist frailty teams and the wider healthcare system, including practices, district nursing teams and hospital-based services.

In order to foster strong working relationships between the Community Matrons, GP practices and community services, the Community Matron workforce will be aligned to an existing locality of North Tyneside.

Other BCF services

In addition to the Integrated Frailty Service, the BCF supports a range of other developments:

Liaison Psychiatry for Working Age Adults provides an interface between psychiatry and medicine focusing on providing improved management for patients with co-morbid physical and mental health conditions.

Care Act implementation, Support for Carers, and Advice and Information support carers to maintain their caring role through good quality assessment and planning; support prevention through access to advice and information; ensure advocacy support is available; and help to ensure there is a viable and sustainable care market.

Hospice at home provides a rapid response end of life service to ensure all patients in non-palliative settings receive emergency palliative care trying to keep people in their place of choice, offering emotional and practical support for carers and family members as well as specialist input where needed.

Independent support for people with a learning disability provides support for people with a learning disability to maintain and increase their independence in the community.

Funded through the Improved Better Care Fund, are initiatives to support the social care provider market, through meeting the cost of paying the Living Wage to staff of social care providers, and of responding to increased volume and complexity of social care provision. The social care market, across the country, is facing severe workforce shortages and these provisions aim to prevent market failures which would have an impact on the ability to provide post-hospital discharge care.

Supporting Hospital Discharge

The CarePoint service, funded through the BCF, and provided jointly by Northumbria Healthcare FT and North Tyneside Council, uses an interdisciplinary approach to achieve safe and efficient admission avoidance and discharge. The team has a holistic focus on the entire patient pathway from hospital to home. This proactive and preventative approach aims to ensure seamless transitions and help to avoid unnecessary admission and readmission to hospital. The response and care is coordinated across organisations involved; older people have a named coordinator. CarePoint has access to resource availability and has the authority to deploy accordingly based on the needs of the individuals and to ensure optimal utilisation of commissioned services. This will ensure that care and support interventions are provided at the right time; by the person with the most appropriate skills, in order to get the right care, first time, every time.

BCF also funds:

- the *Adaptations and Loan Equipment Service* to ensure that people have equipment that they need to recover at home following discharge, as well as to avoid admission.
- The *Care Call crisis response team* which provides telecare services to help avoid admission and maintain independence following hospital discharge. This service also provides a falls first responder service which diverts pressure from ambulance services.

Supporting Unpaid Carers

The Authority and the ICB recognise the value that unpaid carers have in supporting people to continue to live independently at home or in the community. Both organisations are also committed to ensuring that Young Carers in North Tyneside will be recognised as young people first and will be protected from undertaking inappropriate levels and types of caring; able to access the same opportunities as other young people; and their education and life-chances outcomes are supported.

The work that carers do is invaluable and often supports some complex and intensive individuals in some very difficult circumstances. Without these carers the individual may well be in hospital or in more permanent residential or nursing home care, often at a much higher cost to social care and health.

The provision of good quality advice and information and emotional support for carers is critical. Contingency planning and respite provision can be integral to enable carers, whether they care for older relatives, people with learning disabilities, people with a mental health problem, or people with physical disabilities to continue to undertake their caring roles and continue to be a valued part of their community.

The Care Act 2014 placed additional duties and responsibilities on local authorities with regard to supporting carers. The provision of advice and information which needs to be timely and in an appropriate format was given a greater focus. The Care Act placed greater responsibility on local authorities to assess a carer's own needs for support; explore the outcomes that a carer wants to achieve in their daily life; and the impact of caring responsibilities on their desire and ability to work and to partake in education, training or recreational activities. The assessment process for carers is being refreshed to adopt the Ways to Wellbeing approach taking a strength based approach to assessing carers' needs.

The Partnership commissions North Tyneside Carers Centre to deliver services which play a vital role in supporting carers to continue their caring role. This support includes;

- Provision of general advice and support via a web offer, telephone, 121 sessions and drop in sessions across the Borough
- Statutory carers assessment on behalf on the Local Authority, in situations of complexity, conflicting needs, or where more intensive ongoing support may be required by the carer
- Light touch assessments to understand needs and offer tailored support.
- Advocacy support
- Overseeing volunteers who facilitate specialist and general peer support groups
- Links with specialist services e.g. Memory Clinic
- The delivery a programme of information and training sessions for carers in the community
- Working to develop and deliver specialist information and training sessions for carers
- Delivery of carer awareness training sessions for professionals

The service also works to raise the profile of carers through a web site, social media, local media and community events.

There is also a Young Carers Service in North Tyneside which aims is to improve and maintain the health and wellbeing of young carers by supporting improved awareness of the issues young carers and their families face and to build capacity within services across the borough to increase identification and to support the with the implementation of the young carers' statutory assessment.

During 2021/22, 6053 carers were supported by North Tyneside Carers' Centre including support for carers' vaccinations during the Covid-19 Pandemic.

Respite / Short-break services

The support many carers require involves a service delivered to the person they care for including residential short break and respite services and forms of domiciliary care and day care. Other forms of support are often provided by access to a peer support group, training or being provided with advice and information on the condition of the person being cared for. Funding from the BCF allocation is used to support the cost of these services.

There are a number of contracts in place with independent and voluntary sector providers for the provision of respite, day services and sitting services which allow carers to take a break from their caring role and put contingency arrangements in place if a carer was unable to undertake their caring role in an emergency.

Disabled Facilities Grant (DFG)

The DFG aims to:

- Enable people to live independently in their own home
- Minimise risk of injury for customer and carer
- Prevent admission to hospital and long term care
- Reduce dependency upon high level care packages
- Improving quality of life and well being
- Maintain family stability
- Improve social inclusion
- Enhance employment opportunities of the disabled person
- Support the local economy

Cabinet agreed a new policy on the use of the Disabled Facilities Grant in March 2018, in line with the Regulatory Reform Order 2002. The revised policy contained the following significant changes:

- Any adaptation that costs less than £10,000 will not involve a means test. This represents value for the tax payer as it means that adaptations can be delivered quicker, expediting hospital discharge, reducing care package costs, and preventing admission to hospital or residential settings.
- The Grant can be used to remove a Category 1 Hazard under the Housing Health and Safety Rating System, where there is assess need. This national system for assessing risk in homes defines a Category 1 Hazard as one posing a serious threat to people living in or utilising a home (for example poor wiring or heating). In line with national best practice, local housing need and the experience of our healthy homes work, the evidence shows that this will allow improvements to poor quality owner-occupied or rented property where the resident has an assessed need to prevent escalation of that need and further care costs
- The upper ceiling of the Grant was increased from £30,000 to £40,000; the old ceiling was ruling out Grants in circumstances which would otherwise represent value for money.
- The Grant can be used in specific cases for homes out of North Tyneside, where the Council is responsible for care costs.
- The Grant will be used for equipment to meet assessed need; over time, the overlap between “equipment” and “adaptation” has become greater. The policy will allow the Grant to be used for items of equipment, where that item is specific to assessed need and can be seen to prevent additional care costs
- The Grant will allow for maintenance of the asset, for example by including maintenance arrangements in the initial price.
- The Grant will be used to support people who chose to move home in order to live independently. This use of the Grant will secure a better outcome to assess need; represents better value than adaptation; can be used when adaptation of the current home is not practical, and can avoid a more expensive care arrangement (for example, admission to residential care).

North Tyneside Council actively seeks to target the Grant in order to make the most difference:

- In terms of people; children with assessed needs, young adults with a lifelong disability, and older people seeking to continue independent living are most likely

to benefit from the Grant. Particular attention will also be paid to high cost care packages.

- In terms of housing types; experience and practical delivery shows that bungalows, ground floor flats, homes with large downstairs spaces, and homes with outhouses or garages can best be adapted.
- In terms of places; this work is done with an eye to creating a longer term asset, improving poor quality housing and places with access to local amenities and public transport, which promotes independent living.

Equality and health inequalities

The services funded through the BCF are accessed and delivered to all those who need them. Patients in older age groups, and with a disability, are more likely than average to be users of health and care services; this is appropriate to their needs.

Figure 3 below shows the age spread of clients who receive reablement.

Figure 3: Age bands of clients receiving reablement

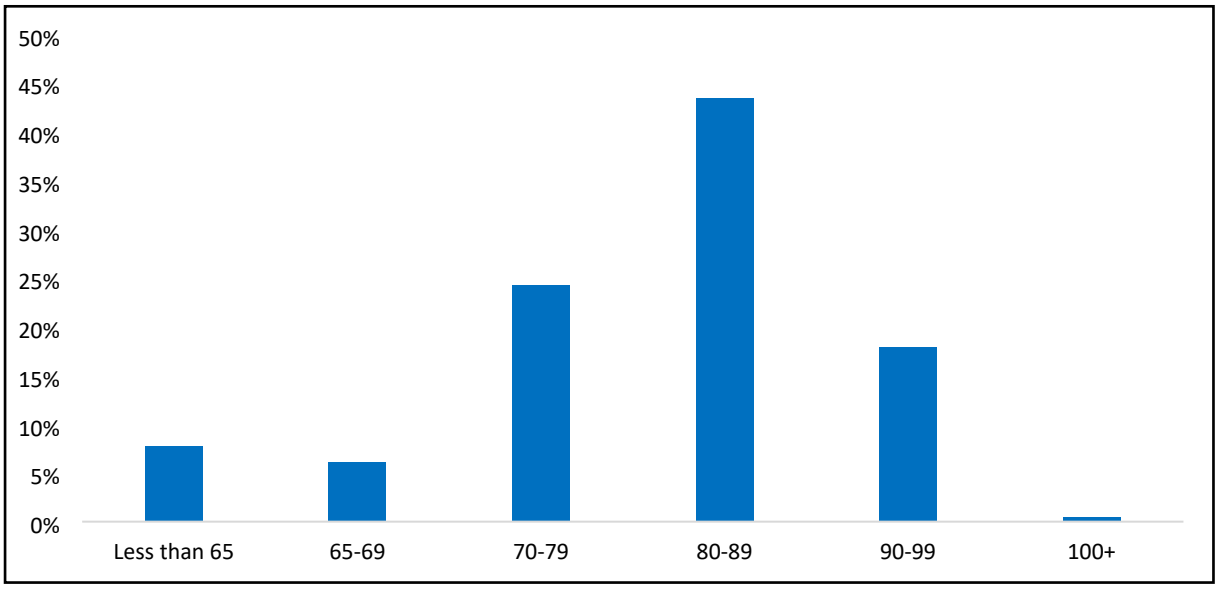


Figure 4 below shows that ethnic minority patients are very slightly more likely than white patients to be discharged from hospital to their usual place of residence. This trend has reversed compared to 2020/21

Figure 4: Percentage of hospital patients who are discharged to their usual place of residence, by ethnic origin. Source: NHS Digital BCF Data Pack v2

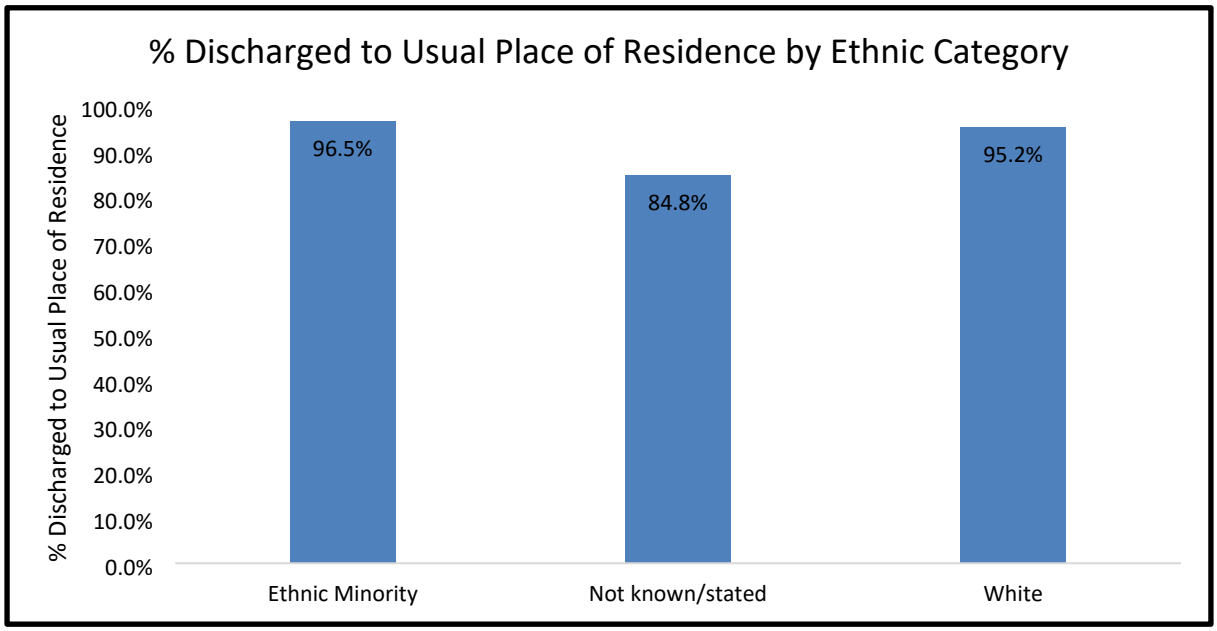
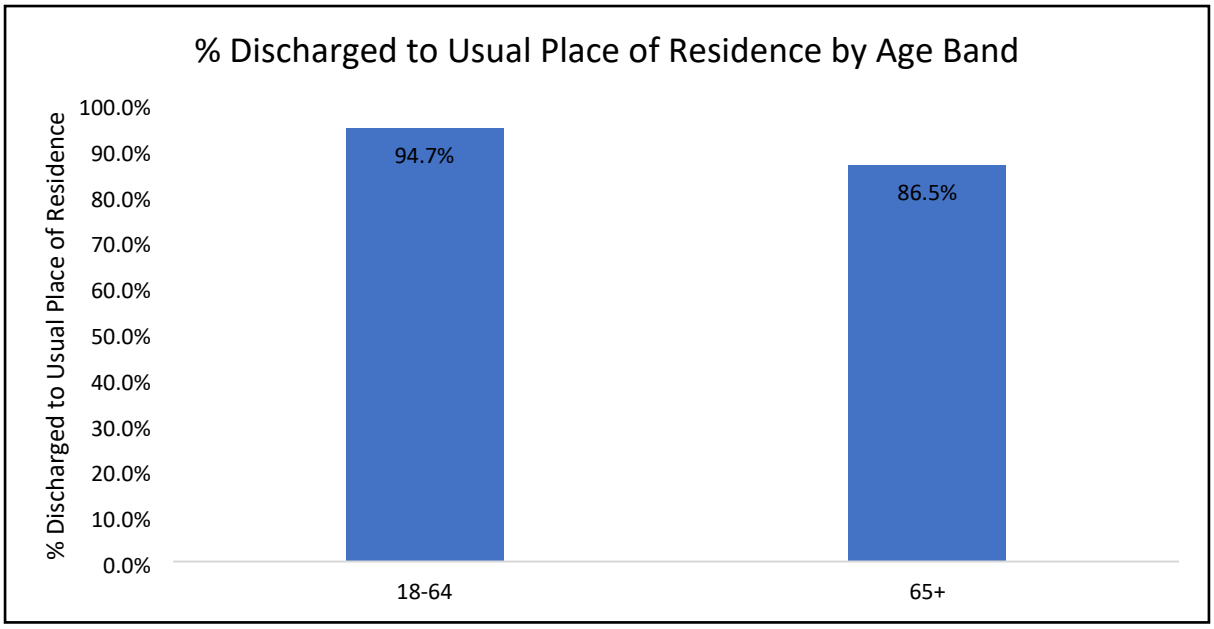


Figure 5 shows that the probability of being discharged to usual place of residence declines with age. The majority of our BCF services are focused on older people in response to the growing levels of need in the older age groups.

Figure 5: Percentage of hospital patients discharged to their usual place of residence. by age bands. Source: Secondary Uses Service



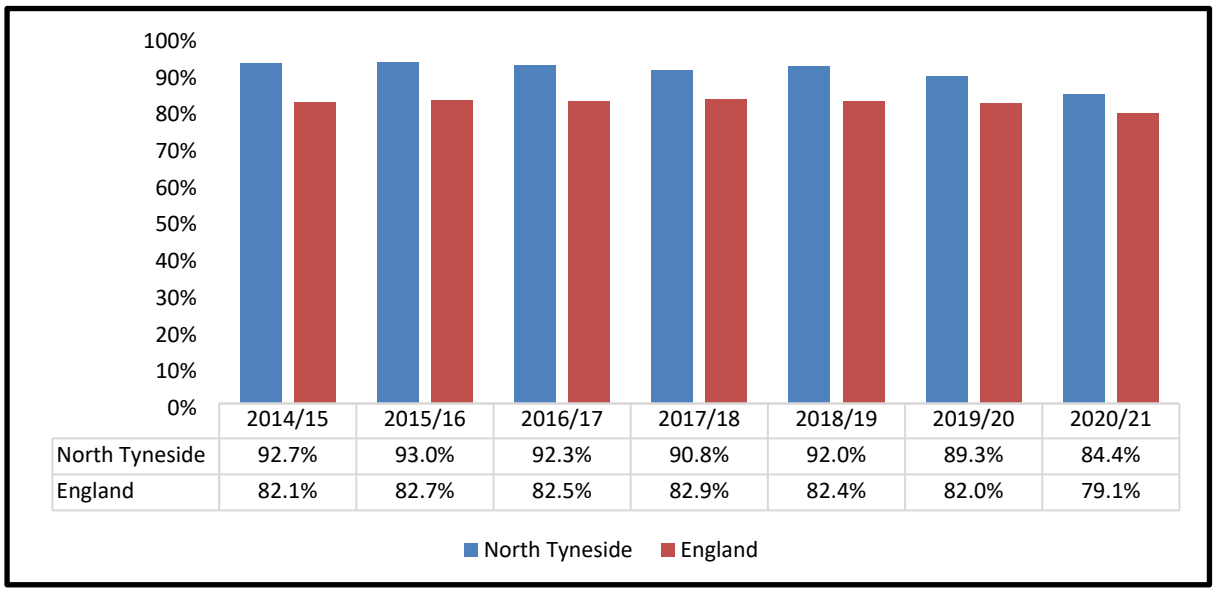
Appendix 1 - BCF Metrics

This section outlines current performance against the national BCF metrics and explains our level of ambition.

1 Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)

Figure 6 below shows that North Tyneside has consistently performed on this metric well above the England average. Locally and nationally, performance was impacted by the COVID-19 pandemic in 2020/21; the North Tyneside rate reduced to 84.4% but remained above the England average. Performance in 2021/22 was 90.8% returning to pre-Pandemic levels (national comparative data is not yet available for 2021/22). Due to recent issues with recruitment and retirement of experienced staff, we have set the target for 2022/23 at 90.0%. The service has undergone restructuring to provide an optimum skill mix and provide career development opportunities for staff to progress within the service and the target aims to maintain the performance from 2022/23 while new staff and the new structure bed in.

Figure 6: Effectiveness of reablement metric, time series

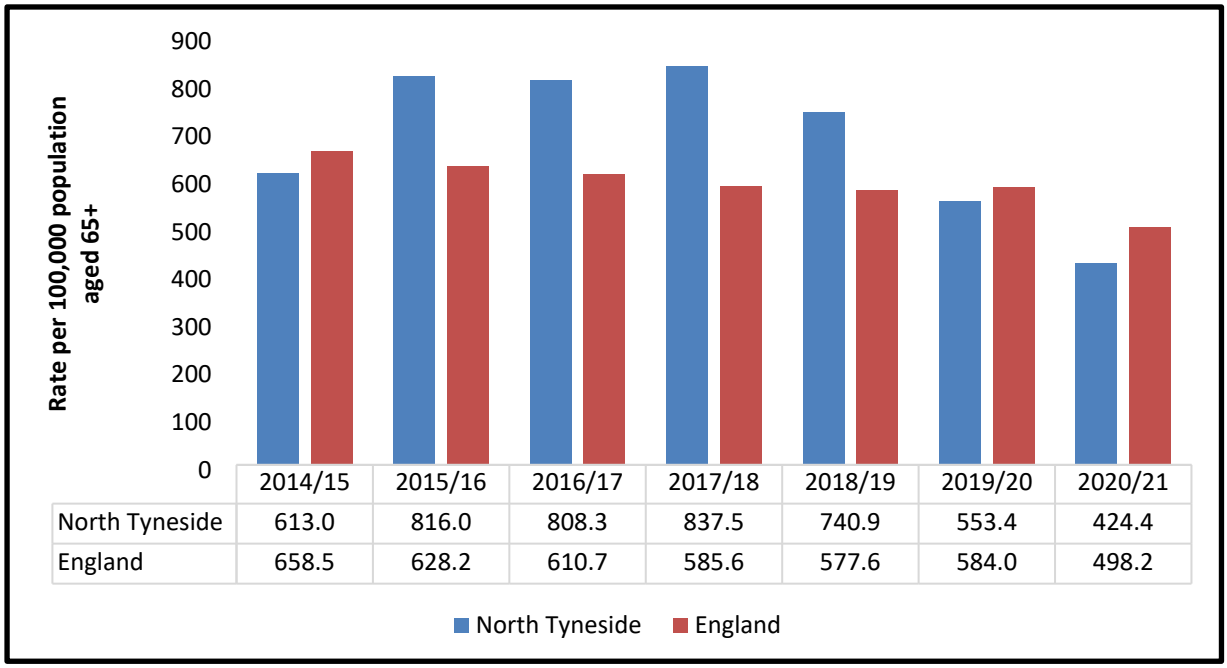


	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
North Tyneside	92.7%	93.0%	92.3%	90.8%	92.0%	89.3%	84.4%
England	82.1%	82.7%	82.5%	82.9%	82.4%	82.0%	79.1%

2 Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

Figure 7 shows that North Tyneside has historically had a greater than average reliance on permanent residential care for older people but this reduced to below the England average in each of the last two financial years where national comparatives are available. In 2020/21 and 2021/22, the outturn was influenced by the COVID-19 pandemic and shortages of capacity in homecare resulting from workforce recruitment and retention issues, which led to a greater proportion of patients being discharged from hospital into short term residential care, funded for a period through the NHS post-discharge funding arrangements. The outturn for 2021/22 was 423 admissions.

Figure 7: Time series of permanent admissions to residential care for persons aged 65+, per 100,000 population aged 65+



	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
North Tyneside	613.0	816.0	808.3	837.5	740.9	553.4	424.4
England	658.5	628.2	610.7	585.6	577.6	584.0	498.2

For 2022/23 we expect the outturn to be 402.3 admissions per 100,000 people aged 65+ delivering a 5% improvement on the outturn for 2021/22 which will be challenging to deliver as capacity issues remain in the homecare market in line with national trends despite local and regional measures to improve workforce recruitment and retention.

BCF services will impact this goal through:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and it's development as an element of the Integrated Frailty Service
- The provision of the Adaptations and Loan Equipment Service, which helps people to maintain their independence at home.

Other developments, not part of the BCF scope, will impact as follows:

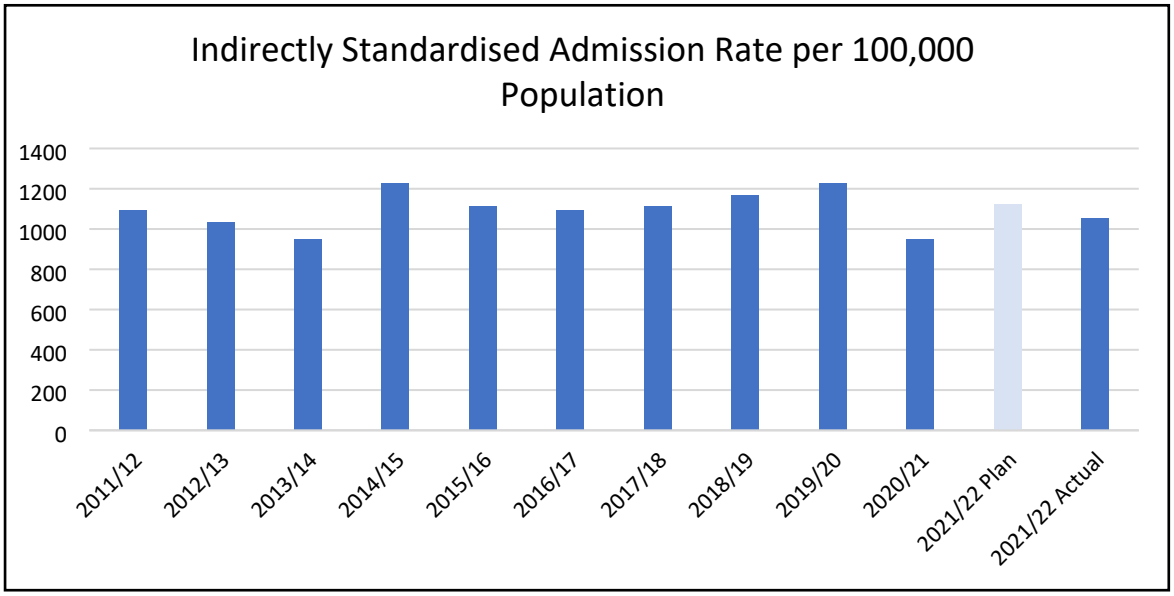
- Up to 2021/22 there were nine extra care schemes across North Tyneside with 375 apartments. Most of these are rental but a small number are shared ownership. Extra care offers individuals the ability to continue to live in the community, at home and have access to on-site care and support through a 24/7 commissioned care team. All apartments are self-contained and individuals are supported to maximise the maintain their independence.

- A further two extra care schemes with 104 apartments came on stream at the end of 2021/22. One of these schemes with 40 beds is dementia specific and offers a real alternative to a placement in a care home.

3 Avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions).

Figure 8 below shows a time-series of unplanned hospitalisation for chronic ambulatory care sensitive conditions, expressed as an indirectly standardised rate per 100,000 people. In 2021/22 North Tyneside's actual performance of 1052.89 was within the target of 1125.

Figure 8: Standardised admission rate of chronic ambulatory care sensitive conditions



Our ambition for 2022/23 is a rate of 1044 which is the average performance in the region and would represent a modest improvement but a significant improvement against the last pre-Pandemic year's result of 1229.4

BCF services will impact this goal by:

- The Enhanced Care in Care Homes service continues to improve the planning and delivery of healthcare for care home residents, maintains and enhances the quality of care, and increases the number of healthcare interventions that are carried out in a care home setting, hence reducing the number of unplanned admissions to secondary care from nursing and residential care homes.
- The provision of support to carers reduces the number of cases where carer breakdown results in an unplanned hospital admission and the more holistic approach to carers assessment using the Ways to Wellbeing model will further strengthen this effect in 2022/23.
- The provision of high quality discharge planning by CarePoint (an element of the Ageing Well service) reduces the probability of readmission following a sub-optimal discharge.

Other developments, not part of the BCF scope, will impact as follows:

- The increasing use of a Same Day Emergency Care (SDEC) approach – also known as ambulatory care - is a key component of the approach to reducing unplanned admissions. It aims to minimise and remove delays in the patient pathway allowing services to process emergency patients within the same day as an alternative to hospital admission

- Our urgent and emergency care action plan notes that a number of projects are in place to improve hospital flow and discharge, including a review of the current Same Day Emergency Care clinical models to identify opportunities to increase or expand SDEC where appropriate.

4 *Percentage of people who are discharged from acute hospital to their normal place of residence.*

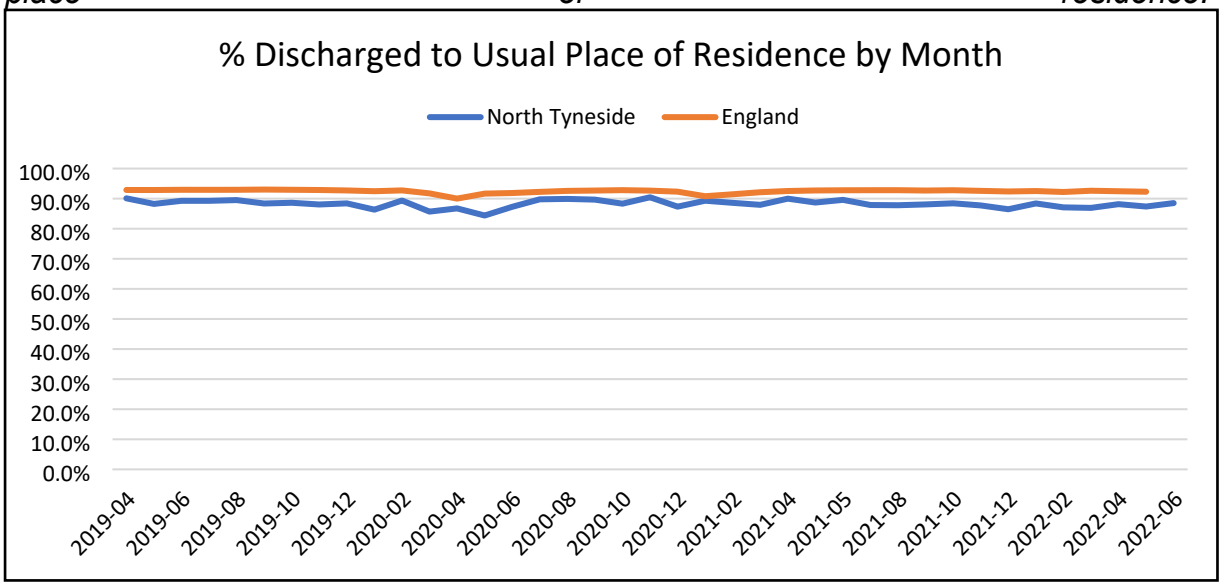
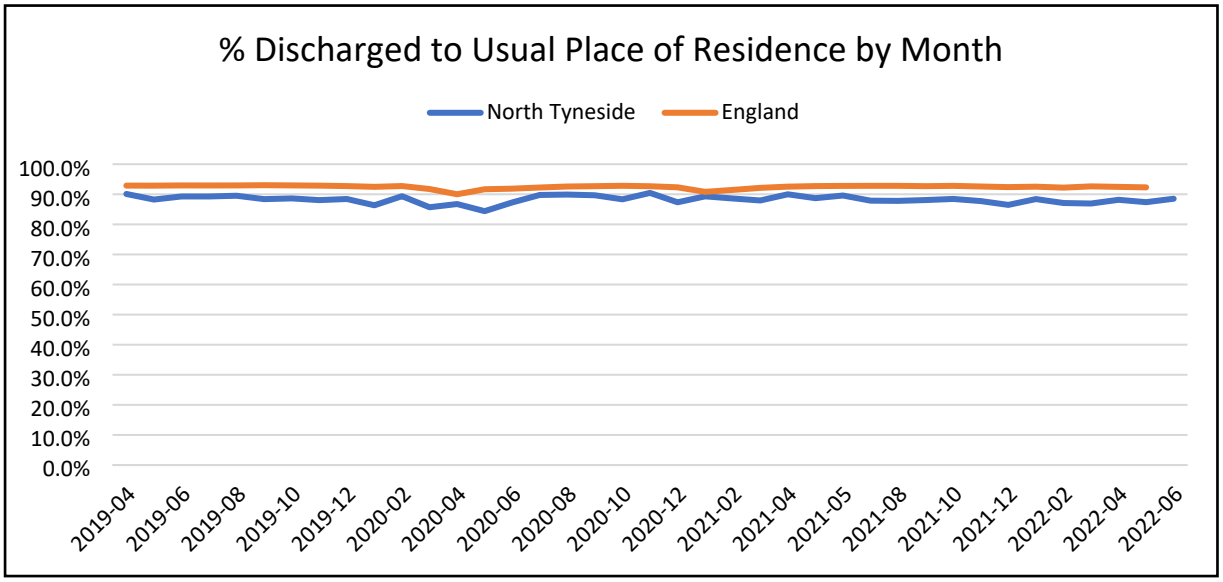


Figure 9 below shows the proportion of people discharged to their normal place of residence from April 2019 to August 2021. The rate for North Tyneside was below the England average throughout the period, by an average of approximately 4%.

Figure 9: % discharged to usual place of residence, North Tyneside compared to England



The outcome for 2021/22 was 88.1% and it is proposed that the target for 2022/23 is 89.0% representing a small improvement in line with North Tyneside's recent performance and moving closer to the England average.

BCF services will impact this goal by:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and its development as an element of the Integrated Frailty Service
- The provision of the Adaptations and Loan Equipment Service, and the use of the Disabled Facilities Grant, which helps people to maintain their independence at home.

Appendix 2 – BCF services and expenditure

Scheme ID	Scheme Name	Brief Description of Scheme	Area of Spend	Source of Funding	Expenditure (£)
1	Community--based support	Includes Carepoint; reablement; immediate response and overnight home care; adaptations and loan equipment service; CareCall/telecare including falls first responder; and seven-day social work	Social Care	Minimum CCG Contribution	9,111,037
27	Community-based support	Health contribution to CarePoint	Community Health	Minimum CCG Contribution	2,531,466
2	Intermediate Care beds	Intermediate Care	Community Health	Minimum CCG Contribution	3,423,128
3	Intermediate Care - Community Services	Community Rehabilitation Team	Social Care	Minimum CCG Contribution	911,846
4	Liaison Psychiatry - Working Age Adults	Liaison Psychiatry - Working Age Adults	Mental Health	Minimum CCG Contribution	812,371
19	End of Life Care - RAPID	End of Life Care	Community Health	Minimum CCG Contribution	248,899
8	Improving access to advice and information	MyCare and Living Well in North Tyneside digital services	Social Care	Minimum CCG Contribution	38,194
9	Care Act implementation	Care Act implementation	Social Care	Minimum CCG Contribution	780,930
10	Carers Support	Carers Support	Social Care	Minimum CCG Contribution	708,979
12	Independent Support for People with Learning Disabilities	Independent Support for People with Learning Disabilities	Social Care	Minimum CCG Contribution	759,619
13	Impact on care home fees of	Meet costs of paying living wage	Social Care	iBCF	2,718,395

Scheme ID	Scheme Name	Brief Description of Scheme	Area of Spend	Source of Funding	Expenditure (£)
	national living wage	to staff in care homes			
14	Impact on domiciliary care fees of national living wage	Meet costs of paying living wage to staff of home care providers	Social Care	iBCF	865,017
15	Impact on other increased fees (ISL, day care, direct payments, etc) of national living wage	Meet costs of paying living wage to staff of other social care providers	Social Care	iBCF	4,037,099
16	Effect of demographic growth and change in severity of need	Increased volume and complexity of social care provision	Social Care	iBCF	1,958,003
26a	Disabled Facilities Grant	Disabled Facilities Grant	Social Care	DFG	1,869,024
26b	Disabled Facilities Grant carry forward	Disabled Facilities Grant carry forward	Social Care	DFG	1,157,668
TOTAL					31,931,675

North Tyneside
Health & Wellbeing Board Report
Date: 22 September 2022

Title: Review of Membership of the Board

Report from : Law & Governance, North Tyneside Council

Report Author: Michael Robson, Democratic Services Officer (Tel: 0191 643 5359)

1. Purpose:

This report invites the Board to review its membership in the light of changes to the governance and structure of the National Health Service.

2. Recommendation(s):

The Board is recommended to:

a) transfer the two seats previously held by the North Tyneside Clinical Commissioning Group to the North East and North Cumbria Integrated Care Board;
b) appoint the Clinical Directors of each of the four Primary Care Networks in North Tyneside as members of the Board; and
c) request the Chair, Deputy Chair and other leading members of the Board to review its membership to ensure that the range of organisations represented at meetings are appropriate in terms of delivering the ambitions set out in the Joint Health & Wellbeing Strategy and any recommendations for changes to the membership be presented to the Board for consideration at a future meeting.

3. Policy Framework

This item relates to the operation of the Board and so there are no direct links with delivery of the Joint Health and Wellbeing Strategy 2022-25.

4. Information:

4.1 In accordance with the Health and Social Care Act the membership of the Health and Wellbeing Board must comprise of:-

a) the Elected Mayor and/or at least one councillor as nominated by the Elected Mayor;
b) the Director of Adult Social Services;
c) the Director of Children's Services;
d) the Director of Public Health;
e) a representative of the North East and North Cumbria Integrated Care Board (previously the Tyneside NHS Clinical Commissioning Group);
f) a representative of Healthwatch North Tyneside;

g) for the purpose of participating in the preparation of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy, a representative of NHS England; and
h) such additional persons as the Board or the Council think appropriate.

4.2 Since its establishment the Board, using the power to appoint additional persons, has agreed to appoint representatives from the following organisations:-

a) an additional representative from the North Tyneside Clinical Commissioning Group
b) an additional representative from the Healthwatch North Tyneside
c) Northumbria Healthcare NHS Foundation Trust
d) Newcastle upon Tyne Hospitals NHS Foundation Trust
e) Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
f) Community and Voluntary Sector Chief Officer Group
g) Age UK North Tyneside
h) YMCA North Tyneside
i) North Tyneside Safeguarding Adults Board
j) North of Tyne Pharmaceutical Committee
k) TyneHealth
l) North East Ambulance Service
m) Tyne & Wear Fire and Rescue Service
n) Northumbria Police

4.3 From 1 July 2022 responsibility for commissioning healthcare services in North Tyneside transferred from the North Tyneside Clinical Commissioning Group (CCG) to the North East and North Cumbria Integrated Care Board (ICB). The CCG previously held two seats on the Board held by its Chair, Richard Scott and Chief Operating Officer, Lesley Young-Murphy.

4.4 Under the terms of the Health and Care Act 2022 the requirement to appoint a representative of the CCG to Board is replaced by a requirement to appoint a representative from the ICB. It is therefore proposed that two seats be allocated to the ICB and that these be filled by its Executive Director Place Based Delivery, Mark Adams, and its Director of Place for North Tyneside, Anya Paradis.

4.5 Primary Care Networks (PCNs) are groups of GP Practices working together to develop localised healthcare services for their patients. In North Tyneside there are four Primary Care Networks: Wallsend PCN, North Shields PCN, Whitley Bay PCN and North West North Tyneside PCN that cover all the GP Practices in North Tyneside. The PCNs are a key part of the NHS Long Term Plan signing up to contracts with the ICB to develop and deliver services locally, in response to the needs of the patients they serve. Each Primary Care Network has an identified accountable Clinical Director who is appointed by network members. In North Tyneside all four PCN Clinical Directors are also local GPs. In order to reflect and recognise the role of the PCNs in delivering the ambitions contained in the Board's Joint Health & Wellbeing Strategy and developing the actions to be included within the implementation plan, it is proposed that each of the Clinical Directors be invited to serve on the Board as members. These appointments will increase the membership of the Board from 23 to 27 members.

4.6 It is also proposed that a further review of the Board's membership be undertaken to ensure that the range of organisations represented at meetings are appropriate in terms of delivering the ambitions set out in the Joint Health & Wellbeing Strategy. The review will be undertaken by the Chair, Deputy Chair and other leading members of the Board and the outcome of the review, together with any recommendations for changes to the membership will be presented to the Board for consideration at a future meeting.

5. Decision options:

The Board may decide to either:-

a) approve the recommendations set out in Section 2 of the report;
b) not appoint any representatives from the each of the four Primary Care Networks in North Tyneside; or
c) consider and agree further changes to the membership of the Board.

6. Reasons for recommended option:

The Board is recommended to agree option a) to secure appropriate representation on the Board.

7. Appendices:

None.

8. Contact officers:

Michael Robson, Law & Governance. Tel 643 5359

9. Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

(1) Health and Social Care Act 2012
(2) The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
(3) Report to the Board June 2013 and associated minute.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

9 Finance and other resources

The costs associated with the operation of the Board will be contained within existing budgets.

10 Legal

Section 194 of the Health and Social Care Act 2012 states that a local authority must appoint specified persons to a Health and Wellbeing Board and that the Board may appoint such other persons as it thinks is appropriate.

Schedule 4 of the Health and Care Act 2022 substitutes the requirement to appoint a representative of the Clinical Commissioning Group to the Board with the requirement to appoint a representative from the Integrated Care Board.

11 Consultation/community engagement

Consultation has been undertaken with the Director of Public Health, the North East and North Cumbria ICB and the Chair of the Board, Councillor Karen Clark.

12 Human rights

There are no Human Rights implications arising from this report.

13 Equalities and diversity

There are no equalities implications arising from this report.

14 Risk management

A risk assessment has not been undertaken in connection to this matter.

15 Crime and disorder

There are no crime and disorder implications directly arising from this report.

16 Environment and sustainability

There are no environment and sustainability issues arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Children's and Adults' Services	X
Director of Healthwatch North Tyneside	X
Director of Public Health	X
ICB Chief Officer	X
Monitoring Officer	X