

Date:

Wednesday 24 September 2025 at 2.00 pm

Venue:

Council Chamber, Dunedin House, Columbia Drive, Thornaby, Stockton on Tees, TS17 6BJ

Cllr Lisa Evans (Chair)

Cllr Clare Besford, Cllr Nigel Cooke, Cllr Pauline Beall, Cllr Diane Clarke OBE, Cllr Dan Fagan, Cllr Sufi Mubeen, Cllr Stephen Richardson, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Majella McCarthy, Carolyn Nice, Sarah Bowman-Abouna, Fiona Adamson, Jonathan Slade, Peter Smith, Jamie Todd, Karen Hawkins, Matt Storey, Lucy Owens and Dr Deepak Dwarakanath

Agenda

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for absence**
3. **Declarations of interest**
4. **Minutes** (Pages 11 - 14)
To approve the minutes of the last meeting.
5. **Better Care Fund Q1** (Pages 15 - 22)
6. **SEND Strategy and Action Plan** (Pages 23 - 50)
7. **Pharmaceutical Needs Assessment** (Pages 51 - 154)
8. **Joint Strategic Needs Assessment** (Pages 155 - 158)
9. **Deep Dives - Forward Plan Overview**

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please.

Contact: Michael Henderson on email Michael.henderson@stockton.gov.uk

Key – Declarable interests are :-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance

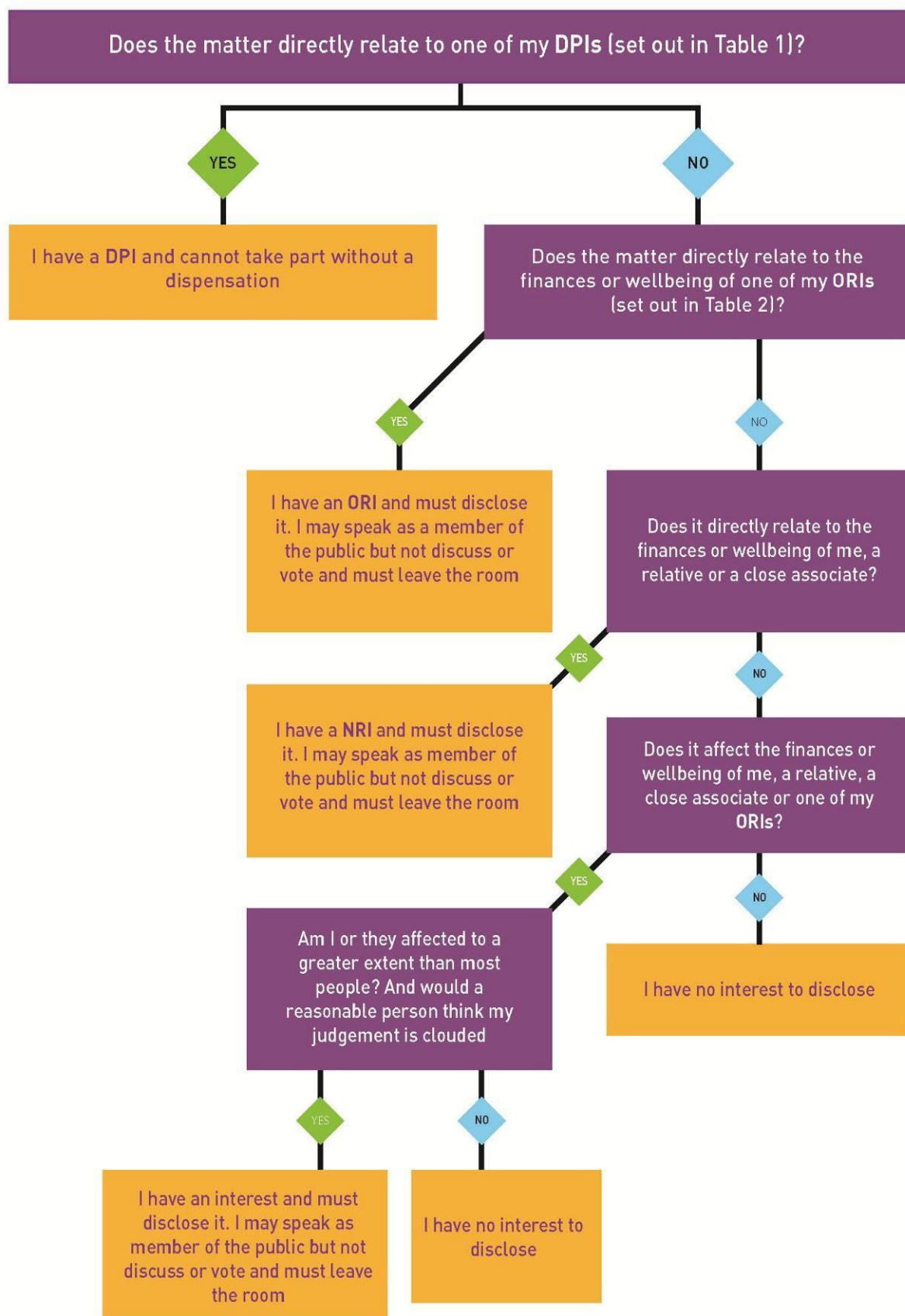


Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registrable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

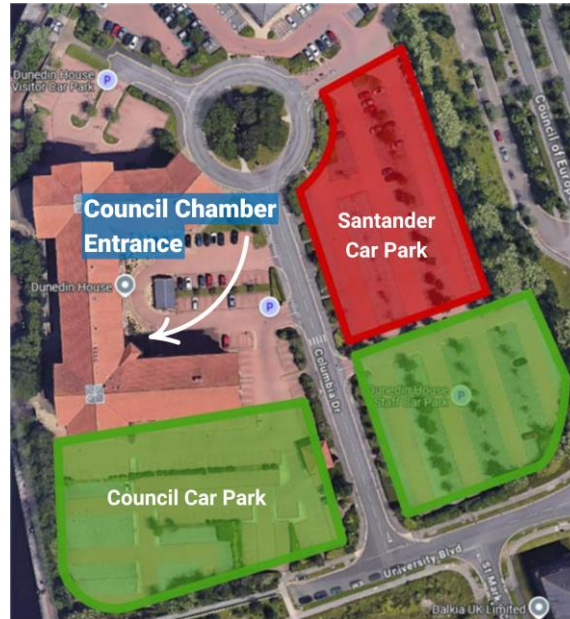
(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the South Entrance, indicated on the map below.



In the event of an emergency alarm activation, everyone should immediately start to leave their workspace by the nearest available signed Exit route.

The emergency exits are located via the doors on either side of the raised seating area at the front of the Council Chamber.

Fires, explosions, and bomb threats are among the occurrences that may require the emergency evacuation of Dunedin House. Continuous sounding and flashing of the Fire Alarm is the signal to evacuate the building or upon instruction from a Fire Warden or a Manager.

The Emergency Evacuation Assembly Point is in the overflow car park located across the road from Dunedin House.

The allocated assembly point for the Council Chamber is: D2

Map of the Emergency Evacuation Assembly Point - the overflow car park:



All occupants must respond to the alarm signal by immediately initiating the evacuation procedure.

When the Alarm sounds:

1. **stop all activities immediately.** Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.
2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.
 - do not stop to collect your belongings
 - close all doors as you leave
3. **steer clear of hazards.** If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.
4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.
 - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.

5. await further instructions.

- **do not re-enter the building under any circumstances without an “all clear”** which should only be given by the Incident Control Officer/Chief Fire Warden, Fire Warden or Manager.
- do not leave the area without permission.
- ensure all colleagues and visitors are accounted for. Notify a Fire Warden or Manager immediately if you have any concerns

Toilets

Toilets are located immediately outside the Council Chamber, accessed via the door at the back of the Chamber.

Water Cooler

A water cooler is available at the rear of the Council Chamber.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when invited to speak by the Chair, to ensure you can be heard by the Committee and those in attendance at the meeting.

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 30 July 2025.

Present: Cllr Lisa Evans, Cllr Pauline Beall, Cllr Lynn Hall (Sub for Cllr Diane Clarke), Karen Hawkins, Fiona Adamson, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Majella McCarthy, Sarah Bowman Abouna, Lucy Owens, Peter Smith, TEWV rep (Sub for Jamie Todd), Dr Deepak Dwarakanath

Officers: Michael Henderson, John Devine, Yvonne Cheung, Sid Wong,

Also in attendance:

Apologies: Cllr Diane Clarke, Cllr Dan Fagan, Cllr Sufi Mubeen, Carolyn Nice, Cllr Stephen Richardson, Jonathan Slade, Matt Storey,

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the Meetings held on 26 March 2025 and 30 April 2025**

RESOLVED that the minutes be confirmed as a correct record and signed by the Chair.

3 **Better Care Fund Update (BCF)**

Members considered a report that provided an update on the submission of the Stockton on Tees BCF year-end report 2024/25.

A table of BCF Metrics was provided showing progress across the four main areas

- Avoidable Admissions
- Discharge to usual place of residence
- Emergency admission due to falls
- Admission to long term residential/nursing care

Members noted the successes and challenges:

Successes:

- Integrated health and social care workforce, with Pathway 1 Intermediate care and Home First reducing urgent referrals, readmissions, and community bed use; more timely care package adjustments and resource allocation.
- Permanent Social Worker presence at Rosedale enables prompt collaborative discussions; reduced community bed admissions allowing therapy staff to support patients in Rosedale and shorten stays.

Challenges:

- Funding challenges persist due to rising demand and costs in health and social care.
- Ongoing workforce shortages across clinical and professional roles affect service delivery.

RESOLVED that the submission of the year-end report, in accordance with reporting requirements, be noted.

NHS 10 Year Plan

Members received an update relating to the NHS 10 Year- Plan

- The NHS Ten Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.
- It seized the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they lived or how much they earned - and better value for taxpayers.
- This would fundamentally reinvent the approach to healthcare, so that we can guarantee the NHS would be there for all who needed it for generations to come.
- The plan had been shaped by the experiences and expectations of members of the public, patients, health and care workforce and partners.
- Through the 'Change NHS' engagement exercise, the future of the NHS had provided details of the changes people wanted to see.

RESOLVED that the update be noted

Health and Wellbeing Board Terms of Reference

Members were reminded that, since spring 2024, alongside the development of the new Joint Health and Wellbeing Strategy, the Health and Wellbeing Board had undertaken a structured programme of development to review and reflect on its purpose, role, responsibilities, and overall effectiveness.

As part of this work, the Board engaged the Local Government Association (LGA) to provide external support. This included one-to-one interviews with Board members and the facilitation of a dedicated development session in March 2025. The LGA also shared national insights and examples of good practice to inform the process.

The review generated a series of recommendations across four key thematic areas:

- The Board's purpose, role and responsibilities
- Strategy development, priority setting and agenda planning
- Membership and representation
- Ways of working, partnership culture and support arrangements

These recommendations have directly shaped the revised Terms of Reference for the Health and Wellbeing Board. Members were provided with a copy of the revised ToR

During consideration members suggested a number of alterations including

- Not identifying individuals by name but by position
- Provide more information about the process for appointing a vice chairman each year.

The Board also agreed that delegated authority be given to the Council's Director of Corporate Services to make any necessary minor amendments to the Terms of Reference before submission to Cabinet and Council

RESOLVED that:

1. the draft Terms of Reference be amended as suggested and submitted to Cabinet and Council for approval.
2. Delegated authority be given to the Director of Corporate Services, in consultation with the Chair, to make any necessary amendments prior to submission to Cabinet and Council.

8 Health and Wellbeing Board – Forward Plan

The plan would be updated pending the approval of the proposed Terms of Reference.

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AGENDA ITEM
REPORT TO HEALTH AND WELLBEING BOARD
24th September 2025
REPORT OF: Better Care Fund (BCF)

STOCKTON-ON-TEES BETTER CARE FUND UPDATE
Stockton-on-Tees BCF Quarter 1 25/26 report

This report is presented to the Health and Wellbeing Board to provide an update on the submission of the Quarter (QTR) 1 25/26 report for the Better Care Fund (BCF) to NHS England, which was completed on 15th August 2025.

RECOMMENDATIONS

The Health and Wellbeing Board is requested to:

Acknowledge the submission of the Stockton-on-Tees BCF QTR 1 report to NHS England in accordance with the reporting requirements stipulated in the Better Care Fund (BCF) Planning Requirements 2025-26.

BACKGROUND

The BCF reporting requirements are outlined in the BCF Planning Guidance for 2025-2026. These requirements support the objectives of the BCF Policy Framework and programme, which is jointly led by national partners including the Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), and the Local Government Association (LGA), in collaboration with the Association of Directors of Adult Social Services (ADASS). The primary purposes of BCF reporting are as follows:

- 1) To confirm ongoing compliance with the requirements of the Better Care Fund.
- 2) To detail progress in delivering approved plans, including financial expenditure and activity data.

SUMMARY

The QTR 1 report was completed in collaboration with system partners. It was endorsed by the BCF Assurance Group and formally approved by the Pooled Budget Partnership Board on behalf of the Health and Wellbeing Board. It was submitted to NHS England on 15th August 2025. The primary purpose of the report is to provide a comprehensive overview of income, expenditure, and activities in QTR 1.

Key highlights of the report include:

National Conditions

The report affirms compliance with the four national conditions:

- Existence of a jointly agreed plan
- Implementation of BCF Policy Objectives:
 - Support the shift from sickness to prevention
 - Support people living independently and the shift from hospital to home
- Maintenance of NHS contributions to adult social care and continued investment in NHS-commissioned out-of-hospital services
- Oversight and support processes are in place

Metrics

The report details progress against the established metrics and the actions that have been put in place to support their delivery. Table 1 below presents a summary of progress across the four BCF key metrics for QTR 1.

Table BCF Metrics Q1 25/26

Metric	Progress	Mitigation
Adult patients discharged from an Acute Hospital on their Discharge Ready Date	Stockton is currently meeting the 25/26 planned ambition of 82%. Northeast Average currently 87% and National Average 86%	1. Continued focus on discharge collaboratively through the local weekly discharge meeting and monthly performance meeting with system partners to discuss the discharge position and work towards proactively mitigation any issues highlighted 2. Formation of the Stockton-on-Tees Health and Social Care Collaborative to bring system partners together to align the Better Care Fund goals and the ambitions of the NHS 10-Year Plan. 3. Joint efforts to increase reablement service investment for improved hospital discharge.
Average number of Delayed Discharge Days from DRD	Stockton is currently 3.2 days compared to Northeast Average of 5.7 days and National Average of 8.2 days	

		4. Use of processes to monitor and address capacity and demand in community services.
>65 Reduction in Non-Elective Admission	<p>QTR 1 BCF local provisional data suggests there is a -9% variance between plan (1895) and actual (1716) in the latest month (Jun25) for Headline Metric: (Emergency admissions to hospital for people aged 65+ per 100,000 population - Stockton-on-Tees LA).</p> <p>Further work needs to be undertaken with the Trust in relation to improving HRG coding. This has been raised with NECS BI therefore caution is recommended as to the data.</p>	<p>1. System partners continue to promote the following iSPA services to avoid unnecessary NEL admissions:</p> <ul style="list-style-type: none"> • Urgent Community Response (UCR) service continues to provide alternative support for people to remain in their own home, avoiding unnecessary admission • Hospital @ Home service also supports the transfers of care pathways from acute to community • The iSTUMBLE app is currently being piloted to reduce unnecessary care home conveyances to hospital following a fall. Aiming to operationalise the app across Stockton on Tees care homes by October 2025 <p>2. Establishment of Acute Respiratory Infection hubs (ARI) ahead of winter as an alternative service for patients to prevent unnecessary hospital and primary care attendance and potential admission</p> <p>3. Enhanced Health in Care Home schemes continue to provide additional support for both staff and residents through the Integrated Neighbourhood approach</p> <ul style="list-style-type: none"> • Training and education programme (currently under review) has supported staff in care homes to identify the

		deteriorating patient, linking clinical advice through the iSPA to achieve a meaningful reduction in unnecessary conveyances
Admission to long term residential/nursing care	Q1 data is on track to meet the target. It has seen a slight reduction in the number of permanent admissions. There were 68 admissions compared to 70 in 24/25.	Home First Process continues to ensure short term assessments are effective and permanent residential placements are appropriate.

System Developments

- Enhanced Health in Care Homes which is an enabler to reduce non-elective admissions from care homes. It provides additional support for both staff and residents living in care homes supporting an integrated neighbourhood health approach.
- BCF funded Training and Education service (currently under review) provides support for staff to enable them to provide more proactive focussed care. Training programmes include Is My Resident Unwell which provides additional training for staff to support residents more effectively and reduces unnecessary hospital admissions.
- Digital solutions (including NHS Mail and the Great North Care Record) support the sharing of information between health and care settings in a secure, timely and efficient manner.
- Ongoing work to understand readmission and look into utilising Virtual Frailty Ward to support Rosedale.
- Close monitoring of activities and occupancy through monthly performance meeting with system partners.
- Continue to strengthen the Home First Approach and increase capacity to support Pathway 1 to reduce the demand on Pathway 2.
- On-going transformational work under the Council's Powering Our Future Programme which includes work around growing the reablement offer and development of the Adult Social Care front door and deployment of a more technology enabled offer.

Expenditure

The actual expenditure incurred in QTR 1 was £7,037,817 as reported on the Better Care Fund 2025-26 Q1 Reporting Template. This represents 22% of the £31,533,190 pooled budget.

Full report



BCF%202025-26%20
Q1%20Reporting%20

Yvonne Cheung, Transformation Manager, Stockton-on-Tees Borough Council,
yvonne.cheung@stockton.gov.uk

Stephen Errington, Programme Lead, North East & North Cumbria Integrated Care Board, ERRINGTON, stephen.errington@nhs.net

Rob Papworth, Strategic Development Manager, Stockton-on-Tees Borough Council,
rob.papworth@stockton.gov.uk

Paula Swindale, Head of Commissioning, Community & UEC, North East & North Cumbria Integrated Care Board paulaswindale@nhs.net

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Better Care Fund 2025-26 Q1 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Stockton-on-Tees
Completed by:	Yvonne Cheung
E-mail:	yvonne.cheung@stockton.gov.uk
Contact number:	01642 524577
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission? (Please provide name of HWB Chair)	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:	
2. Cover	Yes	For further guidance on requirements please refer back to guidance sheet - tab 1.
3. National Conditions	Yes	
4. Metrics	Yes	
5. Expenditure	Yes	

<< [Link to the Guidance sheet](#)

^^ [Link back to top](#)

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

24th September 2025

REPORT OF THE DIRECTOR OF CHILDRENS SERVICES

Special educational needs and disabilities (SEND) and alternative provision (AP) strategy 2025-2029.

SUMMARY

1. This report provides an overview of the updated SEND and AP strategy for 2025-2029.

RECOMMENDATIONS

2. Members of the Health and Wellbeing Board are asked to:
 - Note the contents of the report and accompanying draft strategy document.
 - Approve the SEND and AP strategy for the local area.

INTRODUCTION – National Context.

3. The SEND and AP strategy for Stockton-on-Tees has been produced in the context of the statutory requirements for the local area outlined in the Children and Families Act and SEND Code of Practice which are in place to ensure that children and young people with SEND receive the support they need to achieve their potential¹.
4. A 2024 report² commissioned by the Local Government Association and County Councils network highlighted the breadth of challenges that are currently facing the SEND system nationally. The report described the current SEND system as reaching breaking point, driven by key factors including:
 - More children than ever before are being identified as having SEND, with the rise in the number of pupils in schools with Education, Health and Care plans far outstripping the overall rise of the school population.
 - More children and young people with SEND have needs that are not met in mainstream education and require specialist provision, with a corresponding substantial rise in placements in independent and non-maintained special schools of 132%.
 - More money than every before is being invested in the SEND system but this is not keeping pace with what is being spent (the high needs funding

¹ [SEND code of practice: 0 to 25 years - GOV.UK](#)

² [Towards an effective and financially sustainable approach to SEND](#)

- deficit), representing significant budget pressures for local authorities, education and health services.
 - Outcomes for children and young people with SEND overall have not improved.
5. A government schools' white paper is expected to be published in the Autumn which will outline the detail of intended reforms to the SEND system. The SEND and AP strategy has been developed with a clear set of guiding priorities and commitments, with sufficient flexibility to be able to respond to the coming changes of the SEND landscape following the publishing of the white paper.

BACKGROUND

6. Our local area partnership brings together children, young people, parents, carers, education, health and social care services, all of whom share responsibility for the strategic commissioning, management, delivery and evaluation of arrangements for children and young people with SEND aged 0-25 years and those who may require alternative provision in Stockton-on-Tees
7. Over the last 12 months a process of self-evaluation, benchmarking, refresh of our Joint Strategic Needs Assessment and development of our local area inclusion plan has deepened our understanding of the needs of our children and young people with SEND and those who may require alternative provision, and the challenges that are facing our local system including:
- The number of children and young people with SEND is projected to rise across all educational settings (mainstream, special and resourced provision) over the coming years.
 - Pupils with EHC and SEND support plans have consistently higher absence rates than those with no identified SEND.
 - There is an attainment gap between children and young people with SEND and their peers across every phase of education.
 - Our local system partners are reporting that needs for children are emerging earlier and becoming more complex.
 - There high demand for health service, reflected in waiting times for specialist
 - services such as speech and language, and the number of children and young people on the neurodevelopmental pathway.
8. This intelligence and information has been used to inform our strategic direction as a local area partnership and has fed through into the priorities and commitments of the SEND and AP Strategy.

STRATEGY DEVELOPMENT AND PRIORITIES

9. The SEND and AP Strategy for Stockton-on-Tees is for children and young people with SEND aged 0-25, or who are educated in alternative provision, parents and carers and the professionals who work with them across the health, education and care system.
10. During 2025 strategy priorities and commitments have been co-developed with the Stockton youth forum and over one hundred children and young people, The Stockton parent carer forum alongside parents and carers and key partners

including education settings, health, and care professionals. This collaborative process involved a comprehensive range of consultation activity including stakeholder meetings, surveys, face to face engagement and SEND focused events across the borough to develop the strategy priorities and commitments.

11. Four priorities guide the strategy which are based on key outcomes that support preparation for adulthood:

- Being as healthy as possible.
- Building relationships with friends, family, and the community.
- Developing independence.
- Accessing quality education, training, and employment opportunities.

12. Each priority has a set of partnership commitments that have been developed directly from consultation and collaboration across the local area partnership.

Governance

13. This plan will be led by the multiagency SEND Operational Group, with scrutiny and oversight of progress through the SEND Strategic Group.

NEXT STEPS

14. The draft strategy is currently undergoing public consultation (July – September), which will include a listening event for parents and carers in September involving the Council, North East and North Cumbria Integrated Care Board and Stockton Parent Carer Forum.

15. Information gathered from public consultation will inform which commitments are prioritised during the first year of the strategy. An annual action plan will detail how the local partnership will deliver on the commitments, including key milestones and measures that will track the impact that we are making.

FINANCIAL IMPLICATIONS

High needs funding is received by the local authority through the dedicated schools grant which is monitored and reported through to corporate management team and cabinet as appropriate.

LEGAL IMPLICATIONS

The SEND and AP strategy for Stockton-on-Tees has been produced in the context of the statutory requirements for the local area outlined in the Children and Families Act and SEND Code of Practice

RISK ASSESSMENT

An EPIA is being completed for the draft strategy.

CONSULTATION INCLUDING WARD/COUNCILLORS

Strategy priorities and commitments have been co-developed with the Stockton youth forum and over one hundred children and young people, alongside parents and

carers and key partners including education settings, health, and care professionals. This collaborative process involved a comprehensive range of consultation activity including stakeholder meetings, surveys, face to face engagement and SEND focused events across the borough to develop the strategy priorities and commitments.

The draft strategy is currently undergoing public consultation during September.

Name of Contact Officer:

Gemma Mann gemma.mann@stockton.gov.uk
Elisha Dyball Elisha.dyball@stockton.gov.uk

Appendix 1



SEND and AP
Strategy draft



Stockton-on-Tees Local Area Partnership Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Strategy 2025-2029

Section	Contents	Page Number
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DRAFT

1. Co-producing our strategy

The local area partnership for Stockton-on-Tees is consulting the public on our draft Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Strategy to make sure that it reflects the needs of our community. Our SEND and AP strategy is for all children, young people with SEND aged 0-25, those who may require alternative provision outside of mainstream school, parents and carers and professionals working in education, health and care services and provision across Stockton-on-Tees.

During 2025, we have jointly developed our SEND and AP Strategy with children, young people, parents and carers and partners including education settings, health, and care professionals. We have listened and gathered feedback through consultation including stakeholder meetings, surveys, face to face engagement and SEND focused events across the borough to develop priorities and commitments in this strategy.

Our strategy is grounded in principles that have been co-produced with children, young people, parents and carers. These principles guide how we, as a local SEND system, works with and supports them:

We work together for a good life. Children, young people, and their families are at the heart of the way we work. We treat one another with dignity, empathy, and curiosity to discover what a good life looks like, focusing on what matters not just what's the matter.

Nothing about us without us. The views of children, young people and families inform decisions about their lives, the planning, delivery, and commissioning of services

Inclusion. Children and young people are supported to live an ordinary life.



2. Stockton-on-Tees Context



56,424 children and young people (28.7% of the population) aged 0-24 (ONS, 2021).

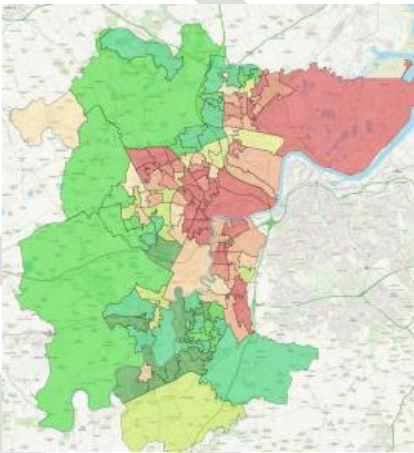
Around **7,000 children** live in households with “absolute low income” (19% of children in the Borough) (DWP 2024).

In 2025 **2,578** children and young people had an active EHCP

In 2025 **4,665** children and young people received SEND support

In 2024 29.2% of **children in our care** held an EHCP

Stockton-on-Tees –
key information and
numbers



The Borough of Stockton-on-Tees is home to around 196,600 people (ONS, 2021) and is made up of seven towns (Billingham, Eaglescliffe, Ingleby Barwick, Norton, Stockton, Thornaby, Yarm).

The proportion of 0–24-year-olds in our population is projected to reduce from 57,613 to 55,000 by 2034 (ONS,2021).

There is substantial variance of affluence and deprivation across the 27 wards within the Borough. Overall, the Borough ranks as the 73rd (out of 317) most deprived local authority area in England (IMD, 2019).



4 Family Hubs



84 schools



9 libraries



95% of schools rated 'good' or 'outstanding' (Ofsted, 2024)



More than 30 parks and green spaces

3. Our vision for children and young people

Our vision for children and young people with special educational needs and disabilities or who may require alternative provision is the same as for all children and young people: ***that Stockton-on-Tees is a great place to grow up, where children and young people are protected from harm and supported to be the best they can be in life.***

We will realise this vision by creating an inclusive local area that enables children and young people with special educational needs and disabilities, or who may require alternative provision, to thrive and achieve their potential. We aspire to ensure that we have clear communication between families and professionals, strengthen our journey to coproduction and are accountable to each other as partners, having a shared commitment to addressing the challenges within our local area whilst fostering a culture of inclusion and achievement for all children and young people.

We believe that, where possible, every child and young person from Stockton-on-Tees should be supported in the community where they live. This should be through access to high quality early years provision, schools, and further education settings. In addition to learning and education opportunities, children and young people should be offered access to local health and care support which is appropriate to their assessed needs. We are committed to our assessment of need, placing a focus on the identification of individual strengths and understanding children, young people, and families' skills, knowledge, confidence, and resilience. By placing lived experiences at the heart of planning and decision making, we will ensure that services truly reflect the needs and aspirations of the community.

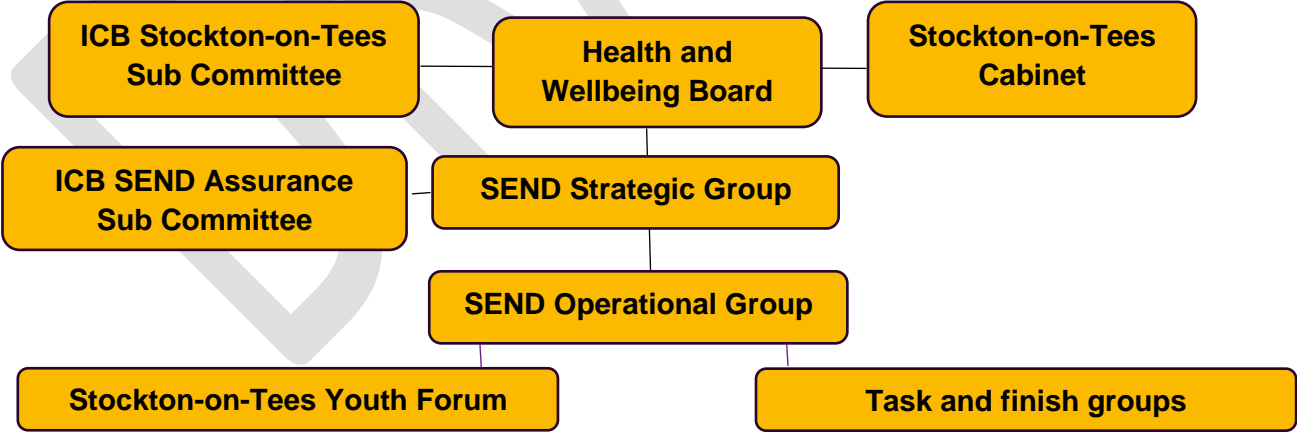


4. Local Governance

Our local area partnership brings together children, young people, parents, carers, education, health and social care services, all of whom share responsibility for the strategic commissioning, management, delivery and evaluation of arrangements for children and young people with SEND aged 0-25 years and those who may require alternative provision in Stockton-on-Tees.

Our strategy is informed by laws and regulations for children and young people with SEND including the statutory requirements of the *Children and Families Act 2014* and *SEND Code of Practice*. These laws and regulations are in place to ensure that as a local area, we are meeting the responsibilities to our children, young people, parents, and carers.

Our governance arrangements are in place to oversee the progress that we make against the priorities in this SEND and AP strategy, ensuring that we are accountable to children and young people with SEND and their parents / carers. Our SEND Strategic group and our SEND operational group have representation from across the local area including the parent carer forum, local education, health and SEND services.



5. Our Strategy and commitments

Our strategy priorities are based on key outcomes that support preparation for adulthood:

- **Being as healthy as possible.**
- **Building relationships with friends, family, and the community.**
- **Developing independence.**
- **Accessing quality education, training, and employment opportunities.**



These outcomes form the foundation of our strategy, guiding our commitments over the next five years. They reflect our vision and ambition to create an inclusive local area where children and young people with special educational needs and disabilities (SEND), or those who may require alternative provision, can thrive, and reach their full potential.

Each of the four areas is presented across five headings, using co-designed 'I' statements to set out the difference that our strategy and commitments will make to our children, young people, and families:

What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments – the area partnership will:	The difference this will make to our children, young people parents and carers
<i>A summary of what our children and young people say is most important to them</i>	<i>A summary of what parents and carers said was most important to them</i>	<i>A summary of what our local area partners said was most important to them</i>	<i>The commitments to children, young people their parents and carers made by the Local Area Partnership</i>	<i>The difference that our strategy and commitments will deliver for our children, young people, parents, and carers.</i>

1. Being as healthy as possible

What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people parents and carers
<p>Being able to keep fit and healthy and maintain a healthy weight.</p> <p>Having opportunities to exercise regularly.</p> <p>To learn about and eat the different foods that keep them healthy.</p> <p>They receive support for their mental health when they need it and have time in school to be able to regulate themselves when they need to.</p> <p>That they know about the things that are bad for them (including drugs, alcohol, and vaping)</p>	<p>Being physically healthy is important, but opportunities can be difficult to access.</p> <p>Eating healthily can be difficult for children due to sensory needs and limited diets. It is important to have more advice and support around this.</p> <p>Being happy, their children's mental health is the most important thing for them. It can be difficult to access timely support for mental health needs.</p> <p>There needs to be more training for healthcare staff around SEND.</p> <p>The impact of the internet and social media, parents worry about the effect of this on their children.</p> <p>It is difficult to find out about and receive support for sensitive issues including child to parent violence.</p>	<p>To offer more support for healthy lifestyles including healthy diets, opportunities to exercise, and sensory-specific support.</p> <p>Supporting parents and carers to receive as much help as they can about being healthy, including medical advice, counselling, and support groups for their children.</p> <p>To ensure and help children to understand emotional regulation and how to self-regulate.</p> <p>To ensure our services are trauma informed.</p> <p>To reduce risk taking behaviour and promote the education around issues such as drug use/alcohol and vaping.</p> <p>To support young people to understand about having healthy relationships.</p>	<p>We will train and support our workforce across education, health, and social care to ensure they have the skills to understand and meet the needs of children and young people with SEND.</p> <p>We will work with our education, health, and social care services to deliver healthy lifestyles information and education for our children and young people with SEND.</p> <p>We will implement the I-Thrive Framework for system change, as an integrated, person centred and needs led approach to delivering mental health services for children, young people, and families, which will include services that are trauma-informed and can provide trauma focused interventions.</p> <p>We will work together to develop our needs-led approach across the whole system of care to provide support at the right time.</p> <p>We will improve the waiting times for access to specialist health assessments and support.</p>	<p>I will understand how to have a healthy lifestyle and receive local services to keep me healthy when I need them.</p> <p>I will have the best physical and mental health that is possible for me.</p> <p>I will know what it means to have good mental and physical health and the people around me will support me when I need them to.</p> <p>I will be able to choose from a range of ways to be physically active in my local community.</p>

2. Family, Friends, and Community

What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people parents and carers
<p>Being able to spend time and do things with their whole family.</p> <p>Having good relationships with friends and family.</p> <p>There should be more clubs and activities that they can attend.</p> <p>Sometimes they feel like they belong in their communities, but often activities are not available to them, or they do not feel confident trying them.</p> <p>Sometimes they do not feel safe when they leave their homes.</p>	<p>Being able to attend and receive services and take part in activities as a whole family is important. Having children with different needs and ages can make this difficult.</p> <p>For their children to take part in inclusive activities alongside their peers. Social connections are vital for their children's wellbeing.</p> <p>For more support groups to be available for parents.</p> <p>For their children to have somewhere to go that they could access as individuals.</p> <p>Travel and cost can be an issue to get to and take part in activities that are inclusive.</p> <p>They do not always feel it is safe for their children to be out in their local community on their own.</p>	<p>Parents and carers know about and take part in support networks when they need them.</p> <p>To increase accessibility of services and activities.</p> <p>To work with providers to provide inclusive activities and clubs that are accessible for children and young people.</p> <p>A range of different channels needs to be used to give families clear information about what our services offer.</p>	<p>We will work with our community groups, culture, and leisure services to help make local spaces, clubs, and activities inclusive and welcoming for children and young people with SEND.</p> <p>We will enhance our Local Offer website and expand how we share information so that children, young people, parents, carers, and professionals can easily find the right support, in the right place, at the right time.</p> <p>We will amplify the voices of children, young people, parents, and carers in decision making by increasing their participation and how we work in co-production. This includes refreshing and embedding our co-production charter across the local area.</p> <p>We will develop our market position statement and sufficiency strategy to include SEND provision, to ensure that there are enough local specialist and mainstream places that meet the needs of our children and young people.</p>	<p>There will be activities that my family and I can do together.</p> <p>I will feel that I belong in my community.</p> <p>I will be with my friends and make friendships in spaces where I feel safe.</p> <p>I will know what is available for me and my family in Stockton-on-Tees.</p> <p>I will feel safe and be able to travel on my own to places locally.</p>

3. Getting ready for independence

What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people, parents, and carers
<p>Understanding what opportunities are available to them for their future.</p> <p>Being able to do things independently and feeling safe.</p> <p>Having opportunities to learn practical skills to build their confidence in managing daily routines independently.</p> <p>Being part of social groups to encourage confidence and a sense of belonging are essential for independence.</p> <p>Being focused on aspirations and future careers – some children and young people can struggle to know what they want for themselves in the future.</p>	<p>For children and young people with SEND to be valued members of society.</p> <p>For children and young people to receive tailored support to develop their independence.</p> <p>Individual support that recognises the diverse needs that children and young people have, which helps them reach their potential.</p> <p>For children and young people to have equal access to activities, experiences and support that prepare them for independence.</p>	<p>Activities, experiences, and support for preparation for independence to be wide ranging and provide children and young people with real life experiences in all settings.</p> <p>Careers advice given at the earliest opportunity.</p> <p>Supporting and empowering parents and carers, this leads to positive outcomes for the whole family.</p>	<p>We will develop clear pathways that equip young people with confidence, skills, and opportunities to develop independence across all areas of their life including travel, decision making, daily living and employment.</p> <p>We will ensure all our children and young people experience well planned transitions at all phases through to adulthood, which are informed and led by their views and wishes.</p> <p>We will maintain a rigorous focus on strengthening support and intervention in the early years delivered across health, education, and council services, that build the foundations of communication and social interaction.</p>	<p>I will have the skills to help me look after myself and take part in activities for daily living.</p> <p>I will feel safe when I do things independently in my local community.</p> <p>I will be able to live as independently as possible in the future.</p>

4. Having good education, employment, and training opportunities

What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people, parents, and carers
<p>Being included and feeling that they belong within their school community.</p> <p>Having friends and being part of a group in school.</p> <p>Taking part in activities that make learning exciting and meaningful - art, reading, PE, school trips.</p> <p>Supportive teachers and being able to access calm or quiet spaces when needed.</p> <p>Feeling confident in their school environment and having trusting relationships with the adults that support them and their peers.</p> <p>Receiving certificates, awards, and positive reinforcement to boost their confidence and motivate them.</p>	<p>Equal opportunities - every child and young person has the right to education and employment, irrespective of their needs or disabilities.</p> <p>Good transitions – the transition to different school phases can be challenging for SEND children and young people.</p> <p>Schools support children to reach their potential and provide support to overcome barriers and gain confidence, self-worth, and life skills.</p> <p>Earlier intervention and sustained efforts to meet the needs of children and young people.</p> <p>Consistency – parents and carers have inconsistent experiences with schools and the support they provide.</p>	<p>Working in partnership with parents and carers is key to better outcomes for children and young people.</p> <p>To be able to respond to changing needs. What SEND looks like in mainstream is changing, with speech, language and neurodevelopmental difficulties increasing.</p> <p>All pupils should be offered the same inclusive education regardless of school setting.</p> <p>An inclusive, child and whole family focused approach.</p> <p>To provide education and training opportunities for our young people, which help them to gain employment.</p>	<p>We will work with our education settings to embed inclusive approaches to education, so that all children and young people with SEND receive education that enables them to reach their potential.</p> <p>We will further develop and embed a response across health, social care and education that provides early intervention and prevention of Emotional School Based Avoidance.</p> <p>We will expand and enhance the range and quality of Alternative Provision and put in place pathways of multi-agency support that help children and young people successfully reengage with education.</p> <p>We will further develop the range of local mainstream and specialist provision, training and support that meets young people's aspirations and promotes meaningful pathways into adulthood.</p> <p>We will work together to identify and implement evidence-based approaches to supporting attendance and reducing suspension and exclusions.</p>	<p>I will feel happy and have a sense of belonging in my education setting or workplace.</p> <p>I will know what I want to achieve and will be supported by the people around me to reach my potential.</p> <p>I will have fair and inclusive educational opportunities.</p> <p>I will have friends and a network of support in my education or workplace setting.</p> <p>My educational and training achievements will be recognised and celebrated.</p>

6. How will we know if we are making a difference?

A yearly action plan will detail how we will deliver on the commitments within this strategy, including key milestones and measures that will track the impact that we are making. This plan will be driven by our SEND Operational Group, with regular updates on progress to the SEND Strategic Group.

Our Stockton-on-Tees Self Evaluation Framework (SEF) has been developed with members of organisations from across the local area partnership through workshops, focus groups and interviews with children, young people, and their families as part of an ongoing process to bring together our collective knowledge of local needs. Our SEF will be updated twice a year and will tell us how our strategy is improving experiences and outcomes for children, young people, and their families.

We will continue to listen to the views of children, young people, parents, and carers through a range of methods including:

- Our Youth Forum
- Our continued partnership with the Parent Carer Forum
- Engagement events throughout the year
- Learning and feedback from the EHCP process

As well as listening, we commit to a 'you said, we did' approach and communicating with our children, young people, parents, and carers to provide regular updates about the progress we are making.



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Stockton-on-Tees SEND and Alternative Provision Strategy 2025 - 2030

Summary



How have we developed the Strategy

Our local area partnership brings together education, health and social care services, children, young people, parents and carers - all of whom share responsibility for the commissioning, management and delivery of arrangements for children and young people with SEND aged 0-25 and those who may require Alternative Provision (AP) in Stockton-on-Tees.

Co-developed with children and young people, their parents and carers and partners through:

- Activity sessions with children in mainstream and specialist settings
- Interviews with parents and carers at local events and online survey
- Engaged with our SEND strategic partners at key events and networks, including Health, Social care, Education and VCSE partners.
- Informed by insight from our self evaluation process and joint strategic needs assessment.



Strategy vision and framework

Our vision for children and young people with special educational needs and disabilities or who may require alternative provision is the same as for all children and young people: ***that Stockton-on-Tees is a great place to grow up, where children and young people are protected from harm and supported to be the best they can be in life.***



Four priorities provide the framework for strategy based on key outcomes that support preparation for adulthood:

- Being as healthy as possible.
- Building relationships with friends, family, and the community.
- Developing independence.
- Accessing quality education, training, and employment opportunities.

Each priority has a set of partnership commitments that have been developed directly from consultation and collaboration across the local area partnership, which have been out for public consultation from July – September.

1. Being as healthy as possible

What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people parents and carers
<p>Being able to keep fit and healthy and maintain a healthy weight.</p> <p>Having opportunities to exercise regularly.</p> <p>To learn about and eat the different foods that keep them healthy.</p> <p>They receive support for their mental health when they need it and have time in school to be able to regulate themselves when they need to.</p> <p>That they know about the things that are bad for them (including drugs, alcohol, and vaping)</p>	<p>Being physically healthy is important, but opportunities can be difficult to access.</p> <p>Eating healthily can be difficult for children due to sensory needs and limited diets. It is important to have more advice and support around this.</p> <p>Being happy, their children's mental health is the most important thing for them. It can be difficult to access timely support for mental health needs.</p> <p>There needs to be more training for healthcare staff around SEND.</p> <p>The impact of the internet and social media, parents worry about the effect of this on their children.</p> <p>It is difficult to find out about and receive support for sensitive issues including child to parent violence.</p>	<p>To offer more support for healthy lifestyles including healthy diets, opportunities to exercise, and sensory-specific support.</p> <p>Supporting parents and carers to receive as much help as they can about being healthy, including medical advice, counselling, and support groups for their children.</p> <p>To ensure and help children to understand emotional regulation and how to self-regulate.</p> <p>To ensure our services are trauma informed.</p> <p>To reduce risk taking behaviour and promote the education around issues such as drug use/alcohol and vaping.</p> <p>To support young people to understand about having healthy relationships.</p>	<p>We will train and support our workforce across education, health, and social care to ensure they have the skills to understand and meet the needs of children and young people with SEND.</p> <p>We will work with our education, health, and social care services to deliver healthy lifestyles information and education for our children and young people with SEND.</p> <p>We will implement the I-Thrive Framework for system change, as an integrated, person centred and needs led approach to delivering mental health services for children, young people, and families, which will include services that are trauma-informed and can provide trauma focused interventions.</p> <p>We will work together to develop our <u>needs</u>-led approach across the whole system of care to provide support at the right time.</p> <p>We will improve the waiting times for access to specialist health assessments and support.</p>	<p>I will understand how to have a healthy lifestyle and receive local services to keep me healthy when I need them.</p> <p>I will have the best physical and mental health that is possible for me.</p> <p>I will know what it means to have good mental and physical health and the people around me will support me when I need them to.</p> <p>I will be able to choose from a range of ways to be physically active in my local community.</p>

2. Family, Friends, and Community				
What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people parents and carers
<p>Being able to spend time and do things with their whole family.</p> <p>Having good relationships with friends and family.</p> <p>There should be more clubs and activities that they can attend.</p> <p>Sometimes they feel like they belong in their communities, but often activities are not available to them, or they do not feel confident trying them.</p> <p>Sometimes they do not feel safe when they leave their homes.</p>	<p>Being able to attend and receive services and take part in activities as a whole family is important. Having children with different needs and ages can make this difficult.</p> <p>For their children to take part in inclusive activities alongside their peers. Social connections are vital for their children's wellbeing.</p> <p>For more support groups to be available for parents.</p> <p>For their children to have somewhere to go that they could access as individuals.</p> <p>Travel and cost can be an issue to get to and take part in activities that are inclusive.</p> <p>They do not always feel it is safe for their children to be out in their local community on their own.</p>	<p>Parents and carers know about and take part in support networks when they need them.</p> <p>To increase accessibility of services and activities.</p> <p>To work with providers to provide inclusive activities and clubs that are accessible for children and young people.</p> <p>A range of different channels needs to be used to give families clear information about what our services offer.</p>	<p>We will work with our community groups, culture, and leisure services to help make local spaces, clubs, and activities inclusive and welcoming for children and young people with SEND.</p> <p>We will enhance our Local Offer website and expand how we share information so that children, young people, parents, carers, and professionals can easily find the right support, in the right place, at the right time.</p> <p>We will amplify the voices of children, young people, parents, and carers in decision making by increasing their participation and how we work in co-production. This includes refreshing and embedding our co-production charter across the local area.</p> <p>We will develop our market position statement and sufficiency strategy to include SEND provision, to ensure that there are enough local specialist and mainstream places that meet the needs of our children and young people.</p>	<p>There will be activities that my family and I can do together.</p> <p>I will feel that I belong in my community.</p> <p>I will be with my friends and make friendships in spaces where I feel safe.</p> <p>I will know what is available for me and my family in Stockton-on-Tees.</p> <p>I will feel safe and be able to travel on my own to places locally.</p>

3. Getting ready for independence				
What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people, parents, and carers
<p>Understanding what opportunities are available to them for their future.</p> <p>Being able to do things independently and feeling safe.</p> <p>Having opportunities to learn practical skills to build their confidence in managing daily routines independently.</p> <p>Being part of social groups to encourage confidence and a sense of belonging are essential for independence.</p> <p>Being focused on aspirations and future careers – some children and young people can struggle to know what they want for themselves in the future.</p>	<p>For children and young people with SEND to be valued members of society.</p> <p>For children and young people to receive tailored support to develop their independence.</p> <p>Individual support that recognises the diverse needs that children and young people have, which helps them reach their potential.</p> <p>For children and young people to have equal access to activities, experiences and support that prepare them for independence.</p>	<p>Activities, experiences, and support for preparation for independence to be wide ranging and provide children and young people with real life experiences in all settings.</p> <p>Careers advice given at the earliest opportunity.</p> <p>Supporting and empowering parents and carers, this leads to positive outcomes for the whole family.</p>	<p>We will develop clear pathways that equip young people with confidence, skills, and opportunities to develop independence across all areas of their life including travel, decision making, daily living and employment.</p> <p>We will ensure all our children and young people experience well planned transitions at all phases through to adulthood, which are informed and led by their views and wishes.</p> <p>We will maintain a rigorous focus on strengthening support and intervention in the early years delivered across health, education, and council services, that build the foundations of communication and social interaction.</p>	<p>I will have the skills to help me look after myself and take part in activities for daily living.</p> <p>I will feel safe when I do things independently in my local community.</p> <p>I will be able to live as independently as possible in the future.</p>

4. Having good education, employment, and training opportunities				
What children and young people say is important to them	What parents and carers say is important to them	What our local area partners say is important	Our commitments as a local area partnership:	The difference this will make to our children, young people, parents, and carers
<p>Being included and feeling that they belong within their school community.</p> <p>Having friends and being part of a group in school.</p> <p>Taking part in activities that make learning exciting and meaningful - art, reading, PE, school trips.</p> <p>Supportive teachers and being able to access calm or quiet spaces when needed.</p> <p>Feeling confident in their school environment and having trusting relationships with the adults that support them and their peers.</p> <p>Receiving certificates, awards, and positive reinforcement to boost their confidence and motivate them.</p>	<p>Equal opportunities - every child and young person has the right to education and employment, irrespective of their needs or disabilities.</p> <p>Good transitions – the transition to different school phases can be challenging for SEND children and young people.</p> <p>Schools support children to reach their potential and provide support to overcome barriers and gain confidence, self-worth, and life skills.</p> <p>Earlier intervention and sustained efforts to meet the needs of children and young people.</p> <p>Consistency – parents and carers have inconsistent experiences with schools and the support they provide.</p>	<p>Working in partnership with parents and carers is key to better outcomes for children and young people.</p> <p>To be able to respond to changing needs. What SEND looks like in mainstream is changing, with speech, language and neurodevelopmental difficulties increasing.</p> <p>All pupils should be offered the same inclusive education regardless of school setting.</p> <p>An inclusive, child and whole family focused approach.</p> <p>To provide education and training opportunities for our young people, which help them to gain employment.</p>	<p>We will work with our education settings to embed inclusive approaches to education, so that all children and young people with SEND receive education that enables them to reach their potential.</p> <p>We will further develop and embed a response across health, social care and education that provides early intervention and prevention of Emotional School Based Avoidance.</p> <p>We will expand and enhance the range and quality of Alternative Provision and put in place pathways of multi-agency support that help children and young people successfully reengage with education.</p> <p>We will further develop the range of local mainstream and specialist provision, training and support that meets young people's aspirations and promotes meaningful pathways into adulthood.</p> <p>We will work together to identify and implement evidence-based approaches to supporting attendance and reducing suspension and exclusions.</p>	<p>I will feel happy and have a sense of belonging in my education setting or workplace.</p> <p>I will know what I want to achieve and will be supported by the people around me to reach my potential.</p> <p>I will have fair and inclusive educational opportunities.</p> <p>I will have friends and a network of support in my education or workplace setting.</p> <p>My educational and training achievements will be recognised and celebrated.</p>

Strategy feedback – priorities

(it is important)when people listen to me when I need them

Being part of a community with my friends and family

It is what I want for my child

I strongly believe your commitments have the potential to significantly improve the lives of children and young people with SEND

I believe that if we can make the changes then we should have more provisions for them children that slip through the net

I like to be able to do things at school that all my friends

Going with my mates for days out

I believe things are moving in the right direction

The commitments will allow all children to be the best they can be. The children that I work with need these commitments to be in place to facilitate this

"I like where I live but would like to see more youth clubs and local concerts. More youth clubs to join up to help me with social interaction and friendships

"It is important to me that I feel safe and happy at school and in my community

" I know it is important to keep healthy but I don't always know where to go to do this"

The commitments sound really positive, and I trust that this will be delivered through action rather than just words.....On paper this looks like a hopeful step in the right direction, but the impact will only be felt if real changes are made in practice.

These are bold overarching commitments but in reality, the system is underfunded and overstretched

Next steps

Strategy launch - November.

An annual delivery plan will detail how the local partnership will deliver on commitments, with measures that track the impact we are making. Delivery plan will be owned by the SEND Operational Group.



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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

24th Sept 2025

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Pharmaceutical Needs Assessment (PNA) 2025 Final Approval

SUMMARY

This report serves to notify the HWB that the statutory review of the 2022 Pharmaceutical Needs Assessment has been completed and an updated PNA 2025 is now ready to be published by 1st October 2025.

RECOMMENDATIONS

1. To note the review has been completed.
2. To approve the final PNA 2025 to be published on 1st October 2025



DETAIL

1. The Stockton-on-Tees Health and Wellbeing Board (HWB) published its first Pharmaceutical Needs Assessment (PNA) on 25 March 2015, in accordance with the statutory duty to do so and published subsequent updates in 2018 and 2022.
2. The legislation that describes the HWB's duties in this regard is the **National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013ⁱ** (as amended). As well as describing what each PNA was required to consider when they were first developed and published, these 2013 Regulations also describe how each local Assessment must be maintained by the HWB.
3. Draft documents have been taken to Stockton-on-Tees HWB in July 2024, January and March 2025, with a final version presented here today. The draft PNA was also taken to the Adult and Health and Social Care Select Committee in February 2025 and Corporate Management Team in July 2025. As part of the development a resident's survey was undertaken in December 2024/January 2025. The draft document has also had a 60-day statutory consultation in May / June 2025 with required stakeholders.
4. There have been a number of changes to pharmacies in the Stockton-on-Tees HWB area since the PNA in 2022. The most significant changes being the closure of one 40 hour pharmacy in Thornaby (Thornaby Locality), one 40 hour pharmacy in Elm Tree (Stockton North Locality), one 40-hour pharmacy as a result of a consolidation in Billingham (Billingham Locality) and the closure of the Distance Selling Premises at Preston Farm (Stockton South Locality) .Following a change in regulations all of our eight 100 hour pharmacies have applied to and reduced their

opening hours, they remain open between 72 hours and 90 hours per week. An application for a new pharmacy has been approved at Elm Tree Centre, Elm Tree Avenue, Stockton-on-Tees TS19 0UW, the pharmacy has until 4th September 2025 to open.

5. As of March 2025, there are 35 pharmacies, of which 8 are open for 72 hours or more, all providing a full range of essential services. There are no appliance contractors. 1 GP practice dispenses to eligible patients and in 2023/24 it dispensed or personally administered 1.5% of all prescriptions within the HWB area. In 2023/24 92.5% of prescriptions written by GP practices in Stockton-on-Tees HWB area were dispensed by the pharmacies in Stockton-on-Tees. Most pharmacies in addition provide advanced and enhanced services commissioned by NHS England and some provide services commissioned by Stockton-on-Tees council. This map details current pharmacies within Stockton-on-Tees HWB area [Pharmacy locations across the Borough](#) .
6. As well as accessing services from pharmacies and dispensing practices within Stockton-on-Tees, residents can choose to access contractors outside of the HWB area. In 2023/24 7.5% of prescriptions were dispensed outside the HWB area this reflects the fact that some residents will access a pharmacy in a neighbouring area, use a distance selling pharmacy or a specialist appliance contractor.
7. Access to pharmacy in Stockton-on-Tees is good with 93% of those who responded to the residents' survey saying they were able to access a pharmacy within 10-20minutes using their usual mode of access (40% stated they walked). Within localities consideration of walking / driving time maps confirmed this. The eight 100-hour pharmacies ensure extended access to essential services from a pharmacy into the evening Monday – Saturday and all are open on a Sunday. In relation to access to advanced and enhanced services commissioned by NHS England there is good sign-up and evidence of activity.
8. Stockton-on-Tees HWB has defined necessary services as the.
 - Essential services provided at the premises included in the pharmaceutical list
 - The dispensing service provided by 1 GP practice
9. Based on the information available at the time of developing this PNA no current gaps in the provision of essential services have been identified in any of the localities in Stockton-on- Tees HWB area.
10. The PNA looks at changes which are anticipated within the lifetime of the document e.g. housing developments. Given consideration of population demographics, housing projections and distribution of pharmacies and dispensing practice within the HWB area the document concludes that current provision will meet the future needs of residents during the 3-year lifetime of this pharmaceutical needs assessment. However, in following specified circumstances- in Locality S1 should there be a total and permanent loss of existing pharmaceutical services provision in the Wynard area located at or in the immediate vicinity of The Stables, Wynard, TS22 5QQ there will be a future need for pharmaceutical services provision offering core opening hours Monday – Friday 9:00-13:00 and 14:00-18:00.
11. Based on the information available at the time of developing the PNA no gaps were identified in essential services that are provided now or in the future that would secure improvements or better access, to essential services in any of the localities

apart from in the following specified circumstances - in the future that should the extant grant lapse for Elm Tree centre in locality S1 that access to pharmaceutical services could be improved or provide better access to pharmaceutical services if a premises was located in the same location that has been approved in the extant application.

12. The review has been supported by colleagues from Communication, Housing and Public Health Intelligence within the council and by colleagues in the NENC ICB, NECS and Healthwatch.

FINANCIAL IMPLICATIONS

13. No direct financial implications

LEGAL IMPLICATIONS

14. The NHS Act (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

RISK ASSESSMENT

15. See legal implications above.

COMMUNITY IMPACT IMPLICATIONS

16. The aim of the PNA is to assess the pharmaceutical services required to meet the needs of the local population, taking account of demographic change and the current and future health needs in Stockton-on-Tees.

COUNCIL PLAN POLICY PRINCIPLES AND PRIORITIES

17. The PNA has been reviewed with due consideration of the Stockton-on-Tees Joint Health and Wellbeing Strategy and Council Plan.

CONSULTATION, INCLUDING WARD/COUNCILLORS

18. The review of the PNA included a formal consultation requirement which is defined in the regulations. All relevant local stakeholders were invited to be consulted as part of this process.

Name of Contact Officer: Jo Linton
Post Title: Pharmaceutical Adviser
Telephone No:
Email address: Joanne. Linton@stockton.gov.uk

ⁱ Available at <http://www.legislation.gov.uk/uksi/2013/349> and hereafter referred to as the Regulations

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Pharmaceutical Needs Assessment 2025

Version Control

HWB	Version	Date of Version
Stockton-on-Tees	Final	24/7/25
Stockton-on-Tees		

Final publication date: by 1st October 2025 (Statutory)

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Welcome and Introduction

Pharmacy services play an important role in supporting the Health and Wellbeing of people living in the Stockton-on-Tees HWB area. Often found in the heart of the community, pharmacies provide good access to services, support people in making healthy lifestyle choices and offer a range of treatment options. Pharmacies are contributing to addressing health inequalities within the Borough.

The 2025 Pharmaceutical Needs Assessment (PNA) provides NENC ICB with detailed insight into the health and wellbeing of our local population and current pharmacy services. This update, as with previous iterations, provides NENC ICB with a basis to make informed decisions on future pharmacy provision within the Borough.

The assessment has been developed in cooperation with members of the Health and Wellbeing Board and in consultation with a wide range of stakeholders including health professionals, pharmacies, patients and people living in Stockton-on-Tees. The PNA looks at local health information, housing provision and future potential need to make appropriate recommendations for informed decision-making.

The Health and Wellbeing Board publishes this draft document for consultation in accordance with our statutory duty under the Health and Social Care act 2012. We hope you find it useful for the planning, development and commissioning of pharmaceutical services according to the needs of Stockton-on-Tees Borough.

Lisa Evans
Chair, Health and Wellbeing Board

Sarah Bowman-Abouna
Director of Public Health

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Executive Summary

Since 1 April 2013, every health and wellbeing board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). This is the fourth pharmaceutical needs assessment for Stockton-on-Tees.

The pharmaceutical needs assessment will be used by NENC ICB when considering whether or not to grant applications to joining the pharmaceutical list for the area of Stockton-on-Tees Health and Wellbeing Board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It may be used to inform other commissioners of the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Pharmacies have a key role providing access to medicines and support to use them correctly. They also offer a range of treatment, advice, signposting and other pharmaceutical services towards protecting and improving health and wellbeing and helping patients navigate the healthcare system. They are often situated in the heart of communities, in places where people live, or congregate to work or shop, which helps ensure good access to these services for our population.

There has been a number of changes to pharmacies in the Stockton-on-Tees HWB area since the PNA in 2022. The most significant changes being the closure of one 40 hour pharmacy in Thornaby (Thornaby Locality), one 40 hour pharmacy in Elm Tree (Stockton North Locality), one 40-hour pharmacy as a result of a consolidation in Billingham (Billingham Locality) and the closure of the Distance Selling Premises at Preston Farm (Stockton South Locality) .Following a change in regulations all of our eight 100 hour pharmacies have applied to and reduced their opening hours, they remain open between 72 hours and 90 hours per week.

Section 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document includes those services commissioned by NENC ICB from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in Stockton-on-Tees on their use of pharmacies and information provided by pharmacy contractors.

Section 2 provides information about the people of Stockton-on-Tees

Section 3 describes the health needs of the people of Stockton-on-Tees

Section 4 focuses on the provision of pharmaceutical services in Stockton-on-Tees and those providers who are out of the area but who provide services to residents of Stockton-on-Tees.

Section 5 describes other NHS services which affect the need for pharmaceutical services such services include hospital and community departments, GP out of hours services and public health services commissioned from pharmacies by Stockton-on-Tees Council.

Section 6 provides more detail about the 4 localities.

Section 7 provides the statement of need.

As of March 2025, there are 35 pharmacies, of which 8 are open for 72 hours or more, all providing a full range of essential services. There are no appliance contractors. 1 GP practice dispenses to eligible patients and in 2023/24 dispensed or personally administered 1.5% of all

prescriptions within the HWB area. In 2023/24 92.5% of prescriptions written by GP practices in Stockton-on-Tees HWB area were dispensed by the pharmacies in Stockton-on-Tees. Some pharmacies provide advanced and enhanced services as commissioned by NENC ICB and some provide services commissioned by Stockton-on-Tees council. A map below details current pharmacies within Stockton-on-Tees HWB area.

As well as accessing services from pharmacies and dispensing practices within Stockton-on-Tees, Residents can choose to access contractors outside of the HWB area. 7.5% of prescriptions were dispensed outside the HWB area this reflects the fact that some residents will access a pharmacy in a neighboring area, use a distance selling pharmacy or a specialist appliance contractor.

Access to pharmacy in Stockton-on-Tees is good with 93% of those who responded to the residents' survey saying they were able to access a pharmacy within 10-20 minutes using their usual mode of access (40% stated they walked). Within localities consideration of walking / driving time maps confirmed this. The eight 100-hour pharmacies ensure extended access to essential services from a pharmacy into the evening Monday – Saturday and all are open on a Sunday. In relation to access to advanced and enhanced services commissioned by NENC ICB there is good sign-up and evidence of activity.

The dispensing practice provide a dispensing service to eligible patients living in the area within Stockton-on-Tees determined to be rural in character by NENC ICB.

Stockton-on-Tees HWB has defined necessary services as the.

- **Essential services provided at the premises included in the pharmaceutical list**
- **The dispensing service provided by 1 GP practice**

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services have been identified in any localities.

The PNA looks at changes which are anticipated within the lifetime of the document e.g. housing developments. Given consideration of population demographics, housing projections and distribution of pharmacies and dispensing practice within the HWB area the document concludes that current provision will meet the future needs of residents during the 3-year lifetime of this pharmaceutical needs assessment.

Based on the information at the time of developing the PNA no gaps were identified in the future provision of necessary services other than in following specified circumstances- in Locality S1 (Stockton North) should there be a total and permanent loss of existing pharmaceutical services provision in the Wynard area located at or in the immediate vicinity of The Stables, Wynard, TS22 5QQ there will be a future need for pharmaceutical services provision offering core opening hours Monday – Friday 9:00-13:00 and 14:00-18:00.

Based on the information available at the time of developing the PNA no gaps were identified in essential services that are provided now or on the future that would secure improvements or better access, to essential services in any of the localities apart from in the following specified circumstances - in the future that should the extant grant lapse for Elm Tree centre in locality S1 (Stockton North) that access to pharmaceutical services could be improved or provide better access to pharmaceutical services if a premises was located in the same location that has been approved in the extant application.

Based on the information available at the time of developing the PNA no gaps were identified in other relevant services that are provided now or on the future that would secure improvements or better access to other relevant services in any of the localities.

Acknowledgements: We are very grateful to all those who contributed local knowledge, data and information to support the development of the PNA including colleagues at NENC ICB, NECS, the Tees Valley Local Pharmaceutical Committee (LPC) and local pharmacy contractors and other commissioned service providers such as the Stop Smoking Service and Teesside Sexual Health Service. With thanks also to our public health intelligence colleagues and others from Stockton-on-Tees Borough council for facilitating updates to a range of local data and creating maps/charts of providers and services.

DRAFT

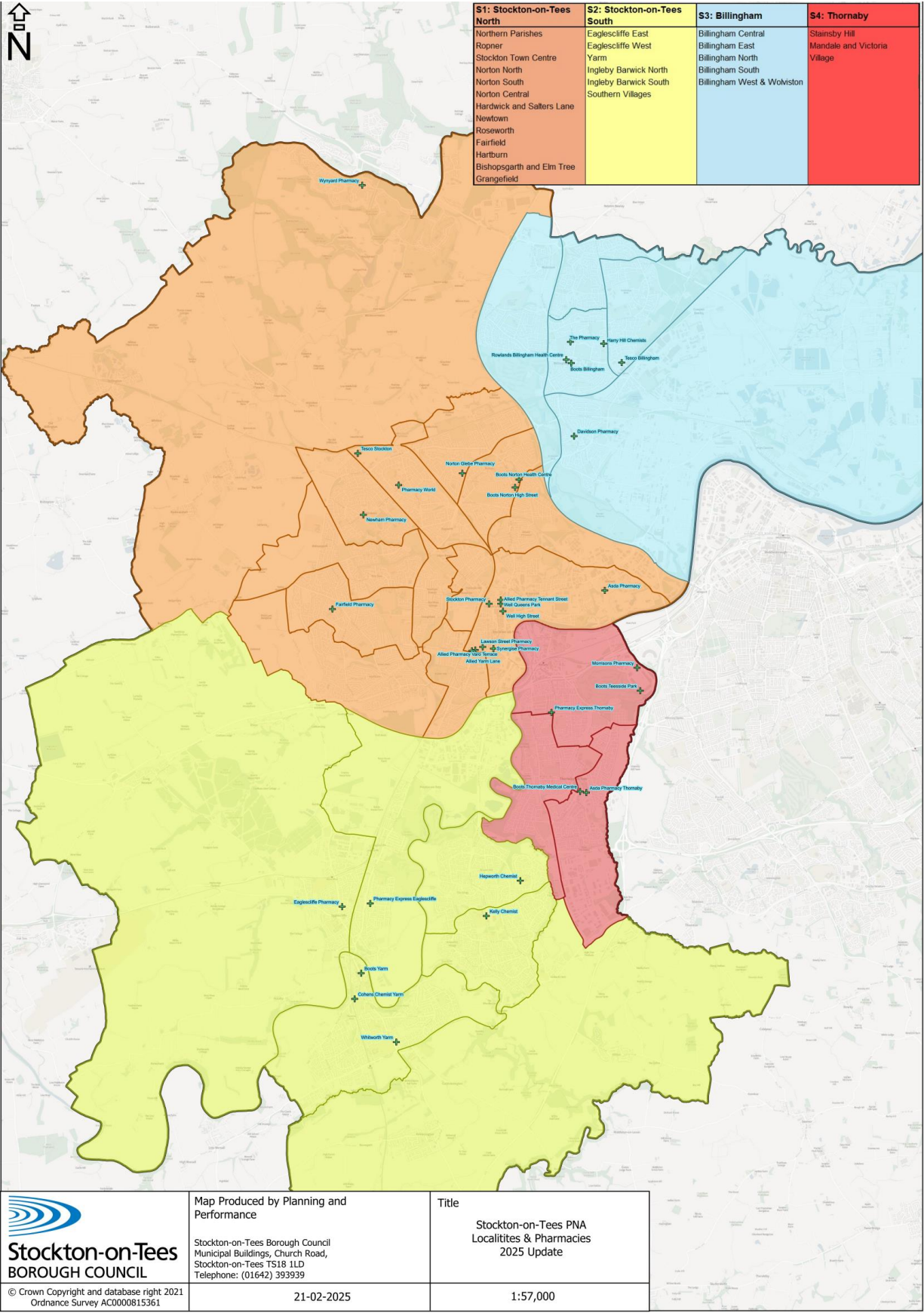


Figure 1 Stockton-on-Tees PNA 2025 Pharmacy Locations

1. Introduction

1.1. Purpose of a PNA

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of Stockton-on-Tees Health and Wellbeing Board's area for a period of up to three years, linking closely to documents in the joint strategic needs assessment. Whilst reports in the joint strategic needs assessment will focus on the general health needs of the population of Stockton-on-Tees, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by NENC ICB.

NHS England is responsible for the commissioning of pharmaceutical services however, from 1 April 2023, NHS England delegated this function to the NHS North East and North Cumbria Integrated Care Board NENC ICB. As it has been announced that NHS England will be abolished this document will continue to refer to NENC ICB as the commissioner.

NHS England contract Primary Care Support England (PCSE) to provide Pharmacy Market Administration Services to support e.g. management of pharmacy applications, market entry and exit and pharmacy consolidations.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NENC ICB to be included in the pharmaceutical list for the health and wellbeing board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the health and wellbeing board's pharmaceutical needs assessment, or to secure improvements or better access similarly identified in the pharmaceutical needs assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the pharmaceutical needs assessment was published ('unforeseen benefits applications')

As well as identifying if there is a need for additional premises, the pharmaceutical needs assessment will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the three-year lifetime of the pharmaceutical needs assessment. Whilst the pharmaceutical needs assessment is primarily a document for NENC ICB to use to make commissioning decisions, it may also be used by local authorities. A robust pharmaceutical needs assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need

1.2. Health and wellbeing board duties in relation to PNA

Following publication of its first pharmaceutical needs assessment the health and wellbeing board must, in summary:

- Publish revised statements (subsequent pharmaceutical needs assessments), on a three-yearly basis, which comply with the regulatory requirements,
- Publish a subsequent pharmaceutical needs assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances

Further details of the HWB responsibilities can be found in this guide [Pharmaceutical needs assessments: Information pack for local authority health and](#)

1.3. Pharmaceutical Services

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the health and wellbeing board,
- A pharmacy contractor who is included in the local pharmaceutical services list for the area of the health and wellbeing board
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the health and wellbeing board, and
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the health and wellbeing board. NENC ICB is responsible for preparing, maintaining and publishing these lists.

In Stockton-on-Tees there are 35 pharmacies and 1 dispensing practice (March 2025).

Pharmacy contractors may operate as either a sole trader, partnership or a body corporate and the Medicines Act 1968 governs who can be a pharmacy contractor.

1.3.1. Pharmaceutical Services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NENC ICB does not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- Essential services – all pharmacies must provide these services.
 - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care
 - Home delivery service (during a declared pandemic only)
 - The discharge medicines service.
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements. From 1st June 2025 any pharmacy delivering the Pharmacy First service MUST also deliver Pharmacy Contraception Service and the Hypertension Case-Finding Service.
 - New medicine service
 - Stoma appliance customisation
 - Appliance use review
 - Flu vaccination service
 - Pharmacy First
 - Pharmacy Contraception Service

- Community pharmacy Covid-19 lateral flow device distribution service
- Community pharmacy hypertension case-finding service
- Smoking cessation service.

• Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

- Anticoagulation monitoring
- Antiviral collection service
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange*
- On demand availability of specialist drugs service
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service*
- Supervised administration service*
- Supplementary prescribing service
- Emergency supply service.

It should be noted that Stockton-on-Tees Council is responsible for the commissioning of those enhanced services marked with an asterisk. They may be commissioned by the council directly from pharmacies or may be sub-contracted to pharmacies by another organisation that is commissioned to provide the service by the council.

- National Enhanced Service
 - Covid 19 Vaccination Service

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme,
- An audit programme,
- A risk management programme,
- A clinical effectiveness programme,
- A staffing and staff management programme,
- An information governance programme, and
- A premises standards programme.

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). On 25th May 2023 regulatory changes were made to allow existing 100-hour pharmacies to apply to reduce their hours to a minimum of 72 hours / week subject to certain restrictions. Any existing core opening hours must remain that are: - Monday to Saturday between 5pm and 9pm; - Sunday between 11am and 4pm, and - Sunday's total opening hours (i.e., the existing, total core opening hours on Sundays must remain).

Supplementary hours may be reduced by the contractor by giving 5 weeks' notice to NENC ICB. For the purpose of the PNA core hours only are considered when assessing availability of pharmaceutical services.

Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, improvements or better access identified in a pharmaceutical needs assessment. The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and NENC ICB will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours, they simply notify NENC ICB of the change, giving at least 5 weeks notice.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies). Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge

1.3.2. Pharmaceutical Services provided by dispensing appliance contractors

As with pharmacy contractors, NENC ICB does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription,
- Dispensing of repeatable prescriptions,
- Home delivery service for some items,

- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags),
- Provision of expert clinical advice regarding the appliances, and
- Signposting.

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation, and
- Appliance use review.

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme,
- A clinical audit programme,
- A risk management programme,
- A clinical effectiveness programme,
- A staffing and staff programme, and
- An information governance programme.

Dispensing appliance contractors are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours. The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NENC ICB will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify NENC ICB of the change, giving at least three months' notice.

1.3.3. Pharmaceutical Services provided by doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by NENC ICB or a preceding or successor organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- Their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied NENC ICB that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

1.3.4. Local Pharmaceutical Services

Local pharmaceutical services contracts allow NENC ICB to commission services, from a pharmacy, which are tailored to specific local requirements. Local pharmaceutical services complement the national contractual arrangements described above but is an important local commissioning tool in its own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the pharmaceutical needs assessment the definition of pharmaceutical services includes local pharmaceutical services. There are, however, no local pharmaceutical services contracts within the health and wellbeing board's area

and NENC ICB does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

1.4. Locally commissioned services

Stockton-On-Tees Council and, from July 2022, the integrated care board may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purpose of this document, they are referred to as locally commissioned services. Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

1.4.1. Services Commissioned by Stockton Borough Council

Stockton-on-Tees Council, at the time of drafting (Jan 2024) the following services are commissioned from pharmacies by the council:

- Supervised Consumption
- Needle Exchange
- Smoking Cessation Service
- Healthy Start Vitamin Supply
- Condom Distribution Scheme

The council also commissions (as part of a Teeswide Service) an Emergency Contraception Supply service and Chlamydia Test Kit from Teesside Together who in turn sub-contract elements of the service to pharmacies.

1.4.2. Services Commissioned by NENC ICB

NENC ICB commissions the following services

- Think Pharmacy First – this is a broad minor ailments scheme that provides treatments for; aches and pains, allergies, colds and flu, Ear / Eye conditions etc
- Pharmacy Bank Holiday Opening to ensure patients can access pharmacy services, particularly medicines and other essential services within reasonable travel distance. Some pharmacies volunteer to open, though additional 'directed' service provision is commissioned to ensure provision is reasonably spread across the geography of NENC.
- On Demand Access to Specialist Drugs (including palliative care)
- Maternal NRT Voucher Scheme
- Varenicline PGD Supply Service

1.5. Other NHS Services

Other services which are commissioned or provided by NENC Integrated Care Board, North Tees Foundation Trust which may affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment. Examples include Hospital Pharmacies, Hospital Prescribers and Community Nurse Prescribers etc.

1.6. How the Assessment was undertaken

1.6.1. Pharmaceutical Needs Assessment Steering Group

The preparation of the 2025 PNA for Stockton-on-Tees, was led by a small steering group drawn together by the public health team of Stockton-on-Tees Borough Council under the Consultant in Public Health and on behalf of the Health and Wellbeing Board. Working closely alongside the corresponding PNA development process for Hartlepool, with some shared approaches across all four Tees boroughs and in part, also wider involvement with public health pharmacist leads developing PNAs across the North East of England.

Membership of the PNA Steering Group is provided in Appendices

The PNA will be published on the Stockton Borough Council website. Hard copies of the PNA will be made available on request and for viewing at a location to be confirmed.

1.6.2. Pharmaceutical Needs Assessment Localities

Regulations require that the PNA explains how the localities for Stockton-on-Tees HWB area have been determined. The history of how the localities used in PNAs prior to 2025 were determined can be found in the archived documents.

The 2013 regulations require the pharmaceutical needs assessment to have regard to the different needs of the different localities.

The localities used in this assessment for 2025 have been reviewed and updated. The process for defining them was as follows:

In the 2022 PNA Stockton-on-Tees was divided into 2 localities. The table below shows how the wards were allocated across these localities in the 2022 PNA

S1: Stockton-on-Tees North	S2: Stockton-on-Tees South
Northern Parishes	Eaglescliffe
Western Parishes	Fairfield
Stockton Town Centre	Hartburn
Billingham Central	Ingleby Barwick East
Billingham East	Ingleby Barwick West
Billingham North	Yarm
Billingham South	Village
Billingham West	Bishopsgarth and Elm Tree
Norton North	Grangefield
Norton South	Mandale and Victoria
Norton West	Parkfield and Oxbridge
Hardwick and Salters Lane	Stainsby Hill
Newtown	
Roseworth	

Since the last PNA there has been a boundary review; 23 ward boundaries changes, and an additional ward has been created. Therefore, for the PNA 2025 there was a need to review our localities

Stockton-on-Tees PNA Review Steering group considered several options in related to localities for the PNA 2025 and propose using 4 localities. Factors that influenced this included that; the 2 localities used in 2022 may mask variation of pharmaceutical needs in some parts of Stockton-on-Tees (particularly Thornaby and Billingham), pharmacy closures that have occurred since PNA 2022,

variation in deprivation, local knowledge of steering group and to avoid the document being too complex and lengthy.

Agreed localities for PNA 2025

S1: Stockton-on-Tees North	S2: Stockton-on-Tees South	S3: Billingham	S4: Thornaby
Northern Parishes	Eaglescliffe East	Billingham Central	Stainsby Hill
Ropner	Eaglescliffe West	Billingham East	Mandale and Victoria
Stockton Town Centre	Yarm	Billingham North	Village
Norton North	Ingleby Barwick North	Billingham South	
Norton South	Ingleby Barwick South	Billingham West & Wolviston	
Norton Central	Southern Villages		
Hardwick and Salters Lane			
Newtown			
Roseworth			
Fairfield			
Hartburn			
Bishopsgarth and Elm Tree			
Grangefield			

The map below shows all localities

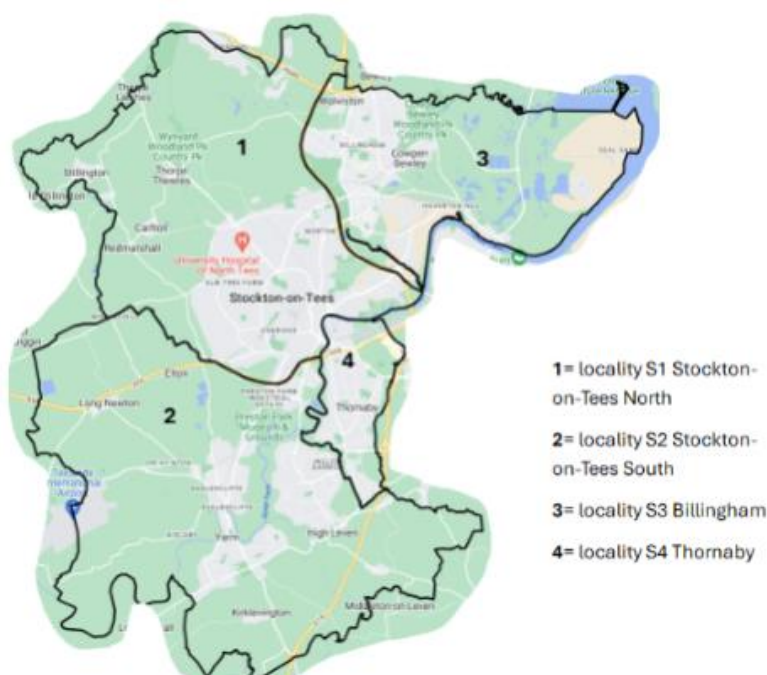


Figure 2 – Map showing Localities used in PNA 2025

1.6.3. Pharmaceutical Needs Assessment Residents Engagement

In order to gain the views of residents on pharmaceutical services, a questionnaire was developed and was available online from 7/12/24 to 25/1/25. The survey was promoted by the council and by Healthwatch Stockton.

A copy of the survey can be found in the appendices. A copy of the full results of the survey can also be found in the appendices

105 responses were received.

1.6.4. Pharmaceutical Needs Assessment Contractor Engagement

An online questionnaire for pharmacies was undertaken on behalf the HWB by Community Pharmacy Tees Valley.

A copy of the questionnaire is provided in the appendices.

Only 6/35 contractors responded despite the best efforts of the Local Pharmaceutical Committee. 5/6 reported that they had capacity to respond to increased demand within existing premises and staffing levels.

1.6.5. Pharmaceutical Needs Assessment Information Sources

NENC ICB provided information on DACs, pharmaceutical list, advanced services and flu and covid vaccination data. Pharmacy Services North East (PSNE) provided information about the locally commissioned Think Pharmacy First Scheme. Medicines optimisation teams in the North East Commissioning Support organisation (NECS) provided appliance prescribing and dispensing information from ePACT, electronic prescription data.

1.6.6. Pharmaceutical Needs Assessment Consultation

HWBs are required to consult on a draft of their PNA for a minimum period of 60 days. A report of the consultation including any changes to the pharmaceutical needs is included in the appendices. Stockton-on-Tees HWB undertook formal consultation on the draft PNA commencing 22nd April 2025 and closed on 22nd June 2025.

1.6.7. Pharmaceutical Needs Assessment Approval

The PNA 2025 was approved by the HWB in September 2025 and published on 1st October 2025.

1.7. Pharmaceutical Needs Assessment Maintenance

The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement (see 1.7.1). When making a decision as to whether the changes warrant a new assessment, HWBs will need to decide whether the changes are so substantial that the publication of a new assessment would be a proportionate response.

1.7.1 Supplementary statements

When changes take place, Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the availability of pharmaceutical services, they cannot be used to provide updates on pharmaceutical need.

Primary Care Support England is responsible for notifying the Health and Wellbeing Board when:

- a pharmacy or dispensing appliance contractor opens new premises or relocates to new premises, and
- a change of ownership application takes place
- new applications, closures and consolidations

NENC ICB is responsible for notifying the health and wellbeing board when:

- core and/or supplementary opening hours change
- pharmacy or dispensing appliance contractor premises close permanently, and
- when a dispensing practice ceases to dispense either to a particular area or completely

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:

- a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical needs assessment for the area of the health and wellbeing board's area; and
- b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes or it is already producing its next pharmaceutical needs assessment but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services.

Once issued, and published on the local authority website, the Supplementary Statement would become part of the PNA and so should be taken into consideration when considering any applications submitted to NENC ICB.

1.7.2 Supplementary statements and pharmacy consolidations

When NENC ICB notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NENC ICB within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision. NENC ICB will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.

Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The applicant will have six months from the granting of a consolidation application to enact it (potentially extended to an overall total of 9 months). When the pharmacy that is to close does close the HWB will be informed. The HWB must then:

- a) publish a supplementary statement reporting the removal of the pharmacy which is to close from the Pharmaceutical List within the statement the health and wellbeing board will state it is of the opinion that the closing of one of the pharmacies does not create a gap that could be met by an application offering to meet a need for, or secure improvements to or better access to, pharmaceutical services
- b) update the map of premises where pharmaceutical services are provided (Regulation 4(2))

1.7.3 Process for maintaining Stockton-on-Tees Health and Wellbeing Board PNA

Notifications of changes from Primary Care Support England and NENC ICB are received on behalf of the Health and Wellbeing board by the Director of Public Health.

The Board has in place a delegation of authority to the Director of Public Health to respond to requests for representations from NENC ICB in respect of pharmacy applications and make routine initial assessments with respect to the potential for Supplementary Statement or need for full review of the PNA. Any supplementary statements required or decision to undertake a full review would be taken to the board to approve.

1.8. Pharmacy Access Scheme

An updated Pharmacy Access Scheme (revised PhAS) began in January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded to no more than £20 million from the Community Pharmacy Contractual Framework (CPCF).

Eligibility for PhAS continues to be based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy, although there are changes to the detailed eligibility criteria. Payments have changed from the 2016 scheme and are based on a bell curve distribution, with, for example, larger volume dispensing pharmacies receiving lower PhAS payments.

There are 5 pharmacies in Stockton-on-Tees that are as at 13/01/25 listed as eligible for payment in 2022: Asda Portrack, Fairfield Pharmacy, Tesco Durham Road, Wynyard Pharmacy and Davidsons Pharmacy (Billingham).

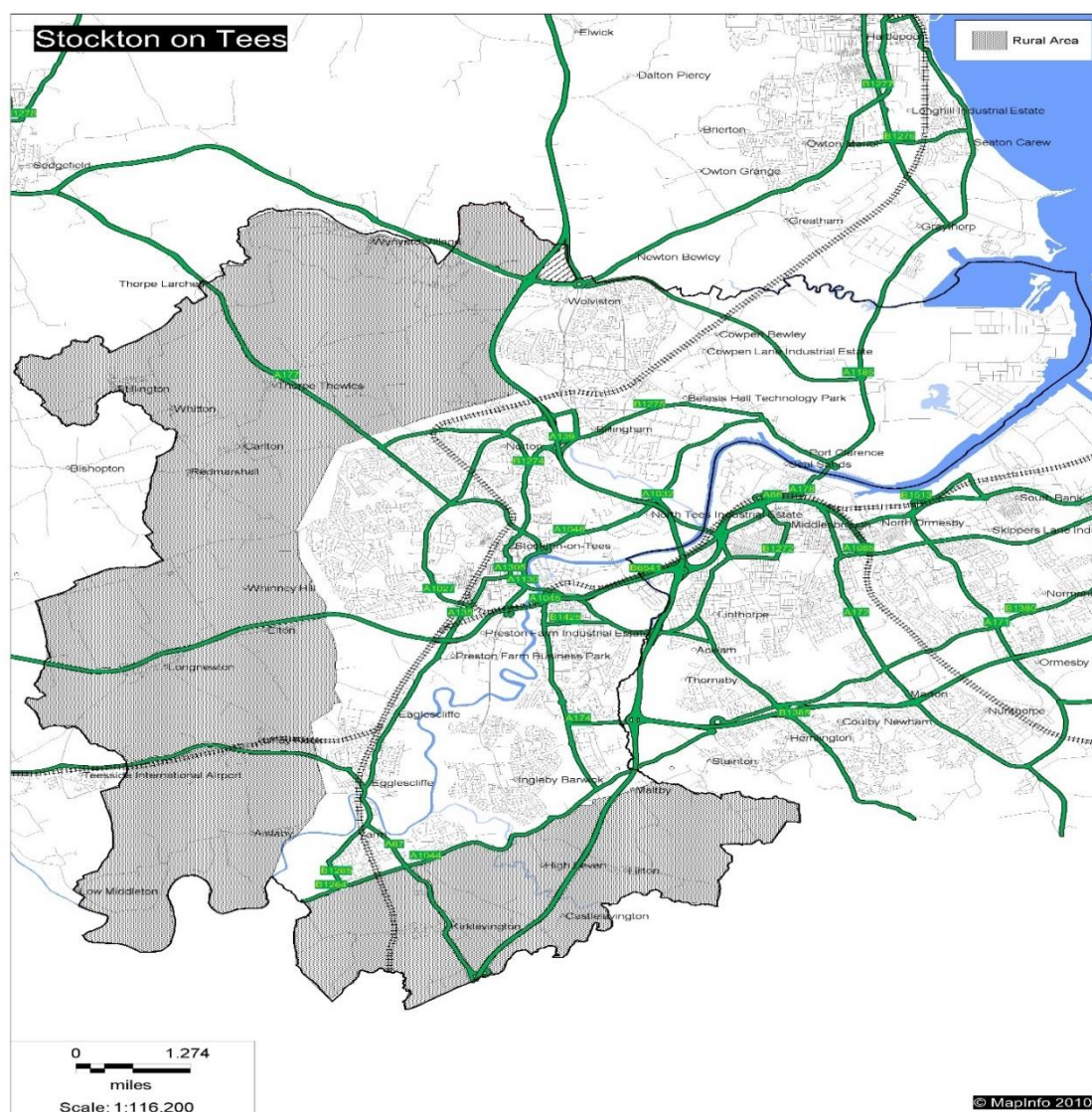
1.9. Rurality

A controlled locality is an area which has been determined, either by NENC ICB, a primary care trust, a predecessor organisation, or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be "rural in character". It should be noted that areas that have not been formally determined as rural in character and therefore

controlled localities, are not controlled localities unless and until NENC ICB determine them to be. Some areas may be considered as rural because they consist of open fields with few houses but they are not a controlled locality until they have been subject to a formal determination (NHS England, 2013).

Regulations 12 and 31(7) of the 2005 Regulations, as amended, required PCTs to determine applications according to neighbourhoods; Regulation 35(9) also required PCTs to delineate the boundaries of any reserved location it has determined on a map and to publish such a map.

Figure 3: Map of 'controlled localities' (rurality) for NHS Stockton-on-Tees (and hence now the HWB area)



HWBs with rural areas may have had controlled localities i.e. areas which are rural in character, and since April 2005 may have also determined "reserved locations" within some of these controlled localities. A reserved location is a specialist determination, which allows a dispensing doctor to continue to provide dispensing services in such localities even if a pharmacy opens nearby.

HWBs with rural areas may have had controlled localities i.e. areas which are rural in character, and since April 2005 may have also determined "reserved locations" within some of these controlled localities.

A reserved location is a specialist determination, which allows a dispensing doctor to continue to provide dispensing services in such localities even if a pharmacy opens nearby.

NHS Stockton-on-Tees PCT reviewed the rurality designation of Wynyard in 2010, now part of S1 Stockton-on-Tees North locality. The Pharmacy Panel determined that the rurality designation should stand and this decision was upheld following an appeal decision by the NHS Litigation Authority Appeals Unit. The map transferred to NHS England in 2013 and as at 14/1/25 we have not been notified that there have been any changes.

DRAFT

2. People of Stockton-on-Tees

2.1. Local Context

Within Tees Valley there are five Health and Wellbeing Boards; Darlington, Hartlepool, Stockton-on-Tees, Middlesbrough and Redcar and Cleveland.

Stockton-on-Tees HWB sits within the North-East and North Cumbria (NENC) ICB area.

The Stockton-on-Tees HWB area shares a part of its boundary with each of the other four Tees Valley areas: Hartlepool to the north, Darlington to the west and both Middlesbrough and Redcar and Cleveland to the east. To the north-west the Borough is bordered by County Durham and to the south by the North Yorkshire HWB area

2.2. Population and age/sex breakdown

Understanding the population of a geographic area may sometimes be constrained by the availability of data specific to that geographic location. In certain circumstances, an understanding of the population demographics at HWB level may be considered adequate to review strategic pharmaceutical needs. To consider more specific needs on a locality basis, where data is available at ward or LSOA level and can be aggregated to create a locality average this can be done. Otherwise, ward data can still be considered by examining locality areas without aggregating the data, as this is not always useful.

The descriptions of the population within each locality will be considered under suitable headings that will contribute to the understanding of protected characteristics and associated demography.

Table 1 shows estimated population breakdown by broad age (ONS mid-year 2022 estimates) for the Stockton-on-Tees HWB area, by ward in each locality. The all-age population of the Borough was estimated to be 196,587 in the 2021 Census, increasing to 199,966 by the mid-2022 estimate.

Ward 2023 Code	Ward 2023 Name	Locality	Total	0-15	16-64	65+	% 0-15	% 16-64	% 65+
E05014880	Southern Villages	S2	2,639	409	1,574	656	15.5%	59.6%	24.9%
E05014867	Grangefield	S1	3,174	599	1,993	582	18.9%	62.8%	18.3%
E05014873	Newtown	S1	4,493	1,028	2,970	495	22.9%	66.1%	11.0%
E05014862	Billingham West & Wolviston	S3	5,818	759	3,013	2,046	13.0%	51.8%	35.2%
E05014864	Eaglescliffe East	S2	6,155	1,150	3,509	1,496	18.7%	57.0%	24.3%
E05014876	Norton North	S1	6,190	940	3,328	1,922	15.2%	53.8%	31.1%
E05014863	Bishopsgarth & Elm Tree	S1	6,327	950	3,602	1,775	15.0%	56.9%	28.1%
E05014865	Eaglescliffe West	S2	6,373	1,155	3,757	1,461	18.1%	59.0%	22.9%
E05014875	Norton Central	S1	6,458	1,176	3,972	1,310	18.2%	61.5%	20.3%
E05014860	Billingham North	S3	6,471	1,016	4,057	1,398	15.7%	62.7%	21.6%
E05014874	Northern Parishes	S1	6,636	1,344	4,188	1,104	20.3%	63.1%	16.6%
E05014881	Stainsby Hill	S4	7,282	1,365	4,231	1,686	18.7%	58.1%	23.2%
E05014858	Billingham Central	S3	7,393	1,502	4,602	1,289	20.3%	62.2%	17.4%
E05014859	Billingham East	S3	7,528	1,640	4,437	1,451	21.8%	58.9%	19.3%
E05014883	Village	S4	7,781	1,560	4,577	1,644	20.0%	58.8%	21.1%
E05014877	Norton South	S1	7,782	1,191	5,249	1,342	15.3%	67.5%	17.2%
E05014861	Billingham South	S3	8,001	1,484	4,859	1,658	18.5%	60.7%	20.7%
E05014868	Hardwick & Salters Lane	S1	8,216	2,042	5,062	1,112	24.9%	61.6%	13.5%
E05014879	Roseworth	S1	8,487	1,911	5,195	1,381	22.5%	61.2%	16.3%
E05014869	Hartburn	S1	8,626	1,409	4,795	2,422	16.3%	55.6%	28.1%
E05014872	Mandale & Victoria	S4	8,650	1,908	5,669	1,073	22.1%	65.5%	12.4%
E05014882	Stockton Town Centre	S1	8,741	2,003	5,861	877	22.9%	67.1%	10.0%
E05014878	Ropner	S1	8,768	2,051	5,897	820	23.4%	67.3%	9.4%
E05014866	Fairfield	S1	8,981	1,430	5,069	2,482	15.9%	56.4%	27.6%
E05014884	Yarm	S2	9,635	1,669	5,547	2,419	17.3%	57.6%	25.1%
E05014871	Ingleby Barwick South	S2	10,746	1,996	7,256	1,494	18.6%	67.5%	13.9%
E05014870	Ingleby Barwick North	S2	12,615	3,233	8,299	1,083	25.6%	65.8%	8.6%
Total Population Locality S1			92,879	18,074	57,184	17,624	19.5%	61.6%	19.0%
Total Population Locality S2			48,163	9,612	29,942	8,609	20.0%	62.2%	17.9%
Total Population Locality S3			35,211	5,642	20,968	7,842	16.0%	59.5%	22.3%
Total Population Locality S4			23,713	4,833	14,477	4,403	20.4%	61.1%	18.6%
Stockton-on-Tees			199,966	38,161	122,571	38,478	19.08%	61.29%	19.24%

Table 1. Population breakdown (mid-2022) in Stockton-on-Tees by ward and locality.

- Points of particular note:
- The total population by ward ranges from around 2,639 in Southern Villages to more than 3,500 in Western Parishes to more than 10,000 in Ingleby Barwick South and North.
- Locality S1: Stockton-on-Tees North has a higher population than Locality S4: Thornaby.
- 19.8% of the Stockton-on-Tees population are 0–15-year-olds, however, almost 23% of the population in Newtown are under 16.
- At the other end of the age spectrum, just over 19% of the population of Stockton-on-Tees are over 65 years of age, however, more than 35% of the population in Billingham West & Wolviston are over 65.
- Wards with the largest potential daily population influx (both internal to the Borough and cross-boundary from other HWB areas include [Stockton Town Centre] and [Mandale and Victoria]. The Teesside Park retail shopping centre, Stockton Riverside College and the University of Durham, Stockton campus are situated within the Mandale and Victoria ward; it is noted that there will be a greater potential for transient (student) population influx in this ward during term times. There will also be a population flow into Hardwick and Salters Lane ward in which the large teaching hospital is situated.

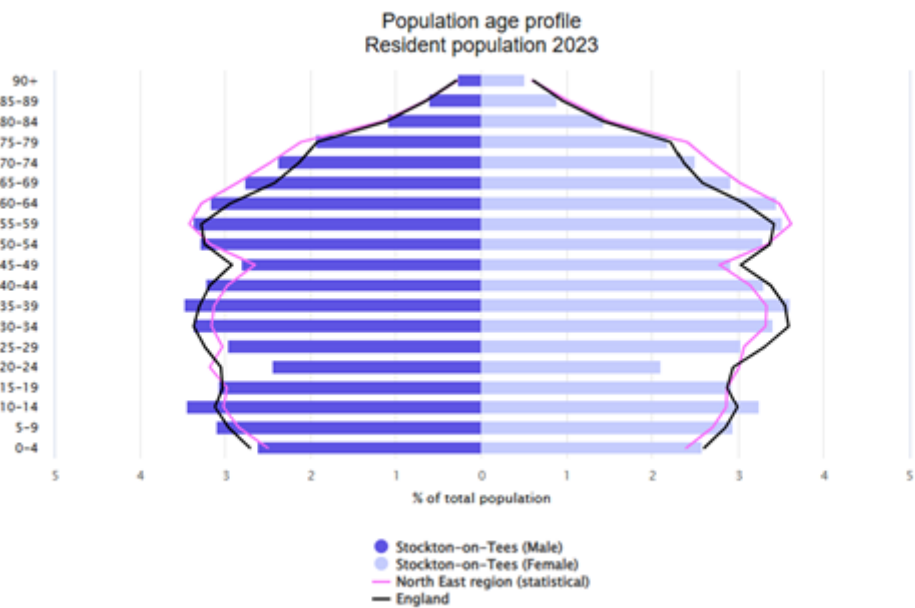


Figure 4 shows that the gender balance across Stockton-on-Tees is not skewed sufficiently from the reasonable norm to influence pharmaceutical needs. However, there are fewer 20–24-year old’s than the North East and England averages.

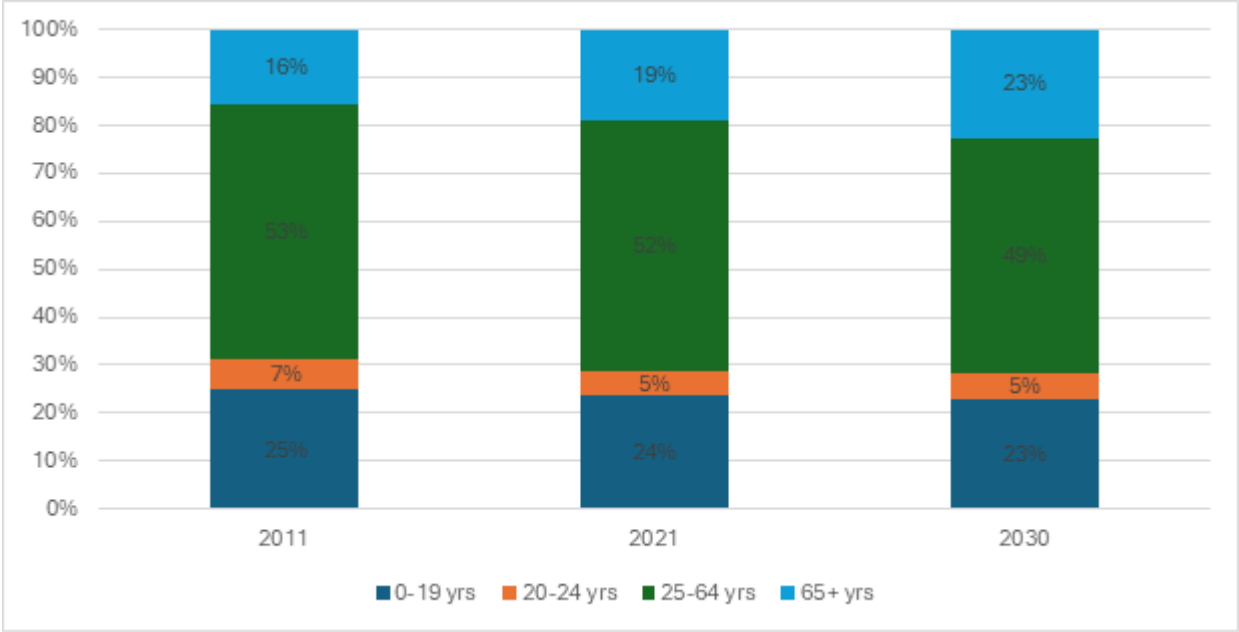


Figure 5-Overall growth in Stockton-on-Tees population (persons)

At locality level the over 65 population will increase by 21.7% from 2021 to 2030.

2.3. Births and Deaths

There have been 1,920 live births in 2023 compared to 2,414 in 2013, a decline of 20% in the Stockton-on-Tees Locality. Locality S1: Stockton-on-Tees North has the highest birth rate. This decline can also be noted in the general fertility rate (the number of live births per 10,000 women of child-bearing age). The Office of National Statistics (ONS) predict that this will only start to rise again during 2030 and 2040.

The graph below (figure 3) shows the total number of deaths per year in Stockton-on-Tees. The spike in 2020 can be attributed to COVID19. A larger proportion of deaths are in the S1: Stockton-on-Tees North locality specifically in the Stockton Town Centre and Ropner wards.

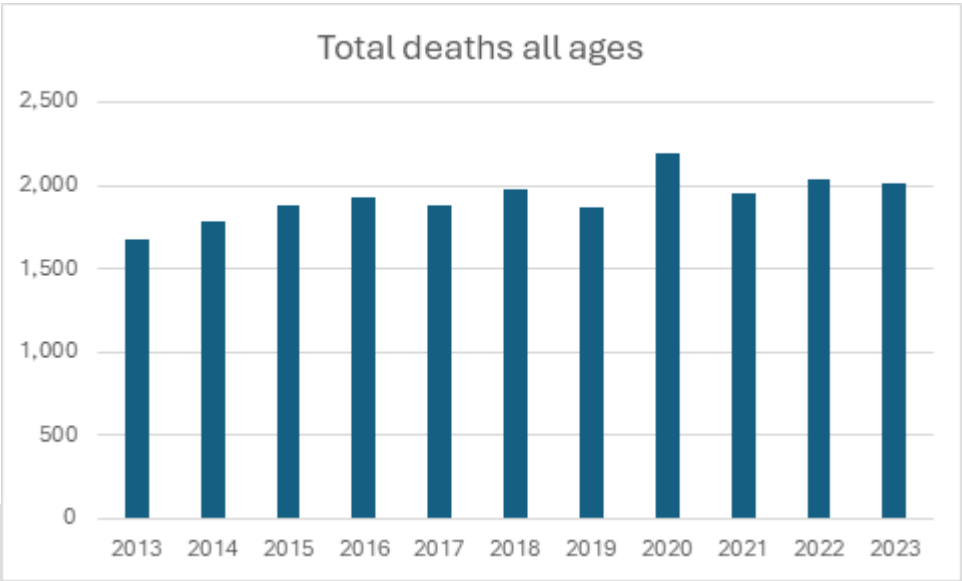


Figure 6 total deaths (ONS figures)

2.4. Household Language

According to the Census (2021) figures 97% of people aged three and over have English as their main language in Stockton-on-Tees. Stockton Town Centre ward in locality S1: Stockton-on-Tees North has the highest percentage of people who cannot speak English. Figure 7 shows that there is a larger number of residents in Stockton-on-Tees who are aged 35 to 49 years whose main language is not English.

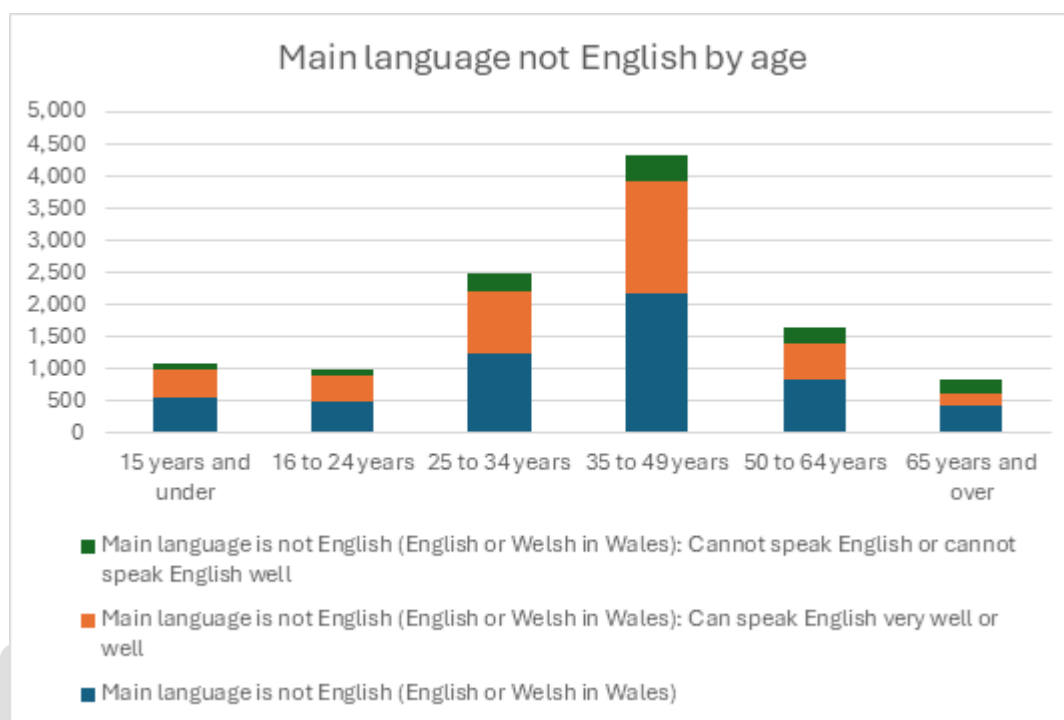


Figure 7 English is not the main language by age (ONS)

2.5. Deprivation Profile: Index of Multiple Deprivation (IMD) 2019

The English Indices of Deprivation 2019 (IMD 2019) are the official measures of dimensions of deprivation at small area level or Lower Super Output Areas (LSOAs). LSOAs have an average population of 1500 people. In most cases, they are smaller than wards, thus allowing greater granularity in the identification of small pockets of deprivation. (Department for Communities and Local Government, 2019)

The model of multiple deprivation which underpins the IMD 2019 is the same as that which underpinned its predecessors – the IMD 2015, IMD 2010, IMD 2007, IMD 2004 and IMD 2000– and is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately and are experienced by individuals living in an area. The Index of Multiple Deprivation (IMD 2019) contains seven domains which relate to income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime.

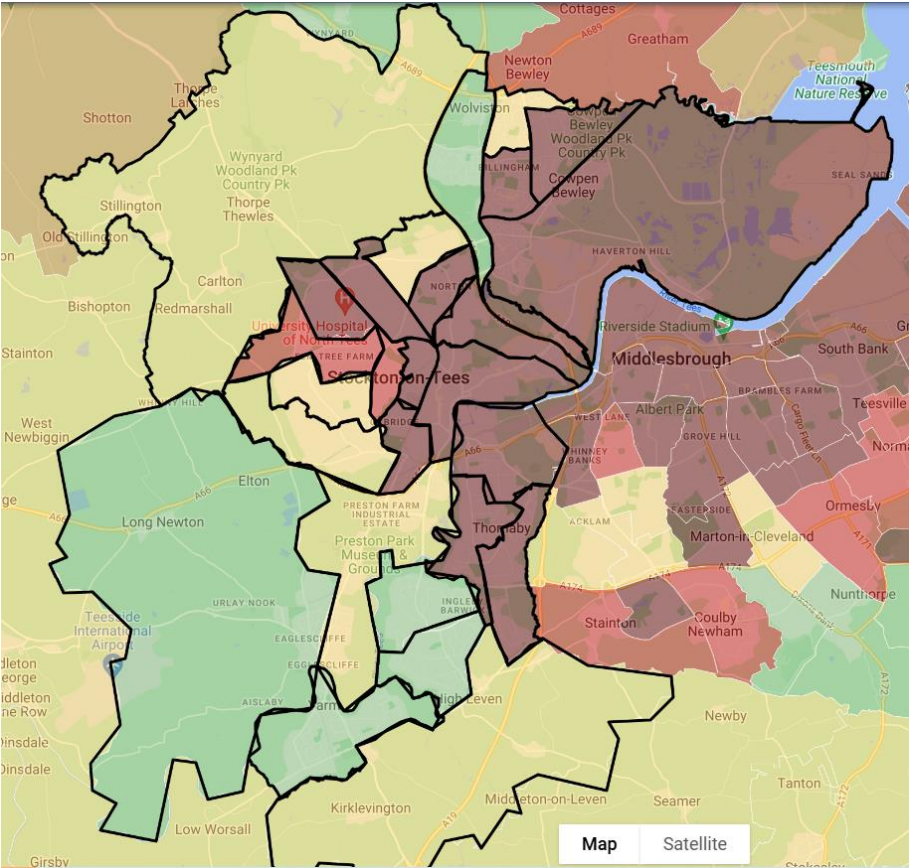
	2010	2015	2019
Darlington	45	58	47
Hartlepool	10	10	10
Middlesbrough	1	1	1
Redcar & Cleveland	36	33	29
Stockton-on-Tees	57	47	39

For IMD (2019), at the Borough level and out of 325 districts nationally, Stockton-on-Tees has the 39th (47th in 2015) highest proportion of LSOAs within the most deprived nationally. Middlesbrough is ranked 1st and Hartlepool 10th on this basis.

Ward 2023 Code	Ward 2023 Name	Locality	England Rank	LA Quintile	LA decile
E05014858	Billingham Central	S3	7422.00	1	2
E05014859	Billingham East	S3	8198.90	1	1
E05014860	Billingham North	S3	23754.00	4	8
E05014861	Billingham South	S3	9768.40	1	2
E05014862	Billingham West & Wolviston	S3	27101.10	4	8
E05014863	Bishopsgarth & Elm Tree	S1	13267.80	2	4
E05014864	Eaglescliffe East	S2	22837.80	4	7
E05014865	Eaglescliffe West	S2	28742.90	5	9
E05014866	Fairfield	S1	20748.80	3	6
E05014867	Grangefield	S1	11557.50	4	7
E05014868	Hardwick & Salters Lane	S1	2376.10	1	1
E05014869	Hartburn	S1	25626.20	5	9
E05014870	Ingleby Barwick North	S2	29223.10	5	9
E05014871	Ingleby Barwick South	S2	27165.00	5	9
E05014872	Mandale & Victoria	S4	6168.50	1	1
E05014873	Newtown	S1	1167.00	1	1
E05014874	Northern Parishes	S1	24241.10	5	10
E05014875	Norton Central	S1	9080.60	2	4
E05014876	Norton North	S1	24204.50	1	2
E05014877	Norton South	S1	8191.30	1	2
E05014878	Ropner	S1	5232.90	2	3
E05014879	Roseworth	S1	4357.10	1	1
E05014880	Southern Villages	S2	25091.90	4	7
E05014881	Stainsby Hill	S4	8385.40	1	1
E05014882	Stockton Town Centre	S1	161.50	1	1
E05014883	Village	S4	8716.80	2	3
E05014884	Yarm	S2	28105.90	5	9

Figure 8 shows the national rank in England for the 27 wards in Stockton-on-Tees (1 most deprived and 32,844 least deprived). Also shown alongside is the Borough quintile of ranked score and the Borough Decile, where quintile 1 is within the most deprived 20% and Decile 1 is within the most deprived 10% of areas.

Dark purple most deprived, light green least deprived.



2.6. Ethnicity

Table 3 shows an extract of the data for ethnic origin of the population by ward in each Stockton-on-Tees locality from the 2021 census.

- Stockton-on-Tees has approximately the same non-white population compared with the Tees Valley¹ average but a lower non-white population than the national average.
- However, [Ropner] and [Stockton Town Centre] wards have the highest non-white populations where around 10-13% of the population are mostly Asian.

Proportions of the population that are non-white are small in many wards. From the census data, it is known that the majority of the non-white population in Stockton-on-Tees are of Asian origin. Data is shown here for wards where the percentage of the non-white population is greater than around 2% for consideration of any specific pharmaceutical needs related to ethnicity.

Ward 2023 Code	Ward 2023 Name	Locality	All	White:English/ Welsh/ Scottish/ N Irish/British	Other
E05014858	Billingham Central	S3	7973	7804	169
E05014859	Billingham East	S3	7841	7672	169
E05014860	Billingham North	S3	6222	6118	104
E05014861	Billingham South	S3	7740	7554	186
E05014862	Billingham West & Wolviston	S3	5804	5717	87
E05014863	Bishopsgarth & Elm Tree	S1	6396	6151	245
E05014864	Eaglescliffe East	S2	7001	6530	471
E05014865	Eaglescliffe West	S2	6634	6296	338
E05014866	Fairfield	S1	8370	7932	438
E05014867	Grangefield	S1	3507	3216	291
E05014868	Hardwick & Salters Lane	S1	8413	7856	557
E05014869	Hartburn	S1	8401	8004	397
E05014870	Ingleby Barwick North	S2	12070	10635	1435
E05014871	Ingleby Barwick South	S2	10599	9663	936
E05014872	Mandale & Victoria	S4	9249	7650	1599
E05014873	Newtown	S1	4387	3794	593
E05014874	Northern Parishes	S1	5735	5211	524
E05014875	Norton Central	S1	7063	6766	297
E05014876	Norton North	S1	5971	5848	123
E05014877	Norton South	S1	7610	7356	254
E05014878	Ropner	S1	7203	4972	2231
E05014879	Roseworth	S1	7910	7561	349
E05014880	Southern Villages	S2	2359	2194	165
E05014881	Stainsby Hill	S4	7797	7474	323
E05014882	Stockton Town Centre	S1	7750	5795	1955
E05014883	Village	S4	7836	7222	614
E05014884	Yarm	S2	9582	8856	726

Census 2021

Table 3. Extract of ward data for ethnic origin; percentages are of total population. Source: 2021 Census

2.7. Protected Characteristics

Table 4 shows an extract of data from the Census (2021) relating to disability and sexual orientation.

- Stockton Town Centre, Newtown, Hardwick & Salters Lane and Mandale & Victoria all have over 30% of residents who are disabled and economically inactive. These areas also have the highest claimants of benefits.
- Hardwick & Salters Lane, Stockton Town Centre and Norton South have the highest proportion of those with a Gay or Lesbian sexual orientation.

Locality	Area	People who are disabled under the Equality Act and are economically inactive due to long-term sick/disability (Census 2021)	Disability benefit (DLA)	Gay or Lesbian (as a % of all responding to the sexual orientation question) (Census 2021)	Bisexual (as a % of all responding to the sexual orientation question) (Census 2021)	Bisexual (as a % of all aged 16+) (Census 2021)	All other sexual orientations (as a % of all responding to the sexual orientation question) (Census 2021)
S3	Billingham Central	25.26%	3.33%	1.69%	1.11%	1.04%	0.47%
S3	Billingham East	22.55%	3.76%	1.39%	1.15%	1.08%	0.28%
S3	Billingham North	15.62%	1.79%	1.10%	0.53%	0.50%	0.15%
S3	Billingham South	23.61%	3.15%	1.57%	1.00%	0.93%	0.19%
S3	Billingham West & Wolviston	10.92%	1.74%	1.34%	0.76%	0.72%	0.30%
S1	Bishopsgarth & Elm Tree	14.03%	2.64%	1.14%	0.77%	0.73%	0.09%
S2	Eaglescliffe East	15.86%	1.80%	1.14%	0.94%	0.88%	0.19%
S2	Eaglescliffe West	10.56%	1.49%	0.92%	0.71%	0.67%	0.14%
S1	Fairfield	14.44%	1.82%	0.94%	0.68%	0.64%	0.11%
S1	Grangefield	19.58%	2.03%	2.24%	1.21%	1.14%	0.17%
S1	Hardwick & Salters Lane	30.16%	3.58%	2.67%	1.22%	1.15%	0.22%
S1	Hartburn	9.87%	1.59%	1.03%	0.80%	0.76%	0.18%
S2	Ingleby Barwick North	9.35%	1.38%	1.16%	0.78%	0.75%	0.08%
S2	Ingleby Barwick South	10.69%	1.40%	1.01%	0.55%	0.53%	0.07%

S4	Mandale & Victoria	30.03%	3.09%	1.88%	1.91%	1.78%	0.47%
S1	Newtown	34.48%	3.42%	2.21%	1.21%	1.13%	0.16%
S1	Northern Parishes	17.63%	1.45%	1.02%	0.50%	0.47%	0.13%
S1	Norton Central	25.44%	3.12%	1.61%	1.23%	1.15%	0.26%
S1	Norton North	9.32%	1.74%	1.28%	0.56%	0.52%	0.10%
S1	Norton South	24.43%	2.04%	2.41%	1.69%	1.59%	0.33%
S1	Ropner	28.34%	2.12%	1.89%	1.62%	1.45%	0.38%
S1	Roseworth	29.10%	3.62%	1.77%	0.99%	0.92%	0.33%
S2	Southern Villages	5.96%	1.21%	1.06%	0.65%	0.62%	0.10%
S4	Stainsby Hill	23.08%	3.16%	2.29%	0.95%	0.90%	0.22%
S1	Stockton Town Centre	36.48%	2.34%	2.61%	1.63%	1.47%	0.50%
S4	Village	20.88%	2.74%	1.66%	0.91%	0.86%	0.18%
S2	Yarm	10.93%	1.33%	1.10%	0.82%	0.78%	0.11%

Table 4 Extract of ward data for disability and sexual orientation. Source: 2021 Census

2.8. Migrants and those seeking asylum

There is a specialist general practice in Stockton-on-Tees which registers migrants and those seeking asylum. This practice (Arrival) has a list size over 1000 patients and is located in the Stockton Town Centre ward in Locality S1: Stockton-on-Tees North. This may contribute to the high 'non-white' population of the area and is a population with a protected characteristic that may have very specific health, social and pharmaceutical care needs.

Migrants also often work below their qualification levels due to poor language skills or issues with UK working regulations. Health issues remain undetected or untreated without support for understanding UK health systems and GP or dental practice registration. Non-attendance at screening and immunisations, perhaps as a consequence of poor English literacy, may lead to longer term health implications.

2.9. Life Expectancy

Life expectancy at birth is a measure used to indicate the average length of time a person may live given all the socio-economic, environmental and health conditions that prevail birth. Whilst this has been slightly increasing since 2001 this still remains under the England average. The figures below show how this has changed for males and females in Stockton-on-Tees.

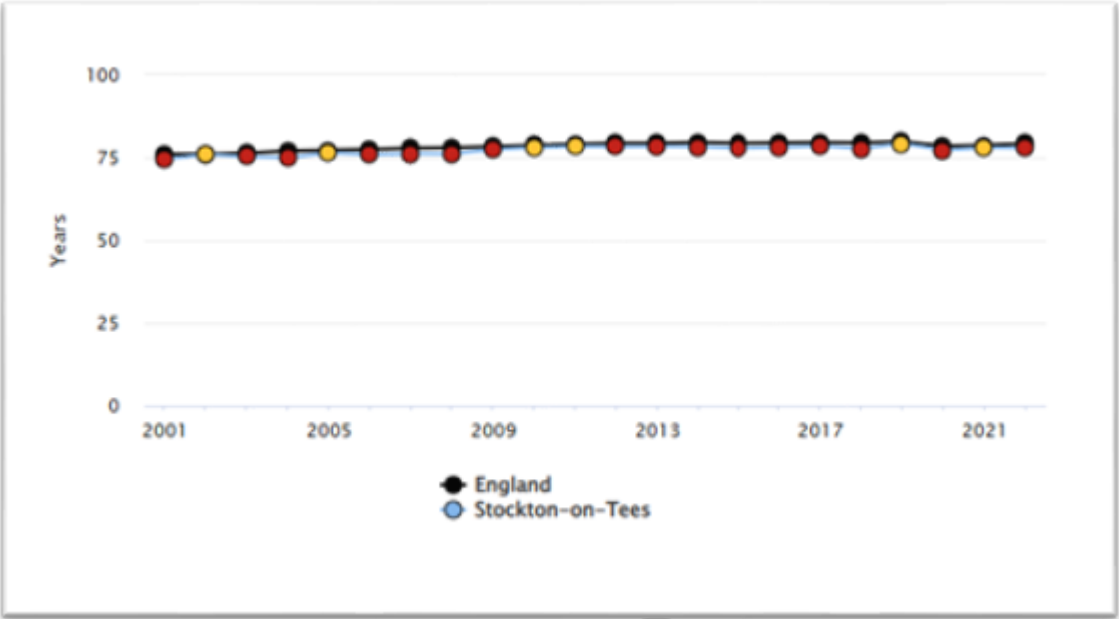


Figure 10: LE at birth males: Fingertips

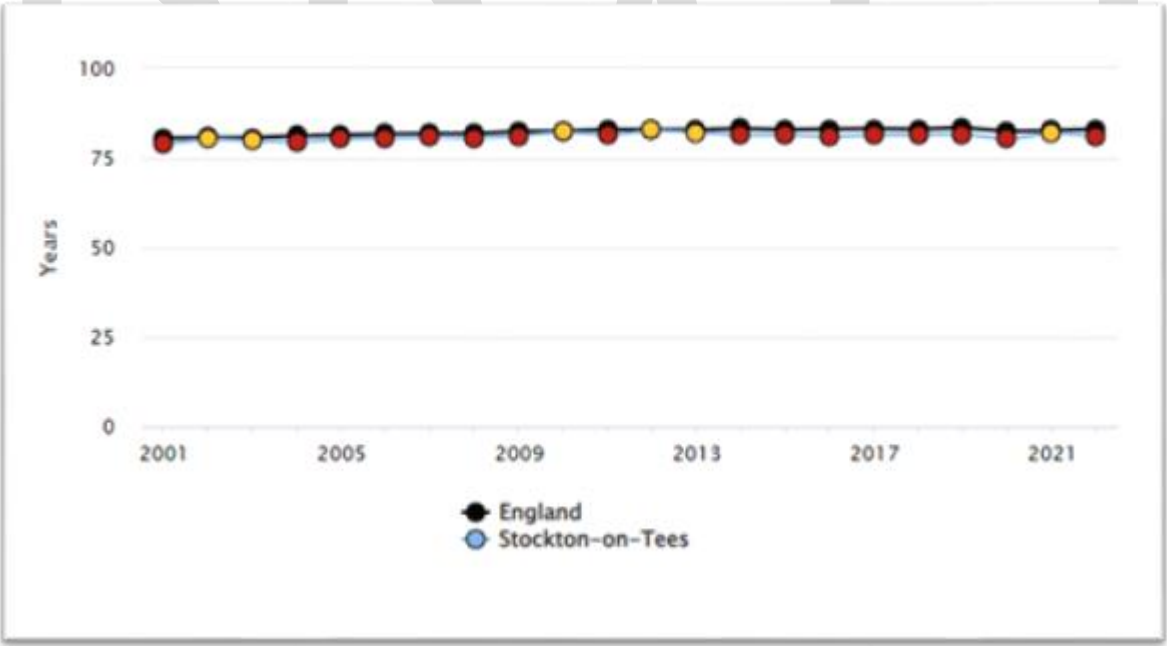


Figure 10 LE at birth females: Fingertips

There are large inequalities between different areas of the borough, with an estimated 16.7-year gap in males and 18.5-year gap in females in life expectancy between the most and least deprived groups. The chart below shows the breakdown of life expectancy by ward.

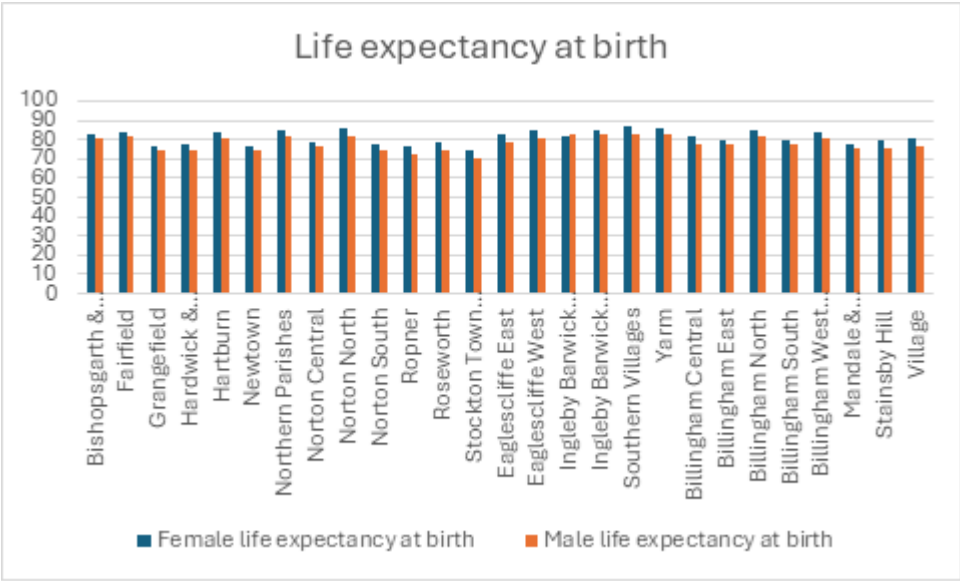
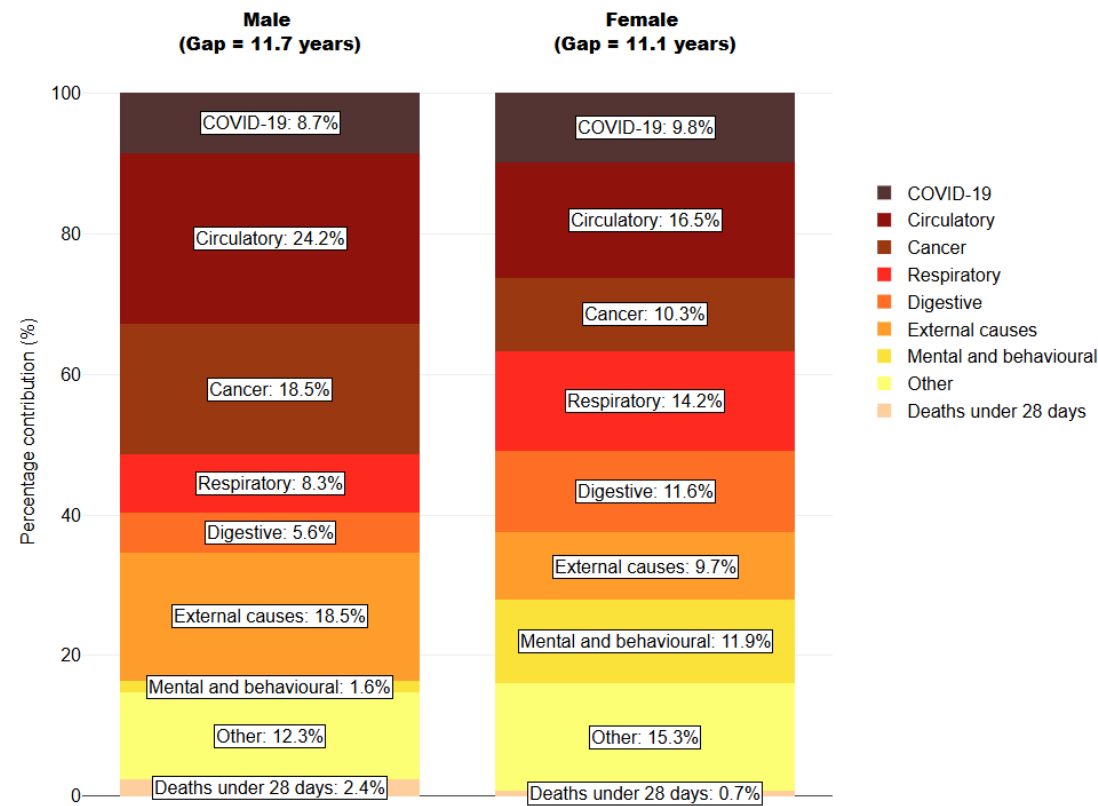


Figure 11 LE at birth by ward both males and females

The lowest life expectancy can be seen in the Stockton town centre ward which lies in Locality S1: Stockton-on-Tees North.

The broad causes of death which contribute to the gaps in life expectancy are shown in the figure below. This shows that the main causes of death in both males is circulatory problems and cancer and in females circulatory and respiratory problems.

Breakdown of the life expectancy gap between the most and least deprived quintiles of Stockton-on-Tees by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Figure 12 Life Expectancy Gap

2.10. Households

The total number of households in Stockton-on-Tees at the time of the 2021 Census was 83,756 of which:

- 66.62% were owner occupied
- 16.96% were private rented
- 16.32% were socially rented
- 0.46% were in shared housing and
- 0.09% were living rent free

Lone parent households with dependent children accounted for 27.34% of households. This is higher than the England average (24.22%).

2.11. Car Ownership

Table 5 shows data from the 2021 census. Understanding public transport and car ownership in a locality helps understand potential pharmaceutical needs from the point of view of (a) a general indicator of prosperity (or otherwise) and (b) consideration of access to transport to attend a pharmacy.

It is noted that the pattern of car ownership is consistent with other variables, for example employment rates.

Locality S1: Stockton-on-Tees North has a higher percentage of households who do not have a car.

The availability of public transport across Stockton-on-Tees is generally very good. In the villages the reliant population may also access Tees Flex in addition to any routine bus service.

Ward 2023 Code	Ward 2023 Name	Locality	No cars or vans in household	1 car or van in household	2 or more cars or vans in household
E05014870	Ingleby Barwick North	S2	3.66%	34.73%	47.34%
E05014880	Southern Villages	S2	5.92%	32.19%	46.31%
E05014874	Northern Parishes	S1	6.43%	30.53%	45.72%
E05014871	Ingleby Barwick South	S2	4.91%	36.21%	41.55%
E05014865	Eaglescliffe West	S2	9.01%	40.65%	38.18%
E05014884	Yarm	S2	11.62%	42.01%	36.49%
E05014869	Hartburn	S1	11.62%	41.26%	35.67%
E05014860	Billingham North	S3	11.25%	41.27%	35.64%
E05014876	Norton North	S1	14.55%	43.61%	32.96%
E05014866	Fairfield	S1	14.46%	43.20%	32.49%
E05014862	Billingham West & Wolwiston	S3	14.22%	44.29%	31.63%
E05014864	Eaglescliffe East	S2	13.93%	46.33%	31.26%
E05014863	Bishopsgarth & Elm Tree	S1	18.62%	44.05%	28.28%
E05014867	Grangefield	S1	20.36%	42.09%	27.70%
E05014861	Billingham South	S3	27.88%	39.91%	25.27%
E05014883	Village	S4	26.65%	43.96%	22.70%
E05014877	Norton South	S1	27.39%	45.55%	22.02%
E05014859	Billingham East	S3	29.91%	42.65%	21.85%
E05014881	Stainsby Hill	S4	30.58%	41.64%	21.46%
E05014879	Roseworth	S1	30.10%	44.34%	20.83%
E05014858	Billingham Central	S3	30.01%	44.49%	19.89%
E05014875	Norton Central	S1	29.02%	46.49%	19.88%
E05014878	Ropner	S1	37.52%	36.76%	19.56%
E05014868	Hardwick & Salters Lane	S1	37.17%	41.44%	18.26%
E05014872	Mandale & Victoria	S4	38.68%	42.09%	15.79%
E05014882	Stockton Town Centre	S1	48.46%	34.68%	14.09%
E05014873	Newtown	S1	46.62%	35.73%	13.69%

Table 5 Proportion of households in Stockton-on-Tees without a car and conversely with two or more cars. Source: ONS 2021

The majority of urban areas are within 1.6km of a pharmacy. The small number of areas that are not within 1.6km of a pharmacy have high levels of car ownership.

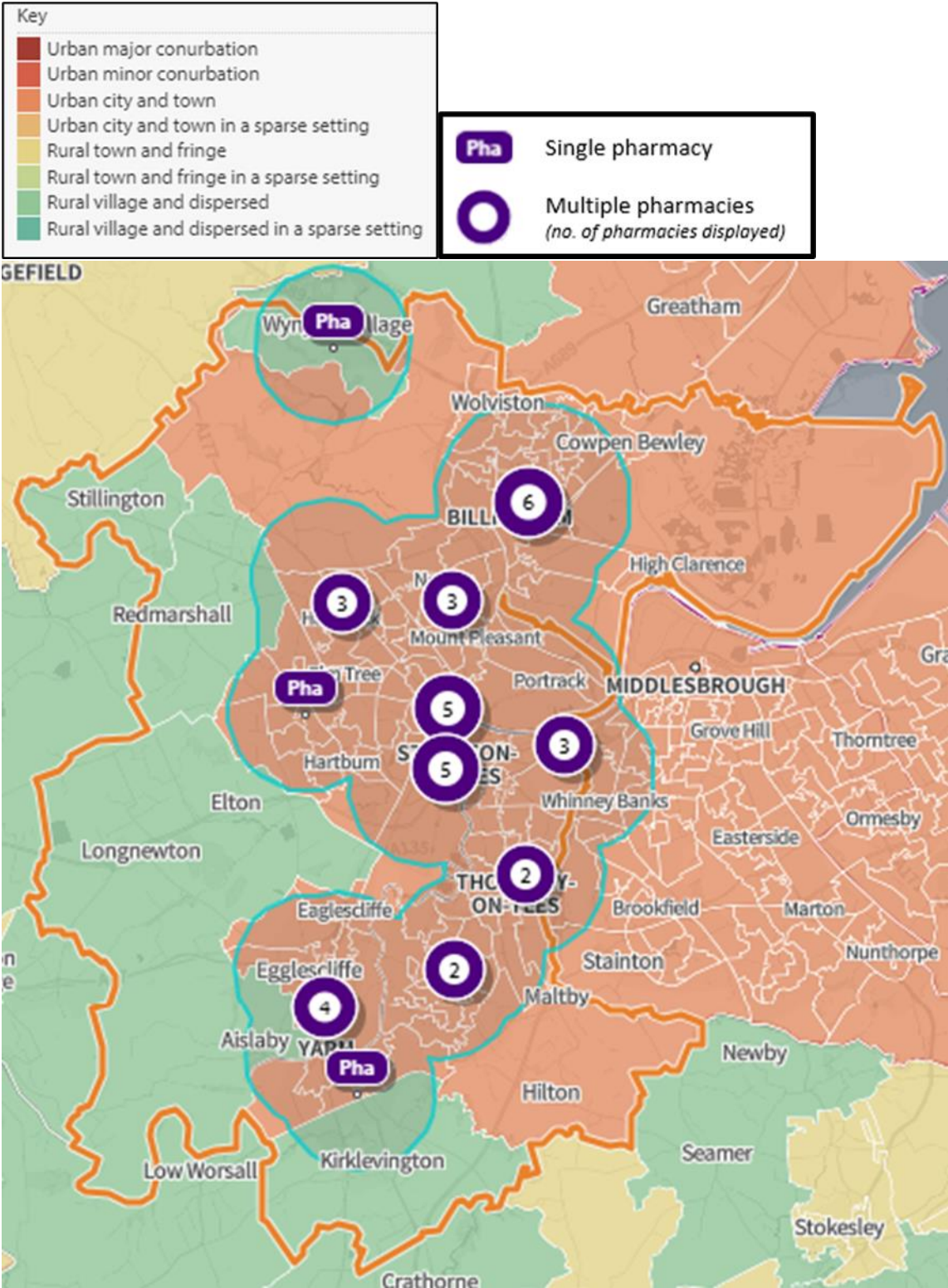


Figure 13 shows a rural/urban map of the Stockton-on-Tees pharmacies, with a 1.6km boundary around each of them.

2.12. Benefits and Unemployment

As well as the association between income and health, employment status of the population may be a useful predictor of potential pharmaceutical needs with regards to requirements to access a pharmacy outside of working hours.

Figure 14 shows recent data for out of work benefits and table below adults 16+ who are employed and the rates of households with fuel poverty by ward and locality in Stockton-on-Tees. Local authority rates are worse than the England rates; but the degree or range of variability in these measures across the wards is again notable.

There is considerable variation in the proportion of the population receiving out of work benefits across the wards in Stockton-on-Tees.

- The wards in localities S1: Stockton-on-Tees North, S3: Billingham and S4: Thornaby have a higher proportion of the population receiving out of work benefits, and fuel poverty compared to locality S2: Stockton-on-Tees South.
- Stockton-on-Tees has a greater proportion of working-age population unemployed than the North East and national average.
- 5.4% of 16–17-year-olds in Stockton-on-Tees are not in education, employment or training , this is similar to the national average (5.2%).

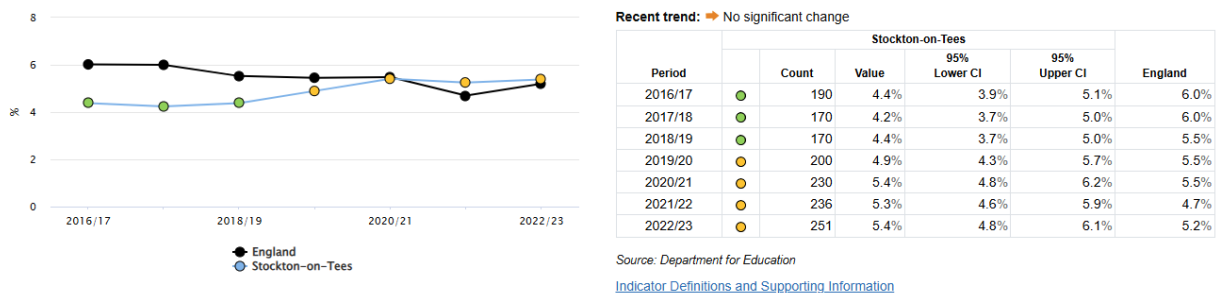


Figure 14 out of work benefits: Fingertips

Ward 2023 Code	Ward 2023 Name	Locality	% of the working age population claiming out of work benefits, 2024	Adults aged 16+ in employment 2021	% of households that experience fuel poverty, 2022
E05014858	Billingham Central	S3	23.05%	53.32%	11.68%
E05014859	Billingham East	S3	24.41%	50.56%	10.68%
E05014860	Billingham North	S3	8.43%	59.54%	4.85%
E05014861	Billingham South	S3	20.59%	51.74%	12.11%
E05014862	Billingham West & Wolviston	S3	6.96%	45.42%	6.77%
E05014863	Bishopsgarth & Elm Tree	S1	13.81%	51.00%	6.52%
E05014864	Eaglescliffe East	S2	11.13%	54.36%	9.01%
E05014865	Eaglescliffe West	S2	6.78%	56.71%	6.32%
E05014866	Fairfield	S1	10.96%	52.52%	7.49%
E05014867	Grangefield	S1	19.16%	53.14%	11.72%
E05014868	Hardwick & Salters Lane	S1	27.09%	50.34%	10.33%
E05014869	Hartburn	S1	8.21%	51.92%	8.57%
E05014870	Ingleby Barwick North	S2	4.77%	69.97%	2.71%
E05014871	Ingleby Barwick South	S2	5.70%	64.19%	2.87%
E05014872	Mandale & Victoria	S4	28.40%	49.72%	15.26%
E05014873	Newtown	S1	38.21%	44.84%	21.59%
E05014874	Northern Parishes	S1	6.58%	60.40%	5.73%
E05014875	Norton Central	S1	23.88%	51.33%	12.36%
E05014876	Norton North	S1	7.14%	51.73%	6.17%
E05014877	Norton South	S1	17.30%	46.73%	13.75%
E05014878	Ropner	S1	26.33%	52.11%	18.33%
E05014879	Roseworth	S1	27.13%	48.74%	11.67%
E05014880	Southern Villages	S2	6.14%	51.69%	5.22%
E05014881	Stainsby Hill	S4	23.22%	47.93%	10.79%
E05014882	Stockton Town Centre	S1	31.06%	44.48%	16.09%
E05014883	Village	S4	19.89%	51.08%	10.46%
E05014884	Yarm	S2	7.11%	55.80%	5.47%
Stockton-on-Tees			16.77%	53.27%	9.62%
Tees Valley			19.98%	50.68%	11.22%

Out of work benefit claimants, adults 16+ who are employed and rates of fuel poverty by ward and locality in Stockton-on-Tees.

2.13. Homeless and Rough Sleepers

The number of people estimated to be sleeping rough on a single night in autumn 2023 is 3,898, which has risen for the second year in a row but remains lower than the peak in 2017. The majority of people sleeping rough in England are male, aged over 26 years old and from the UK. This is similar to previous years. The number of rough sleepers found in Stockton-on-Tees has remained the same. The number of²

presentations to the Homelessness service continues to increase year on year. The figure below shows the number of presentations by year.

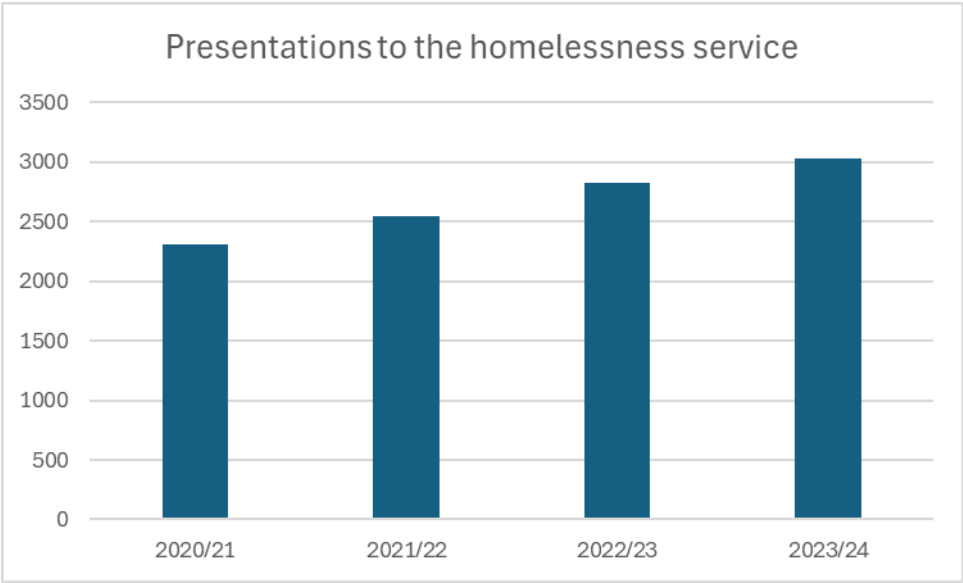


Figure 15 Presentations to Homeless Service

There has been a 31% increase in presentations from 2020/21 to 2023/24.

2.14. **Housing development and changes in social traffic**

The Stockton-on-Tees Local Plan sets out a housing requirement for the number of homes required in the Borough between 2017 and 2032, which is summarised in **Figure 16** below.

Period	Annual Requirement	Total in Period
2017/18 to 2021/22	720	3,600
2022/23 to 2026/27	655	3,275
2027/28 to 2031/32	655	3,275
Total (2017 – 2032)	-	10,150

Figure 16 – Local Plan Housing Requirement by five-year period

The Local Plan was five-years old in January 2024 and in accordance with Government policy future housing supply is calculated Government’s Local Housing Need Methodology, which was updated in December 2024. This figure must be calculated annually with the latest figure identifying a requirement of 746 dwellings per annum (net). The council is in the early stages of preparing a new Local Plan which will progress further when reforms to the planning system are brought into force.

The Local Plan identifies a number of site allocations which, along with existing planning permissions, meet this housing requirement. The main site allocations identified in the Local Plan are:

- West Stockton: A residential development made up of multiple sites which together will create a sustainable urban extension to Stockton totaling at least 2,500 homes. Figure 18 shows an image from the West Stockton Masterplan.
- Wynyard: Extension of Wynyard Village (500 homes) along with development at Wynyard Park (1,100 homes) to create a sustainable settlement. In addition, developments in Hartlepool Borough will further extend both Wynyard Village and Wynyard Park. Figure 19 shows an image from the Wynyard Masterplan, including sites within Hartlepool Borough.

Within neighbouring Hartlepool Borough additional planning permissions have been granted for additional residential development at Wynyard Park that were not identified in the Wynyard masterplan. This is an increase of circa 1,000 additional dwellings, which will be delivered in the long-term and have been considered through the Hartlepool Borough Pharmaceutical Needs Assessment.

The Local Plan was supported by a housing trajectory which provided an indication of how housing supply would be delivered over the life of the Local Plan. This is updated annually to understand the housing supply position over the following five-year period.

The most recent housing supply assessment covers the period 1st April 2024 to 31st March 2029. **Figure 17** below provides a summary of gross housing delivery in the Borough broken down by sub-area. The table includes key sites where significant housing delivery will take place, it should be noted that the number in the total delivery column includes delivery from other developments in the Borough.

Location	Total Delivery (2024-29)	Key Development Sites
Billingham	4	
Regenerated River Corridor	307	<ul style="list-style-type: none"> • North Shore, • Events Car Park, Navigation Way, • Millfield Works, Grangefield Road.
Eaglescliffe	662	<ul style="list-style-type: none"> • Allens West, Durham Lane, Eaglescliffe, • Hunters Rest Farm, Urray Nook Road, • Land East Of Mandale Park.
Ingleby Barwick	415	<ul style="list-style-type: none"> • Little Maltby Farm, Ingleby Barwick • Land off Roundhill Avenue Ingleby Barwick, • Lowfield ,Low Lane,High Leven.
Rural	145	<ul style="list-style-type: none"> • Land West Of St Martins Way, Kirklevington.
Stockton	978	<ul style="list-style-type: none"> • Bowesfield, • Yarm Back Lane, West Stockton • Harrowgate Lane, West Stockton, • Summerville Farm, Harrowgate Lane
Thornaby	66	<ul style="list-style-type: none"> • Westdale Road, Thornaby
Wynyard	439	<ul style="list-style-type: none"> • Wynyard Golf Club, Wellington Drive, • Wynyard Park Allocation, • Wynyard Village.
Yarm	224	<ul style="list-style-type: none"> • Tall Trees Hotel, • Land South of Green Lane.

Figure 17 – Housing Supply by location

Finally, there are limited demolitions planned across the Borough between 2024 and 2029.



Figure 18 West Stockton Master Plan



Figure 19 Wynyard Master Plan

3. Health Needs of Stockton-on-Tees

3.1.Data sources

Information below has been taken from the new health intelligence pack (Power BI) for health improvement across the North East and Yorkshire ICS. Information is based on publicly available information on the fingertips tool which draws on ONS, health, public health and social care data, the global burden of disease study 2021, census 2021 and other information.

3.2.Mortality and Burden of Disease

Similar to other areas in the North East and Yorkshire, Stockton-on-Tees has seen an increase in early preventable mortality since 2019. Preventable mortality in men living in Stockton-on-Tees is significantly above the national average and about average compared to statistical neighbours.

Stockton-on-Tees has a higher preventable early (premature) mortality rate than the national average and most statistical neighbours but lower than most regional neighbours.

All cause premature mortality in Stockton-on-Tees is above the national but below the regional average and when broken down to specific diseases premature mortality is particularly high for respiratory disease.

The highest burden of disease from illness in the local population (all ages) is from cancer followed by circulatory and respiratory diseases. In women musculoskeletal disorders and chronic respiratory illness play a more significant role. In men cardiovascular disease (CVD) and respiratory infection are causing more illness.

The highest burden of disease from illness in the population under 70 come from cancer followed by mental illness and musculoskeletal issues.

In the older population over 75 almost 60% of the burden of disease results from CVD followed by cancer and respiratory infections. Acute and chronic respiratory illness combined results in a higher burden of disease than cancer in this age group. There is also an increasing burden from neurological disorders in the older population.

Cancer, followed by CVD and respiratory diseases are the leading causes of death in the population (73% of total).

In the population under 70 the leading cause of death is cancer followed by respiratory disease (acute and chronic) and CVD.

In the older population >75 respiratory disease is the leading cause of death (acute and chronic respiratory disease cause 33% of deaths), followed by CVD and cancer.

3.3.Drugs and Alcohol

Deaths from drug misuse in Stockton-on-Tees are significantly higher than the national average but below the regional average and towards the higher end of statistical neighbours. There is however good engagement in structured treatment with 73% of people with substance misuse engaged in structured treatment following their release from prison. This is significantly higher than the national average and similar to the average of statistical neighbours.

The proportion of people who successfully complete their treatment for opiate misuse remains lower but statistically similar to the national average. Successful completions are also low compared to regional and statistical neighbours.

Binge drinking and hospital admissions related to alcohol are both high and above the national average. Alcohol related hospital admissions are also high compared to statistical neighbours but just below the regional average.

3.4. Domestic Abuse

Violent crime and domestic abuse in Stockton-on-Tees are high compared to regional and national average as well as violence related hospital admissions which are significantly higher than the national average, high compared to statistical neighbours but below the regional average.

3.5. Sexual Health

3.5.1. U-18 conceptions

The under-18 conception rate in England has steadily decreased since 2007 until 2020 where it has remained almost the same at 13.0 and 13.1 per 1,000. Between 2007 and 2020, rates in Stockton decreased from 52.5 to 22.0.

3.5.2. Abortion

Nationally 42.6% of all women and 29.7% of women under 25 years undergoing an abortion have had a previous abortion. In Stockton, the proportion of repeat abortions in all ages were higher than regional and national figures. In 2021, repeat abortions among women aged 25 and under were highest across the North East in Stockton at 36.4%.

3.5.3. STI Diagnosis

STI diagnoses are linked to deprivation with 58% of new STI diagnoses in Teesside in Q1 (20% most deprived areas) in 2021, an increase from 50% in 2018.

STI diagnosis rates in Stockton have been very similar to the North East average for the last 3 years.

- The rate of gonorrhoea diagnoses in the North East reduced by around a third (30.9%) between 2017 and 2021 and very similar for Stockton with 31.5%.
- In 2022, there were 10,685 chlamydia tests in 16–24-year-olds in Teesside, Stockton had a detection rate of 2,673 per 100,000 equating to 547 positive cases. There were 27,914 chlamydia tests (all ages). Almost three-quarters of these tests were among females (65.1%), 31.3% among males and 3.6% unknown. The chlamydia diagnosis rate in Stockton is higher than the latest regional and national figures.
- Syphilis diagnoses, pre 2019 were highest in the MSM group. This has changed with much higher numbers of syphilis diagnoses in women and heterosexual males since 2019. A syphilis outbreak has been declared across Teesside in September 2021.
- Nationally, new HIV infections in England decreased steadily since 2014, from 5,788 to 2,692 in 2021. The number of new diagnoses of HIV in Teesside and the North East remains comparatively low with 2018 people across the North East and 320 in Teesside in 2021, with 23 new diagnoses across Teesside in 2021.

DRAFT

4. Current Pharmaceutical Services Provision

The PNA is required to describe the current provision of pharmaceutical services and consider this in the context of the current need for access to these services of the population of the Stockton-on-Tees HWB area.

Geographical location of service provider's premises will determine individual access in terms of distance from home or work. The wider location environment will also affect access via public transport, ability to park and access for those with a disability. Co-location with, or proximity to, other services (perhaps with primary care medical services, perhaps with shopping or leisure) may influence overall access experience by reducing travel for repeated visits. However, access is determined by more than just location, for example, provider opening times are also an important aspect of access and service availability.

Pharmaceutical services will, of course, need to be available during 'normal' day-time hours (e.g., weekdays 9am - 6pm) when many other professional services might be expected to be available. However, the needs of specific socioeconomic or other groups as service users will also need to be considered, for example:

- workers after 6pm or during lunch times
- those who have used general practice Extended Access outside of the 'routine 9-6' times e.g., up to 8 o'clock at night on weekdays
- those with more urgent self-care, unplanned care needs or for care at the end of life, at non-routine time e.g., on weekends

An evaluation of patient experience, such as undertaken during the development of the PNA, may further help to assess capacity, premises and quality in terms of pharmaceutical service provision. When considering access as part of the overall assessment of pharmaceutical need, the HWB is also required to have regard to choice.

Many of the above issues might influence the choice of pharmaceutical services provider, and provision, available to patients and others.

Each of these issues will be considered in the following section.

4.1. Overview of pharmaceutical services providers

In England in 2023/24 for community pharmacies and appliance contractors:

- There were 12,009 active community pharmacies and 112 active appliance contractors.

Pharmaceutical services are provided to the resident population of, and visitors to, the Tees Valley area by a broad range of pharmaceutical service providers which include:

- community pharmacy contractors including distance-selling (sometimes called NHS 'internet' pharmacies)
- dispensing doctor practices
- dispensing appliance contractors
- others providing specific services

As at 18th December 2024 there were 613 community pharmacy contractors and 6 dispensing appliance contractors in the Cumbria and North East area.

In the neighbouring HWB area of Hartlepool there are 21 community pharmacies and no dispensing doctor practice. In the neighbouring HWB of Middlesbrough there are 27 community pharmacies and 3 distance selling premises.

4.2. Necessary Services Provision in Stockton-on-Tees HWB area

Necessary services are defined within the regulations as those services that are provided:

- Within the Health and Wellbeing boards area and which are necessary to meet the need for pharmaceutical services in its area, and
- Outside the Health and Wellbeing board area but contribute to meeting the need for pharmaceutical services in its area

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing board has agreed the necessary services are:

- Essential services provided at premises on the pharmaceutical list
- The dispensing service provided by some GP practices

As at 4/3/25 there were 35 pharmacies included in the pharmaceutical list for the area of the HWB, operated by 23 different contractors. Of these 35 pharmacies ,8 (previously 100-hour pharmacies) provide services for at least 72 hours per week.

There are no pharmacies providing local pharmaceutical services. There are no dispensing appliance contractors in the health and wellbeing boards area.

Since the last PNA there have been a number of changes to the Pharmaceutical list in Stockton-on-Tees

The following pharmacies have closed

- Boots Thornaby, Mitchell Avenue, Thornaby (S4)
- Rowlands, Queensway, Billingham (S3)
- Lloyds at Sainsburys, Whitehouse Farm (S1)
- Preston Farm Pharmacy (Distance Selling Premises)(S2)

The following applications for inclusion in the pharmaceutical list have been received as at 4/2/25.

- An application for a new pharmacy has been approved and we have now received notification of the premises from which Expertcare Ltd intends to provide pharmaceutical services. The address that has been notified to us is: Elm Tree Centre, Elm Tree Avenue, Stockton-on-Tees TS19 0UW North East and North Cumbria ICB is satisfied that this is a valid notification and Expertcare Ltd has 12 months from 4th September 2024 within which commence service provision.
- Application offering unforeseen benefits at Land East of Hanzard Drive, South of Bloomfield Drive/Applecross and North of Glenarm Drive, Wynyard, TS22 5FA. Rejected by NENC ICB.
- A change of ownership decision was approved for a pharmacy in Yarm but is still pending.

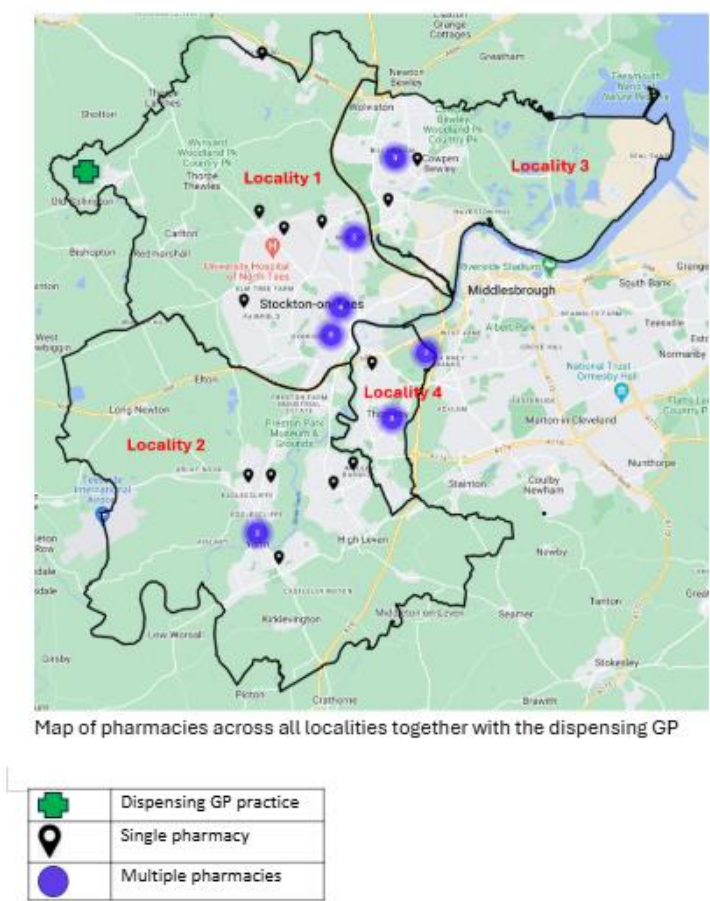


Figure 20 Map of pharmacies across all localities together with the dispensing GP indicated by this icon (map as at December 2024)

Since November 2019 it has been a requirement for all eligible prescriptions to be issued from GPs via EPS (Electronic Prescription Service). This removes the need for paper and allows surgeries to send prescriptions directly to a pharmacy.

Currently 96.7% (2023/24) of all prescriptions in Stockton-on-Tees were issued electronically. This has seen a small increase year on year.

Since the last PNA eRepeat Dispensing (eRD) has seen an increase in Stockton-on-Tees, figures for 2020/21 were 8.3% compared with 2023/24 14.7%.

4.2.1.Access to premises

The map below shows the location of pharmacy and dispensing practice premises within the health and wellbeing board's area compared to population density. In general, the pharmacies are in areas of greater population density. The one dispensing practice is in an area of low population density.

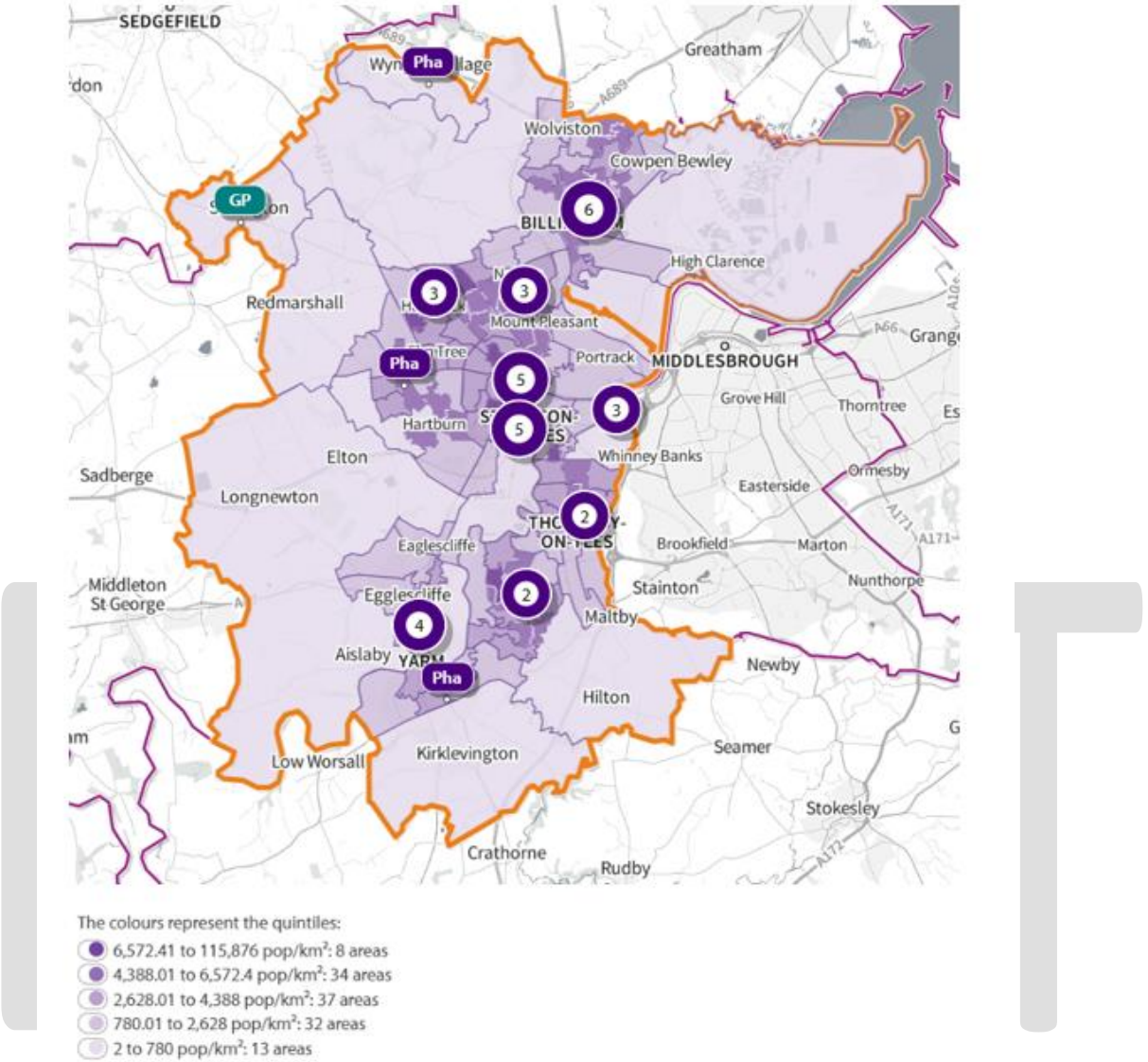


Figure 21 Distribution of Pharmacies and Population Density(map as at December 2024)

There are 21 GP practices across Stockton-on-Tees.



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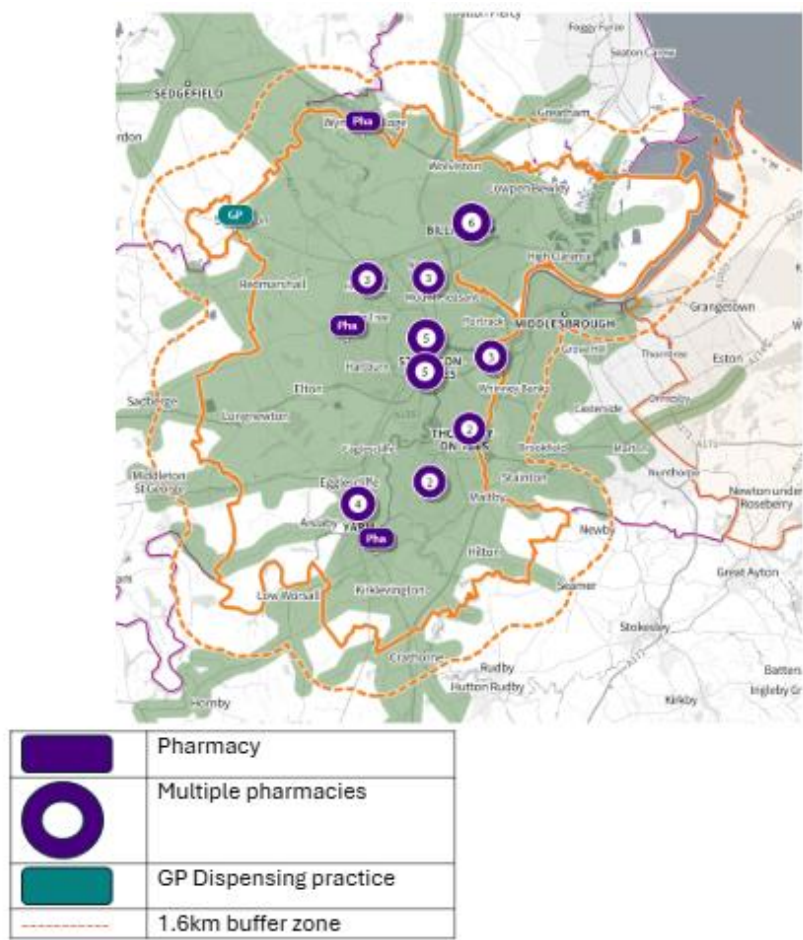


Figure 23 Map showing Pharmacies +Dispensing Practice (Stillington GP practice) 10-minute driving time with a 1.6km Buffer zone outside HWB area (map as at December 2024)

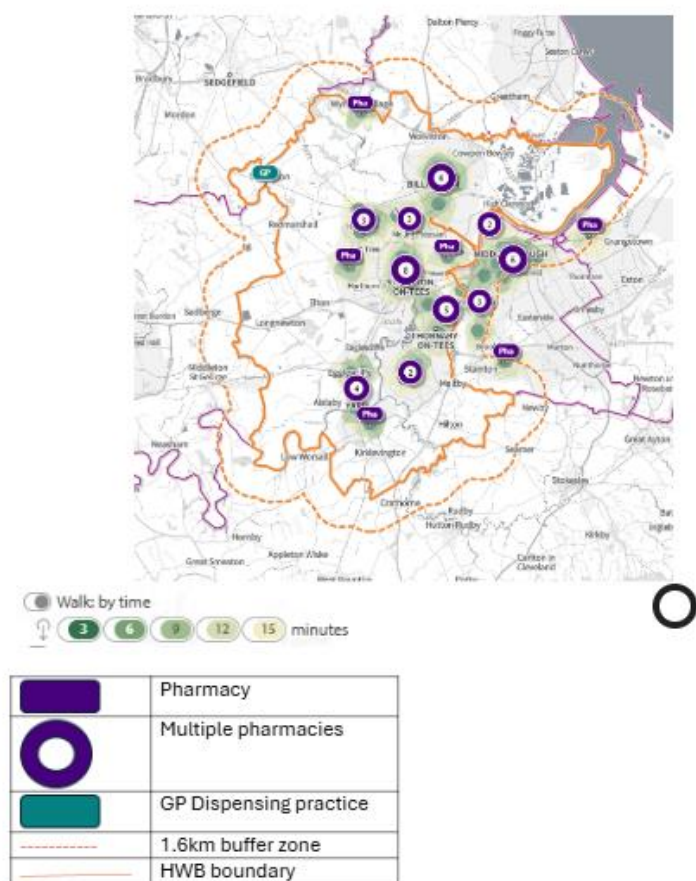


Figure 24 Map Showing Pharmacies and Dispensing Practice Minute walking time (map as at December 2024)

Responses to the resident's questionnaire provide the following insights into accessing pharmacies

- 71% always use the same pharmacy
- 38% walk to pharmacy and 53% drive when they visit a pharmacy
- 62% can get to a pharmacy by their usual mode of transport in less than 10 minutes and a further 31% within 10-20 minutes

Based on the information available the health and wellbeing board is satisfied that there is good access to premises across the area.

4.2.2. Access to Essential Services

Whilst the majority of people will visit a pharmacy Monday – Friday 8-6pm there will be times when people may need to choose to visit a pharmacy outside of these times.

The residents survey suggested that 69% of respondents were happy with current opening times of the pharmacy that they usually use. 18% of respondents stated that they had noticed a change in opening times in the last 12 months (not stated if these are changes in core or supplementary hours).

A list of current opening times can be found in the appendices

More detailed information is provided at locality level however as at 18/12/24

- 8 pharmacies were open 7 days a week
- 13 pharmacies are open Monday – Saturday
- 15 pharmacies that open Monday – Friday
- Monday – Saturday there are 8 pharmacies open until 9pm
- On a Sunday a pharmacy is available from 8.30am until 8pm

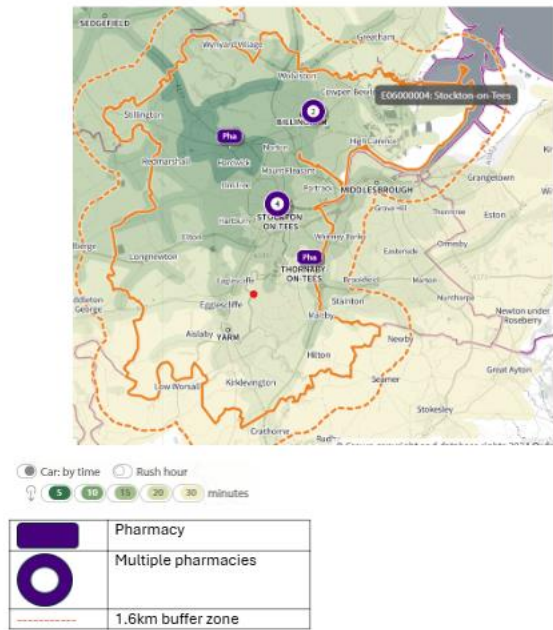


Figure 25 Map showing Time taken to access a 100 hour pharmacy by car (map as at December 2024)

Responses to the residents survey provide the following insights into accessing pharmacies:

- 71.43% of respondents always use the same pharmacy
- 38% walk to the pharmacy when they visit
- 53% either drive or are driven
- 62% stated it took <10 minutes to get to their pharmacy using their usual mode of transport
- 31% stated they could access within 10-20 minutes using their usual mode of transport.
- 69% stated they were happy with current opening times of their usual pharmacy
- 17% stated they would like longer opening times on a weekend.

GP practices are contracted to provide services between 8.30am and 6.30pm Monday – Friday. In Stockton-on-Tees extended access is provided Monday to Friday: 6.30pm to 9.00pm, Saturday: 10.00am to 5.00pm and Sunday: 11.00am to 4.00pm. These appointments are provided at either Tennant Street or at Woodbridge Surgery, Ingleby Barwick.

We have not been advised of any planned changes to GP practice premises or locations.

Based on the information available the health and wellbeing board is satisfied that there is good access to premises. This is looked at in more detail at locality level.

4.2.3. Dispensing Service Provided by GP practice

There is a dispensing doctor practice located in the Stockton-on-Tees HWB area. The Park Lane practice is located in Stillington in Western Parishes ward of Locality S1: Stockton-on-Tees North. The opening times of the dispensary are the same as the surgery opening times (taken from NHS Choices):

- Monday, Wednesday, Thursday and Friday: 8.30am to 6.00pm
- Tuesday: 8.30am to 1pm and 3.00pm to 6.00pm
- closed Saturday, Sunday and Bank Holidays

As at December 2024 3438 Patients were registered with this practice as dispensing patients.

4.2.4. Access to Pharmaceutical Services on public and bank holidays and Easter Sunday

NENC ICB has a duty to ensure patients can access a pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday but many choose to do so.

Pharmacy contractors are required to notify NENC ICB of their opening hours on these days and where necessary it will direct a contractor or contractors to open for all or part of these days. NENC ICB circulate agreed opening times across the NENC region. The Health and Wellbeing board is satisfied there is a process in place to ensure access to pharmaceutical services on these days.

4.3. Necessary Services: Current provision outside the health and wellbeing boards area

4.3.1. Access to essential services and dispensing appliance contractor

Patient have a choice where they choose to access pharmaceutical services. Not all prescriptions written for residents of Stockton-on-Tees are dispensed in Stockton-on-Tees.

The North East and North Cumbria Integrated Care Board (ICB) have provided data regarding prescriptions and dispensing across Stockton-on-Tees. The key findings are below.

	21/22	22/23	23/24
Total	4,583,420	4,786,481	4,976,972

Total number of prescription items prescribed by a GP practice within Stockton-on-Tees by locality (over 3 financial years)

The number of prescription items prescribed has increased by 8.58% in 2023/24 compared to 2021/22.

In 2023/24 like previous years, 93% of items prescribed by GP practices in Stockton-on-Tees were dispensed by pharmacies within the area.

There are no appliance contractors within the Stockton HWB area. Approximately 30,000 appliance items are prescribed for Stockton-on-Tees residents each year are dispensed by appliance contractors outside the HWB area.

Of the 21 GP practices in the HWB area only one GP practice that has dispensing patients (a patient who is registered with a doctor and receives both medical and dispensing services) is Park Lane Surgery this is within locality S1: Stockton-on-Tees North. The table shows the number of dispensing patients by year. This has decreased every year. This practice dispenses approximately 1.5% of the total prescription items.

Practice	GP Practice / Cost Centre Type	2021/2022	2022/2023	2023/2024
PARK LANE SURGERY	GP Practice	3,556	3,590	3,482

4.4. Other relevant Services

Other relevant services are defined with the NHS Regulations 2013 as services that are provided in or outside the HWB area which are not necessary to meet the need for pharmaceutical services but have secured improvements or better access to services in its area.

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that other relevant services are:

- New medicine service
- Stoma appliance customisation
- Appliance use review
- Flu vaccination service
- Pharmacy First
- Pharmacy Contraception Service
- Community pharmacy Covid-19 lateral flow device distribution service
- Community pharmacy hypertension case-finding service
- Smoking cessation service.
- Covid 19 Vaccination national enhanced service

4.4.1. Other Relevant Services within the Health and Wellbeing boards area

4.4.1.1. New Medicines Service

Provided by all pharmacies in HWB area. Between Sept 24 – Nov 24 (3 months) pharmacies undertook an average of 1900 interventions / month.

4.4.1.2. Stoma Appliance Customisation

5 pharmacies say they provide this service, however, less than one month stoma appliance customisations were claimed by pharmacies. The majority of stoma appliance will not require customization and the majority of prescriptions for appliance are dispensed by appliance contractors outside the HWB area. The HWB is satisfied that this service is being provided outside its area.

4.4.1.3. Appliance Use Review

5 Pharmacies state they provide this service, however, no pharmacies have provided this service in this financial year. These are being provided by appliance contractors or by stoma care nurses employed by local hospitals.

4.4.1.4. Flu Vaccination Service

Provided by 35/36 pharmacies in HWB area. 11970 vaccinations have been delivered by Stockton pharmacies in October and November 2024 (December data not yet available). The HWB has not identified any gaps in the provision of this service.

4.4.1.5. Pharmacy First

The new Pharmacy First service, launched 31 January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways, receive referrals for minor illnesses and provide urgent repeat medicines supplies. Provided by all pharmacies in HWB area. Between Set 24 – Nov 24 (3 months) pharmacies

- Urgent medicine supply -1105 supplies
- Minor illness referral – 562 referrals
- Clinical Pathways consultations -1871 patients

The HWB noted that this is well used service and did not identify any gaps in the provision of this service.

4.4.1.6. Pharmacy Contraception Service

20/36 contractors as at 18/12/24 were providing. The HWB board noted this a relatively new service and that from the June 2025 those pharmacies delivering Pharmacy First must also deliver this service therefore no gap in the provision of this service was noted. In September 2024 there were 88 repeat contraception supplies and 15 new initiations.

4.4.1.7. Community Pharmacy Covid 19 Lateral Flow Distribution Service

27/36 contractors as at 18/12/24 were providing. This is an on-demand service for certain eligible patients. The board did not identify any gaps in the provision of this service. In September 24 there were 22 LFD supplies.

4.4.1.8. Community Pharmacy Hypertension Case Finding Service

34/36 contractors as at 18/12/24 were providing. The HWB board noted this a relatively new service and that from June 2025 those pharmacies delivering Pharmacy First must also deliver this service therefore no gap in the provision of this service was noted.

4.4.1.9. Smoking Cessation Service

16/36 contractors as at 18/12/24 were providing. The board noted that there were existing processes for referring people from hospital for support in relation to giving up smoking. The board therefore noted they had not identified any gaps in the provision of the service.

4.4.1.10. Covid 19 Vaccination

Covid vaccination via pharmacies is an established service. In 2024/25 13 /36 pharmacies were contracted across Stockton-on-Tees HWB area.

4.4.1.11. Tees Valley Specialist Palliative Care Medicines Service

This service is commissioned by NENC ICB on behalf of the Tees Valley Area. 1/36 pharmacies are commissioned to hold stock of palliative care drugs in Stockton-on-Tees

4.4.1.12. Tees Valley Anti-viral Stockist

This service is commissioned by NENC ICB on behalf of Tees Valley area. 1/36 pharmacies is commissioned to hold stock of the antiviral drug in Stockton-on-Tees

4.4.2. Other Relevant Services provided outside the HWB area

Information on provision of other relevant services outside of the HWB area to Stockton-on-Tees residents is not available due to the way contractors claim.

4.5. Choice with regard to obtaining pharmaceutical services

Within the HWB area they have a choice of 35 pharmacies, operated by contractors. There are several pharmacies in neighboring HWB areas that residents may also access and all residents have the option to access a distance selling pharmacy should they wish to do so.

When asked in the residents' survey 71% of people choose to use the same pharmacy 21% choose to use same one or two pharmacies and 14% choose to use whichever pharmacy is most convenient at the time. 84% describe their usual pharmacy as very good or good,

5. Other NHS Services

The following NHS services are deemed by the HWB, to affect the need for pharmaceutical services in its area.

- Think Pharmacy First Minor Ailments Scheme – activity undertaken by pharmacies.
- Tees Valley Specialist Palliative Care Medicines Stockists -activity undertaken by pharmacies to ensure access to specialist drugs
- Tees Valley Anti-Viral Stockists- activity undertaken by pharmacies to ensure access to specialist drugs
- Hospital Pharmacy Departments – reduce demand for the dispensing essential service as prescriptions issued by the hospital are dispensed by the hospital pharmacy service
- Personally administered items by GPs – this reduces the demand for dispensing essential service
- GP extended access / out of hours service – if medication supplied by service will reduce demand for pharmaceutical services but may issue prescriptions which will increase activity particularly in evenings at weekends
- Community Nurse Prescribers – increases activity by pharmacies
- Primary Dental Services- increase activity by pharmacies
- Substance Misuse Services - increases activity by pharmacies
- Needle Exchange
- Healthy Start Vitamins
- Smoking Cessation Services-increases activity by pharmacies
- Emergency Hormonal Contraception
- Chlamydia Test Kits / Condom Supply

Stockton-on-Tees Borough Council commissions some NHS services inherited from the PCT in April 2013 or newly commissioned since then. Currently the council PH team commission 6 services from community pharmacy; Community Pharmacy Stop Smoking Service, Community Pharmacy Stop Smoking Dispensing Only Service, Needle Exchange / Harm Minimisation Service, Supervised Consumption Service, Condom Distribution Service (C-Card) and Healthy Start Vitamin Supply Service. Sexual health services are still commissioned on a Tees-wide basis, and three pharmacy-based service specifications still operate Tees-wide under a sub-contracting arrangement with the service provider of Sexual Health Tees (SHT).

NENC ICB commissions two services; Community Pharmacy Specialist Palliative Care Medicines Service and Anti-Virals Supply Service. There is a planned regional PGD service for Varenicline.

5.1. Think Pharmacy First

Many pharmacies in the local area offer the 'Think Pharmacy First' service. This service is an alternative to visiting a GP, making it easier for residents to get healthcare and advice on minor ailments at a time that suits. This runs in addition to Pharmacy First Advanced service.

Local pharmacies can offer advice and if necessary, supply medication for certain ailments under the Minor Ailments service. This includes conjunctivitis, cystitis, impetigo, Scabies, Threadworm and vaginal thrush. Pharmacists can also offer advice on common problems such as stopping smoking, aches and pains and coughs.

From March 2023-March 2024 there have been 2218 presentations recorded accessing the 'Think Pharmacy' initiative in Stockton-on-Tees. 2056 (93%) of presentations were from people who were registered with a GP within Stockton-on-Tees. The table below shows the breakdown of presentations for those with a GP within Stockton-on-Tees by locality.

Locality	Total presentations	% of total presentations
S1	323	15.7%
S2	623	30.3%
S3	502	24.4%
S4	608	29.6%
Total	2056	100%

30/35 contractors provide this service

5.2. Tees Valley Specialist Palliative Care Medicines Stockists

Medicines which are out of stock in a pharmacy on presentation of a prescription can usually be obtained from a pharmaceutical wholesaler within 24 hours and often less, unless there is a national problem with medicines supply beyond the control of community pharmacy. This is usually adequate to supply the medicine with 'reasonable promptness' in normal hours, a requirement of the pharmaceutical contract terms of service.

At the end of life, a patient's condition may deteriorate rapidly and demands for medicines change in a way which is less easily planned. Modern pathways for care at the end of life should reduce the requirement for unplanned, urgent access to those medicines frequently used at this time. However, not all eventualities can be planned for, and a similar urgent need may exist for patients requiring antibiotic prophylaxis as contacts of others with meningitis or tuberculosis for example.

Improvement or better access to the availability of these specific medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service is commissioned by NENC ICB. One pharmacy is currently providing this service in Stockton-on-Tees.

It is noted that by end of March 2026 pharmacy owners must develop or update a palliative and end of life care action plan and, if they stock the 16 palliative and end of life care medicines, update their 'directory of services' profile to confirm this.

5.3. Tees Valley Anti-Viral Stockist

Improvement or better access to the availability of these specific medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service is commissioned by NENC ICB. One pharmacy is currently providing this service in Stockton-on-Tees in S1.

5.4. Hospital Pharmacy Departments – no data available

5.5. GP Extended Access / Out of Hours Service

In 2023/24 the extended access service issued 17093 prescriptions. The extended access service is provided in 2 locations in Stockton-on-Tees.

5.6. Community Nurse Prescribers – no data available

5.7. Dental Prescribers – no data available

5.8. Substance Misuse Providers

Supervising the daily self-administration of methadone and buprenorphine by patients is an important component of harm reduction programmes for people who are in treatment for substance misuse problems. Pharmacies with appropriately trained pharmacists and accredited premises are contracted to provide this service. Supervising the daily self-administration of methadone and buprenorphine by patients is an important component of harm reduction programmes for people who are in treatment for substance misuse problems.

As at March 2025 273 out of 728 of clients receiving treatment in Stockton-on-Tees were receiving supervised self-administration of their treatment in a pharmacy in Stockton-on-Tees.

20 pharmacies are contracted to deliver this service across Stockton-on-Tees – most need for this service is seen in S1 Stockton-on-Tees North in the Stockton Town Centre ward.

5.9. Smoking Cessation Service

Contract arrangements remain in place with 12 pharmacies in Stockton-on-Tees directly contracted by the local authority to provide a full one-stop Stop Smoking Service with a tariff-based payment system and a dispensing voucher-led option to increase access to NRT free (prescription fee equivalent applies) at the point of supply for quit attempts supported in other settings. Currently pharmacies are only actively delivering the dispensing voucher part of the specification. From 1st of April 2024 to the 31st of March 2025: 1055 vouchers were dispensed.

5.10. Needle exchange (Nx)

People who inject drugs (PWID) require sterile injecting equipment, information and advice and support to minimise the complications associated with drug misuse and accessing injecting equipment elsewhere. Pharmacies have often been responsive to requests to take up this enhanced service and a pharmacy needle exchange service is integral to the main harm minimisation service in providing access across the Borough, particularly at times when the fixed provider site is closed. The pharmacy-based service in Stockton-on-Tees is well-established having been operating for around 20 years.

Currently there are 6 pharmacies contracted to provide the service 3 in S1 locality and 1 in each of the other localities. The breakdown of these transactions indicates that 96% of all transactions are in pharmacies within the vicinity of the High Street in Stockton.

The two main providers are open on a Sunday and the distribution of transactions by days of the week shows that the service is utilised 7 days a week at a similar level each day.

5.11. Healthy Start Vitamins

Healthy Start is a statutory UK-wide government scheme which aims to improve the health of pregnant women and families on benefits or low incomes. One element of this scheme is the availability of vitamin supplements for those eligible. Healthy Start supports low-income families in eating healthily, by providing them with vouchers to spend on cow's milk, plain fresh or frozen fruit and vegetables, and infant formula milk. Women and children getting Healthy Start food vouchers also get vitamin coupons to exchange for free Healthy Start vitamins. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children. Pregnant women, women with a child under 12 months and children up to their fourth birthday who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins.

Healthy Start vitamins contain the appropriate amount of recommended vitamins A, C and D for children aged from six months to four years, and folic acid and vitamins C and D for pregnant and breastfeeding women. Arrangements for access to the vitamins were poor at the time of the changes to the NHS architecture in 2013. Uptake of the Healthy Start Vitamins in eligible groups was similarly poor, despite good use of the vouchers for other parts of the scheme.

Locally since 2014 we have commissioned pharmacies to hold stocks of Healthy Start vitamins to supply to those in receipt of Healthy Start vouchers. 10 pharmacies are currently commissioned. We are working with 0-19 services to encourage both uptake of the vouchers and the vitamins.

The scheme moved from a paper to a digital system from April 2022 we continue to work with 0-19 services and other relevant agencies to help maximise local take up.

5.12. Emergency Hormonal Contraception Supply

Community pharmacies in the Borough provide three sexual health services under the management of the local sexual health lead-provider (SHT) that is itself directly commissioned by local authorities to provide a Tees-wide sexual health service. The longest established of these services is emergency oral hormonal contraception (EHC). Pharmacy chlamydia testing and C-Card (condom distribution) services were re-launched by the service in 2016.

In 24/25 Stockton pharmacies undertook 1981 supplies.

25/35 contractors provide this service.

It has been recently announced that a new nationally commissioned EHC service is expected to be provided from October 2025.

5.13. Chlamydia screening / Condom Supply

Pharmacies offering this service hold a supply of chlamydia testing postal kits and condoms to be distributed to people under 25. Pharmacies are paid for those kits that are returned for testing and are asked to encourage young people to carry out and return the tests. There are a range of providers of this service which is part of the strategy to make the testing kits easily available to young people.

As reported above, this testing programme is managed across the Tees area by Sexual Health Teesside (SHT) on behalf of the four local authorities and they report that 26 pharmacies are currently providing this service across Stockton-on-Tees

All patients who access a pharmacy for EHC are assessed for their requirements and eligibility for chlamydia testing and condom supply.

5.14. Non-NHS services

Most pharmacies provide non-NHS pharmaceutical services to their patients, or to other professionals or organizations. For example, the sale of medicines over the counter is a private service (being fully paid for by the consumer) even though the advice that is provided alongside that sale is an NHS activity (e.g., the nationally contracted essential services 'Self Care' or 'Healthy Lifestyle' advice).

Some of these services are offered free to the patient or organization (e.g. medicines delivery) or at a small charge. Many individuals, both patients and professionals, are not aware that the prescription collection and/or medicines delivery services that are available from a large number of pharmacies are **not directly funded by the NHS**.

Even though some care provider organisations insist that medicines should be dispensed in compliance aids (MCA) in order for staff to provide medicines support, neither the Medicines Act 1968 nor CQC stipulate this as a pre-requisite. If (following assessment by the pharmacist) patients are not eligible under the Equality Act, the pharmacist may offer to dispense the medicine in an MCA and charge a fee (which may be paid by the patient or a care agency) or patients may choose to purchase their own MCA to fill themselves.

The availability of the majority of such non-NHS services is largely beyond the scope of this PNA other than to acknowledge that they exist and to similarly acknowledge the impact that the 'free' availability of such services might have on the demand, or need, for similar such services to be provided by NHS or other local commissioners at this point in time. However, it should also be acknowledged that if the provision of some of these non-NHS services changed substantially or were removed from the 'marketplace' all together, then this might create a gap in the provision of such pharmaceutical services, which may need to be considered by the NHS and/or social care.

As these services are not contractual there is no collated local assessment or evaluation of their supply or demand. The PNA pharmacy contractor survey of 2022 (34 replies) showed that 29/34 pharmacies who completed the survey offered a delivery service (5/29 pharmacies charge for service some restrict to elderly / housebound).

Further analysis of patient-funded services may provide evidence of any demand (or otherwise) and any unmet pharmaceutical need to which this might relate.

6. Locality Information

6.1. S1: Stockton-on-Tees North

This locality consists of 13 wards (Northern Parishes, Ropner, Stockton Town Centre, Norton North, Norton South, Norton Central, Hardwick and Salters Lane, Newtown, Roseworth, Fairfield, Hartburn, Bishopsgarth & Elm Tree, and Grangefield).

Key facts

Indicator	S1: Stockton-on-Tees North	Stockton-on-Tees
Total population	89564	197419
Population Density (Persons per sq km) (Census 2021)	1279.277715	964.2456481
Population aged under 16 (Census 2021)	19.52%	19.63%
Population aged 16 to 64 (Census 2021)	61.69%	61.46%
Population aged 65+ (Census 2021)	18.86%	18.91%
Index of Multiple Deprivation (IMD) 2019 Rank	11740.80809	15320
Index of Multiple Deprivation 2019 (IMD) Score	33.23310316	25.78959235
Total crime offences (12 month total)	135.9679478	121.5456628
Violent crime and sexual offences (12 month total)	45.47848501	39.19666343
Anti-social behaviour (12 month total)	22.05952177	22.02374404
Children aged 0-15 in relative low-income families	21.47%	18.69%
State Pension total claimants	56.48%	58.58%
Live births	926	1871
Pupils achieving a good level of development at Early Years Foundation stage	49.36%	50.00%
Pupils achieving at least the expected level in all 17 Early Learning Goals	45.53%	47.00%
Emergency Hospital Admissions: Coronary Heart Disease	187.4281537	153.7313413
Emergency Hospital Admissions: Stroke	154.3960254	125.8715444
Emergency Hospital Admissions: All Causes Under 5s	234.7175517	219.5278907
Female life expectancy at birth	80.05	81.30
Male life expectancy at birth	76.81	78.20

Unemployment benefit claimants (Jobseekers Allowance and out of work Universal Credit claimants)	5.35%	4.24%
Higher	Lower	

This locality has:

- A large proportion of less deprived areas.
- the highest number of live births in Stockton-on-Tees. Just over 49% of all live births take place in this locality.

Spread of deprivation

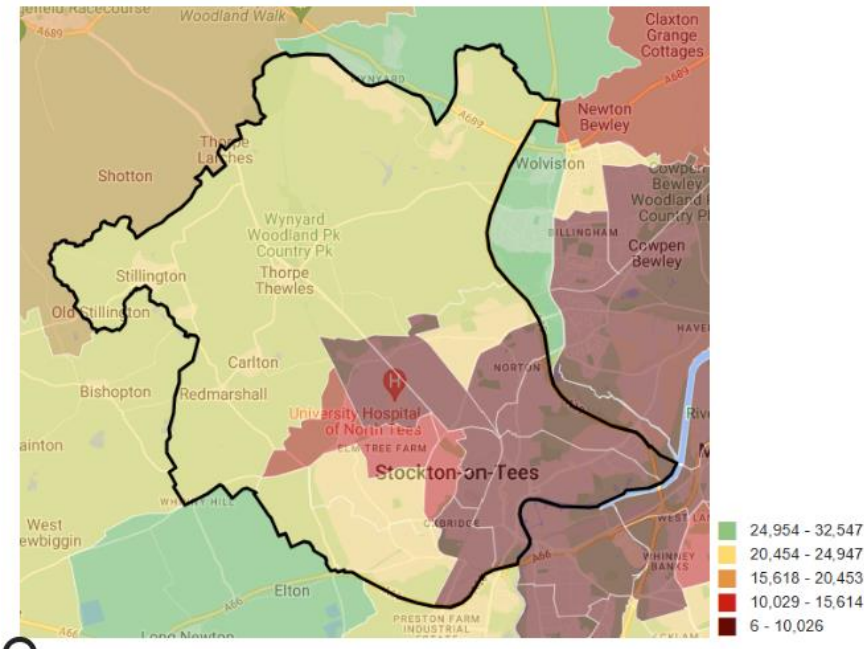


Figure 26 Deprivation varies in this locality with the wards of Stockton Town Centre, Norton Central, Norton South, Ropner, Newtown, Roseworth and Hardwick and Salters being ranked the most deprived. Dark brown most deprived.

6.1.1. Necessary Services: current provision within the locality’s area

The map below shows that in this locality there are a total of 17 pharmacies. The pharmacies are located within the areas that are most deprived. The table below shows the list of pharmacies in this area. In November 2024 80.6% of prescriptions issued by GP Practices located in this locality were dispensed by pharmacies in this locality. 4.6% of items were dispensed by dispensing practice

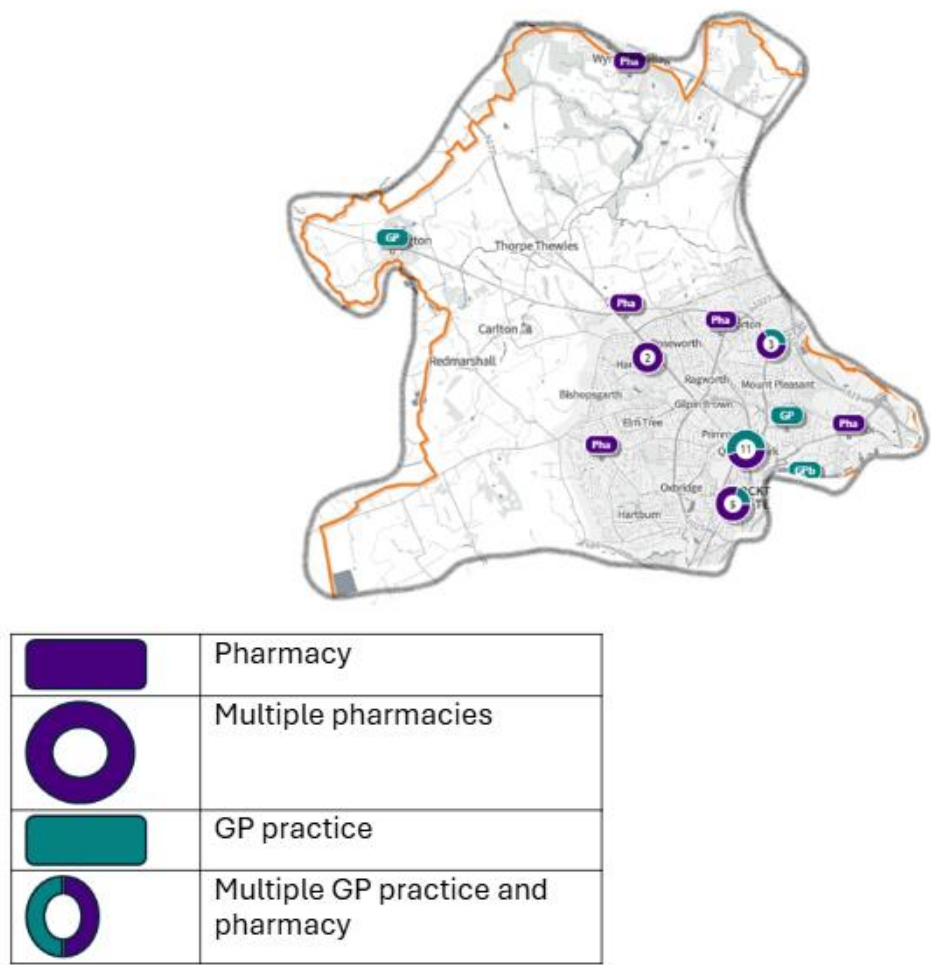


Figure 27 Pharmacy and GP practice locations S1(map as at December 2024)

PNA locality	ODS Code	Trading Name	Number of Core Hours*	Monday-Friday Core Hours	Saturday - Core Hours	Sunday - Core Hours
S1	FLL14	Asda Pharmacy	72	9:00-12:30,13:00-16:30,17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00
S1	FD394	Well, Queens Park	82	8:00-21:00	09:00-21:00	16:00-20:00
S1	FMH02	Well High Street	90	7:00-21:00	07:00-21:00	10:00-16:00
S1	FRT05	Stockton Pharmacy	100	9:00-21:00	09:00-21:00	10:00-16:00
S1	FFC02	Synergise Pharmacy	100	7:00-21:00	07:00-21:00	10:00-14:00
S1	FTV83	Tesco Stores	78	9:00-21:00	09:00-21:00	10:00-16:00
S1	FD423	Wynyard Pharmacy	40	9:00-13:00,14:00-18:00	Closed	Closed

S1	FJG18	Boots UK Limited, Norton Health Centre	40	9:00-12:30,13:30-18:00	Closed	Closed
S1	FVX30	Boots UK Limited, Norton	40	9:00-13:00,14:00-18:00	None	Closed
S1	FV447	Norton Glebe Pharmacy	40	9:00-12:00,13:45-18:00	09:00-13:00	Closed
S1	FKT22	Newham Pharmacy	40	9:00-13:00,14:00-17:00	09:00-13:00	Closed
S1	FJ100	Lawson Street Pharmacy	40	9:00-13:30,14:30-18:00	Closed	Closed
S1	FF653	Pharmacy World	40	9:00-17:00	Closed	Closed
S1	FE662	Allied Pharmacy Fairfield	40	9:00-12:15,14:00-18:00	09:00-13:00	Closed
S1	FGX19	Allied Pharmacy Varo Terrace	40	9:00-17:00	Closed	Closed
S1	FR513	Allied Pharmacy Yarm Lane	40	9:00-12:30, 13:30-18:00	Closed	Closed
S1	FT294	Allied Pharmacy Tennant Street	40	9:00-13:00,14:00-17:30	09:00-11:30	Closed

- 10 have Saturday opening
- 6 have Sunday opening
- 6 pharmacies are 100-hour contract
- There are no distance selling pharmacies in this locality
- There is one GP practice that dispenses prescriptions

Figure 28 below shows car ownership within this locality. Stockton Town Centre, Hardwick & Salters Lane, Newtown and Ropner wards have the largest proportion of households without access to a car. All pharmacies are within a 9-minute walk in areas with low access to a car.

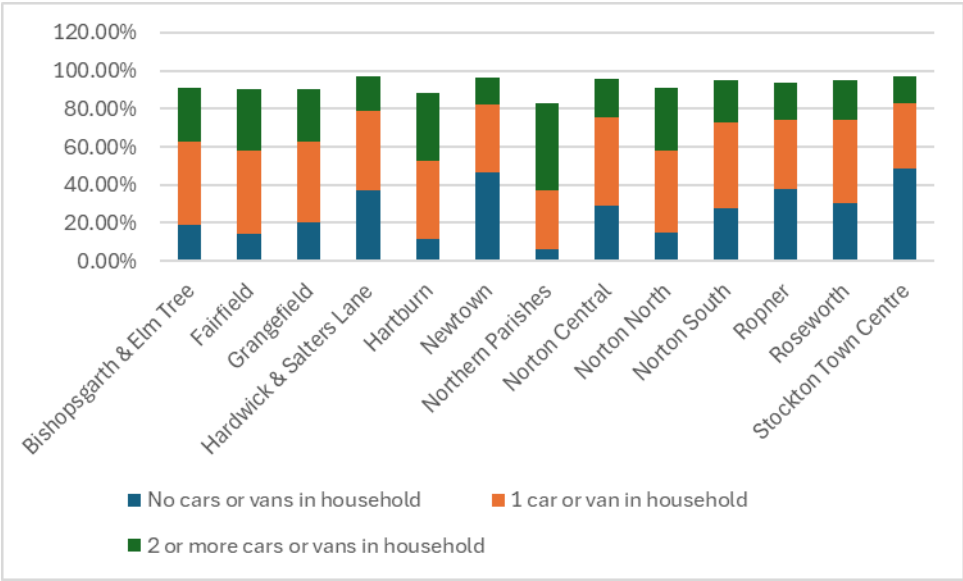
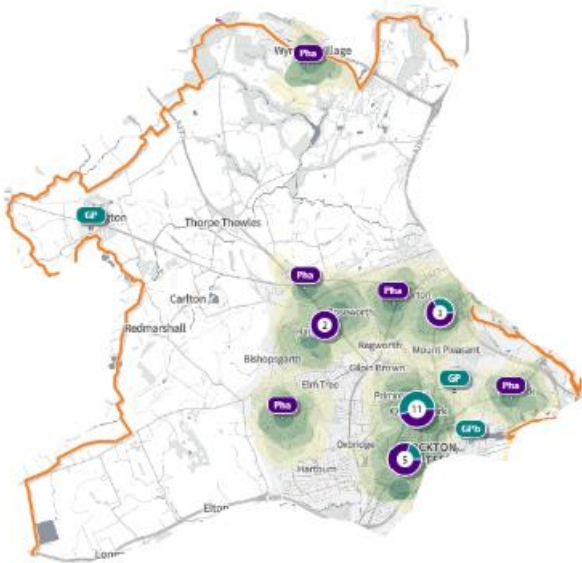


Figure 28 Car Ownership S1

Distance by walking

Walk: by time
3 6 9 12 15 minutes



	Pharmacy
	Multiple pharmacies
	GP practice
	Multiple GP practice and pharmacy

Figure 29 Walking times S1(map as at December 2024)

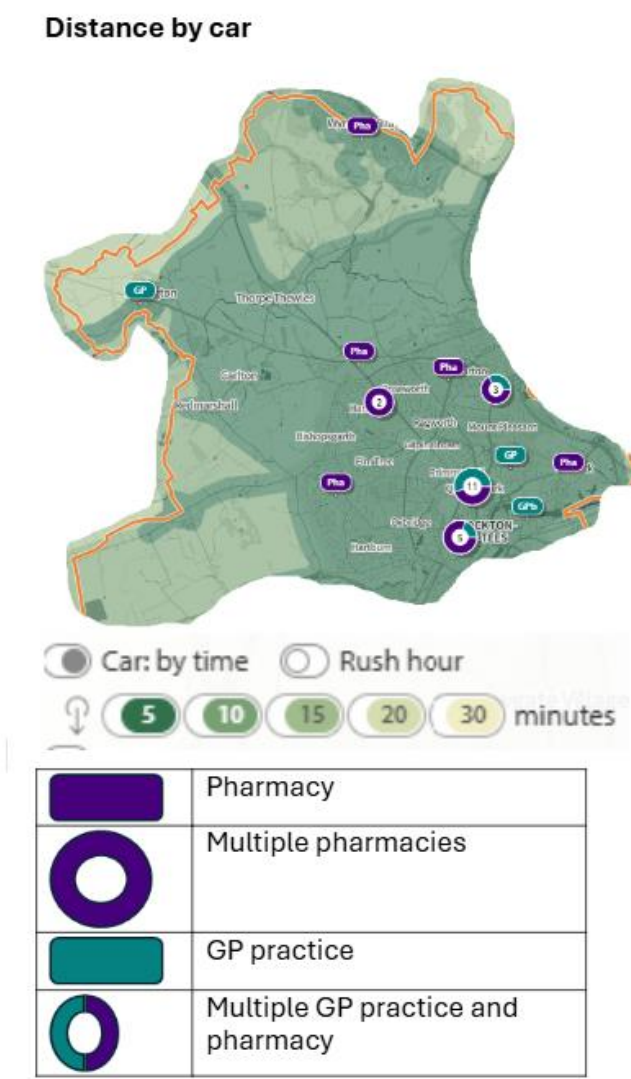


Figure 30 Driving times S1(map as at December 2024)

All pharmacies within this locality are within a 20-minute car ride, this does not change during the rush hour period.

6.1.2. Necessary Services; current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB area. Many GP practices are located in the town centre but patients may live outside of this area. As in other localities residents with stoma and incontinence appliance requirements tend to use out of area appliance contractors to meet their needs.

6.1.3. Other relevant services: current provision

- New medicine service – all provide
- Stoma appliance customisation – 3 contractors provide
- Appliance use review - - 3 contractors provide
- Flu vaccination service – all except Norton Glebe provide
- Pharmacy First - all
- Pharmacy Contraception Service – 9 currently but will need to provide from 1st April 2025

- Community pharmacy Covid-19 lateral flow device distribution service – 12 provide
- Community pharmacy hypertension case-finding service – all provide
- Smoking cessation service- 9 provide
- Covid 19 Vaccination national enhanced service – 6 provide

6.1.4. Other NHS Services: current services

- Think Pharmacy First Minor Ailments Scheme – all contractors in S1 provide.
- Tees Valley Specialist Palliative Care Medicines Stockists -activity undertaken by pharmacies to ensure access to specialist drugs. The only contractor in the HWB area is in this locality
- Tees Valley Anti-Viral Stockists- activity undertaken by pharmacies to ensure access to specialist drugs – the only contractor is in this locality
- Hospital Pharmacy Departments – reduce demand for the dispensing essential service as prescriptions issued by the hospital are dispensed by the hospital pharmacy service
- Personally administered items by GPs – this reduces the demand for dispensing essential service
- GP extended access / out of hours service – if medication supplied by service will reduce demand for pharmaceutical services but may issue prescriptions which will increase activity particularly in evenings at weekends. In 2023/24 the extended access service issued 17093 prescriptions. The extended access service is provided in 2 locations in Stockton-on-Tees one of the current sites is in this locality.
- Community Nurse Prescribers – increases activity by pharmacies. No data available
- Primary Dental Services- increase activity by pharmacies. No data available
- Substance Misuse Services - increases activity by pharmacies.
- Smoking Cessation Services-increases activity by pharmacies
- Stockton-on-Tees 0-19 services- issues scripts and increases activity by pharmacies. No data available.

6.1.5. Necessary Services: Gaps in provision

The HWB noted that the dispensing service provided by one GP practice to their eligible patients, and for these residents there is no need to access a pharmacy for the dispensing service.

The HWB noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to a car
- Be able to use public transport
- Be able to walk to a pharmacy

The HWB board is of the opinion that these patients will be able to access pharmaceutical services remotely either via:

- The delivery service that all internet pharmacies must provide
- The private delivery service known to be offered by some pharmacies

The HWB noted that those living in the most deprived area within the locality had access to pharmaceutical services within a <9 minute walk. For those living in the less deprived areas they could access a pharmacy within a 5-10 minute car journey.

The HWB noted that there was good availability of pharmaceutical services on Saturdays, evenings and Sundays within this locality.

The HWB board has noted the projected number of houses to be built during the lifetime of this PNA.

The HWB has also noted the recent rejected application for a pharmacy offering unforeseen benefits at Land East of Hanzard Drive, South Of Bloomfield Drive/Applecross And North Of Glenarm Drive, Wynyard, TS22 5FA.

The HWB has noted since the last PNA the closure of a pharmacy in this locality.(Elm Tree)

The HWB and is of the opinion the existing pharmacies will be able to meet the needs of those moving into these new houses. It has, however identified that should there be a total and permanent loss of existing pharmaceutical services provision in the Wynard area located at or in the immediate vicinity of The Stables, Wynard,TS22 5QQ there will be a future need for pharmaceutical services provision offering core opening hours Monday – Friday 9:00-13:00 and 14:00-18:00.

The HWB has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the locality, or the dispensing service provided by dispensing practices.

6.1.6. Improvements or Better Access: Gaps in Provision

The HWB noted that within this locality there is an extant grant for a new pharmacy that has been approved and we have now received notification of the premises from which Expertcare Ltd intends to provide pharmaceutical services at Elm Tree Centre, Elm Tree Avenue, Stockton-on-Tees TS19 0UW. Expertcare Ltd has 12 months from 4th September 2024 within which to commence service provision. This was approved on appeal by NHS resolution on the basis that it would secure improvements or better access to pharmaceutical services within this part of the S1 locality.

Should this pharmacy open the HWB acknowledge that there will be an improvement or better access to pharmaceutical services in this locality.

The HWB identified in the future that should the extant grant lapse for Elm Tree centre that access to pharmaceutical services could be improved or provide better access to pharmaceutical services if a premises was located in the same location that has been approved in the extant application.

The HWB is satisfied based on the information in previous sections there are no current or future improvements or better access in relation to provision of other relevant services.

6.2. S2: Stockton-on-Tees South

This locality consists of 6 wards (Eaglescliffe East, Eaglescliffe West, Yarm, Ingleby Barwick North, Ingleby Barwick South and Southern Villages)

Key facts

Indicator	S2: Stockton-on-Tees South	Stockton-on-Tees
Total population	46875	197419
Population Density (Persons per sq km) (Census 2021)	574.3365395	964.2456481
Population aged under 16 (Census 2021)	20.41%	19.63%

Population aged 16 to 64 (Census 2021)	62.22%	61.46%
Population aged 65+ (Census 2021)	17.36%	18.91%
Index of Multiple Deprivation (IMD) 2019 Rank	27334.97244	15320
Index of Multiple Deprivation 2019 (IMD) Score	7.774399058	25.78959235
Total crime offences (12 month total)	51.15193068	121.5456628
Violent crime and sexual offences (12 month total)	17.83314549	39.19666343
Anti-social behaviour (12 month total)	8.822397545	22.02374404
Children aged 0-15 in relative low-income families	8.43%	18.69%
State Pension total claimants	72.49%	58.58%
Live births	399	1871
Pupils achieving a good level of development at Early Years Foundation stage	62.15%	50.00%
Pupils achieving at least the expected level in all 17 Early Learning Goals	60.92%	47.00%
Emergency Hospital Admissions: Coronary Heart Disease	118.8911863	153.7313413
Emergency Hospital Admissions: Stroke	81.72242491	125.8715444
Emergency Hospital Admissions: All Causes Under 5s	182.6543171	219.5278907
Female life expectancy at birth	84.06	81.29
Male life expectancy at birth	82.05	78.19
Unemployment benefit claimants (Jobseekers Allowance and out of work Universal Credit claimants)	1.74%	4.24%
Lower than Stockton	Higher than Stockton	

This locality has:

- highest life expectancy in both males and females.
- lowest emergency admissions for strokes and coronary heart disease.
- lowest rate of people claiming unemployment benefits.

Deprivation

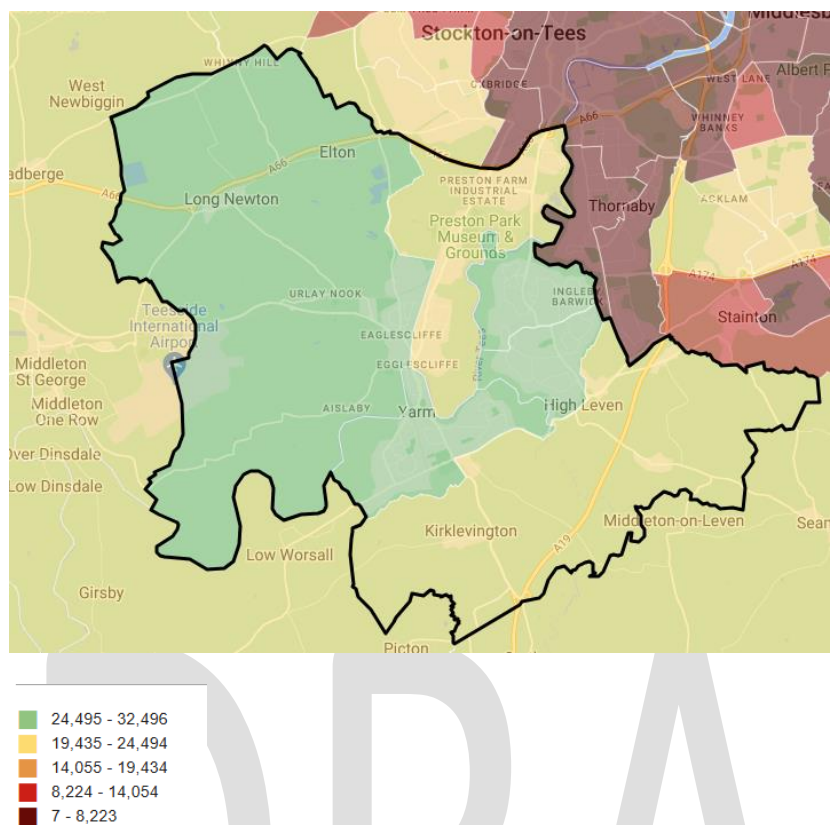


Figure 31 – Deprivation at ward level S2
Lower is more deprived
This locality is made up of wards that are least deprived.

6.2.1. Necessary Services: current provision within the locality’s area

The map below shows that in this locality there are a total of 7 pharmacies. The pharmacies are located within the areas that are most deprived. The table below shows the list of pharmacies in this area. In November 2024 72.2% of prescriptions issued by GP Practices located in this locality were dispensed by pharmacies in this locality. All pharmacies in this locality offer the advanced services of Pharmacy First, New Medicines Service and Flu vaccinations .
2 pharmacies provide covid vaccination service.

Pharmacy Services

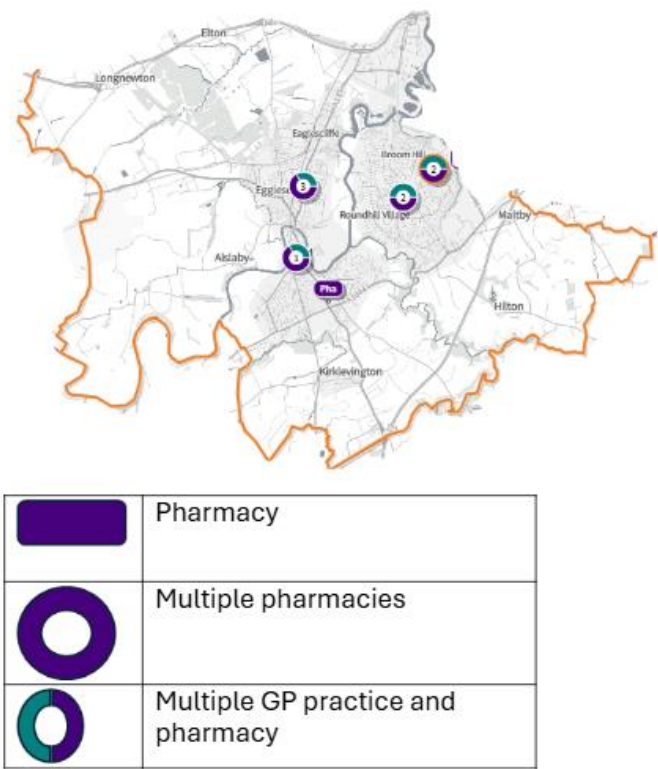


Figure 32 Pharmacy and GP practice location S2(map as at December 2024)

PNA locality	ODS Code	Trading Name	Number of Core Hours	Monday-Friday Core Opening Times	Saturday – Core Opening Hours	Sunday – Core Opening Hours
S2	FMW76	Eaglescliffe Pharmacy	40	9:00-12:48,14:00-1730	09:00-12:30	Closed
S2	FAF52	Boots UK Limited ,Yarm	40	9:00-13:00.14:00-17:30	10:30-13:00	Closed
S2	FE214	Cohens Chemist, Yarm	40	9:00-12:30.14:15-17:30	09:00-11:30,	Closed
S2	FDH04	Kelly Chemist, Ingleby Barwick	40	9:00-12:30, 13:30-18:00	none	none
S2	FTK35	Hepworth Chemist,	40	9:00-12:30, 13:30-18:00	Closed	Closed

		Ingleby Barwick				
S2	FHP56	Pharmacy Express, Eaglescliffe	40	9:00-12:00, 13:00-18:00	None	Closed
S2	FWH76	Preston Farm Distance Selling Pharmacy	40	Closed 13/2/25	Closed	Closed
S2	FPJ74	Whitworth Chemist, Yarm	40	9:00-13:00, 14:00-18:00	Closed	Closed

- The only distance selling pharmacy is in this area – closed 13/2/25
- 3 pharmacies open on Saturday providing access to pharmaceutical service 9am until 1pm
- There are no pharmacies open after 6pm
- No pharmacy core hours on a Sunday

Access

The graph shows car ownership in this locality, there is a large proportion of households with 2 or more cars.

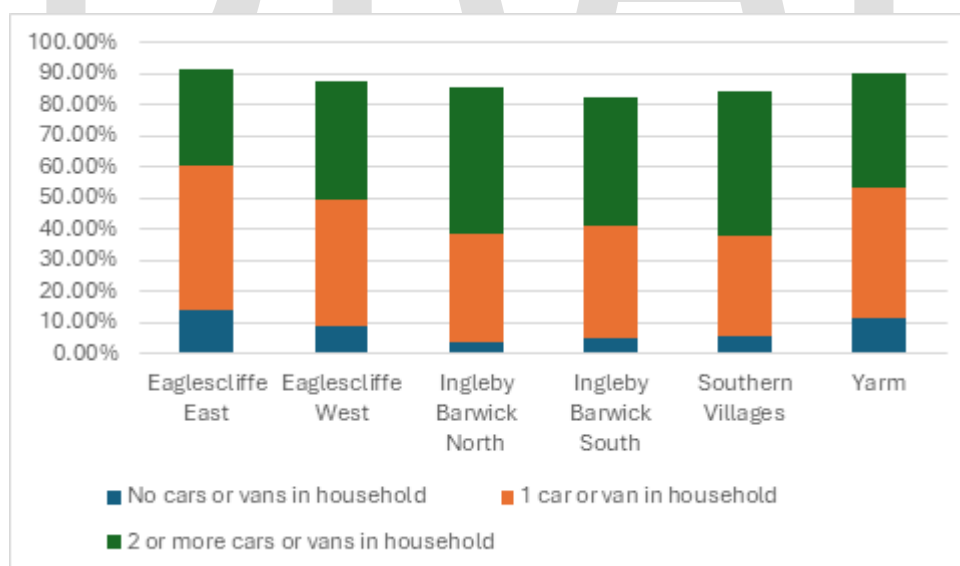


Figure 33 Car Ownership S2

The areas that fall outside of a 15-minute walk are within the wards of Eaglescliffe West and Southern Villages. These areas are less populated than Ingleby Barwick North & South and Yarm. There are also high levels of car ownership throughout the locality.

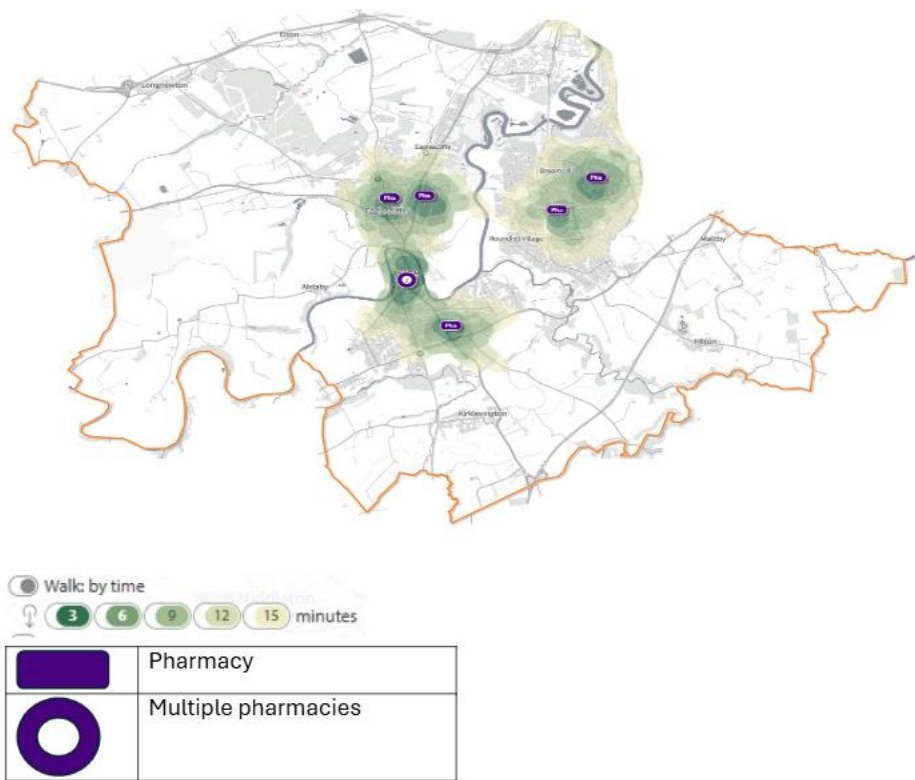


Figure 34 Walking times S2(map as at December 2024)

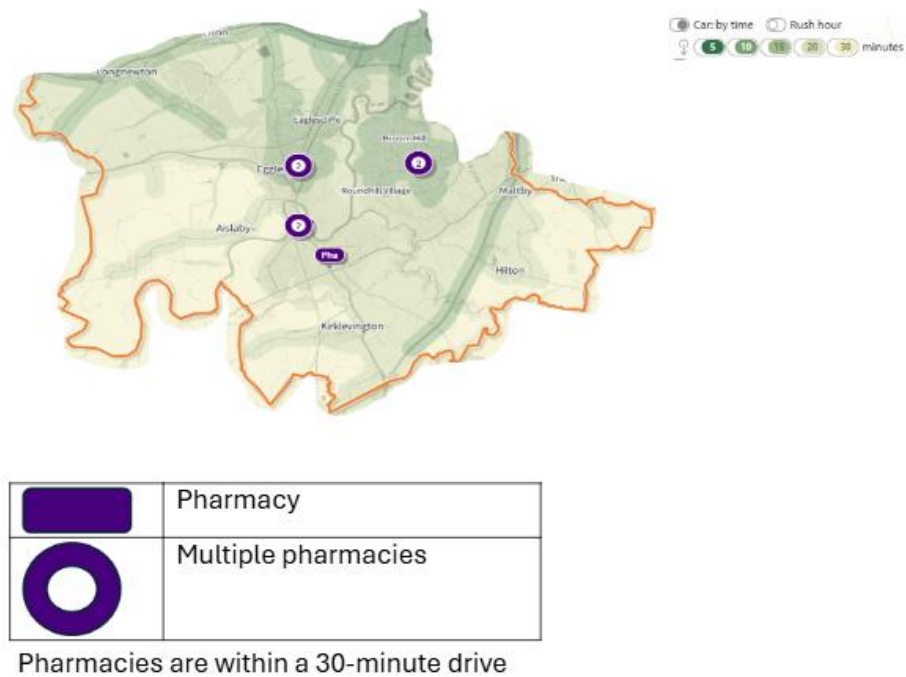


Figure 35 Driving Time S2(map as at December 2024)

During rush hour there are several areas that are outside of the 30-minute drive. One area is close to Teesside Airport and therefore is less densely populated. The other areas are also green spaces with little to no residential housing.

6.2.2. Necessary Services ; current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB area. This area has the least deprived wards and the greatest access to cars so may choose to access pharmacies outside this locality. After 6pm and on a Sunday residents of this locality would have to access pharmaceutical services in another locality.

As in other localities residents with stoma and incontinence appliance requirements tend to use out of area appliance contractors to meet their needs.

6.2.3. Other relevant services: current provision

- New medicine service – all provide
- Stoma appliance customisation – 2 contractors provide
- Appliance use review - 2 contractors provide
- Flu vaccination service – all provide
- Pharmacy First – all provide
- Pharmacy Contraception Service – 4 currently but will need to provide from 1st April 2025
- Community pharmacy Covid-19 lateral flow device distribution service – 5/7 provide
- Community pharmacy hypertension case-finding service – 2/7 provide
- Smoking cessation service- 3/7 provide
- Covid 19 Vaccination national enhanced service – 2 provide

6.2.4. Other NHS Services: current services

- Think Pharmacy First Minor Ailments Scheme – 5/7 contractors in S2 provide.
- Tees Valley Specialist Palliative Care Medicines Stockists -activity undertaken by pharmacies to ensure access to specialist drugs. No contractors are in this locality
- Tees Valley Anti-Viral Stockists- activity undertaken by pharmacies to ensure access to specialist drugs – no contractors in this locality
- Hospital Pharmacy Departments – reduce demand for the dispensing essential service as prescriptions issued by the hospital are dispensed by the hospital pharmacy service
- Personally administered items by GPs – this reduces the demand for dispensing essential service
- GP extended access / out of hours service – if medication supplied by service will reduce demand for pharmaceutical services but may issue prescriptions which will increase activity particularly in evenings at weekends. In 2023/24 the extended access service issued 17093 prescriptions. The extended access service is provided in 2 locations in Stockton-on-Tees one of the current sites is in this locality.
- Community Nurse Prescribers – increases activity by pharmacies. No data available
- Primary Dental Services- increase activity by pharmacies. No data available

- Substance Misuse Services - increases activity by pharmacies.
- Smoking Cessation Services-increases activity by pharmacies
- Stockton-on-Tees 0-19 services- issues scripts and increases activity by pharmacies. No data available.

6.2.5. Necessary Services: Gaps in provision

The HWB noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to a car
- Be able to use public transport
- Be able to walk to a pharmacy

The HWB board is of the opinion that these patients will be able to access pharmaceutical services remotely either via:

- The delivery service that all internet pharmacies must provide
- The private delivery service known to be offered by some pharmacies

The HWB noted that this was a less deprived area with higher levels of car ownership. For the most densely populated pharmaceutical services can be reached in a 15 minute walk or within the whole locality a 30 minute car journey.

The HWB noted that there was pharmaceutical services available Monday – Friday 9am -6pm and Saturday mornings. The HWB noted there was no pharmaceutical services available after 6pm on a weekdays, after 1pm on a Saturday and on a Sunday.

The HWB noted the closure of the distance selling pharmacy in this locality since the last PNA.

The HWB board has noted the projected number of houses to be built during the lifetime of this PNA and is of the opinion the existing pharmacies will be able to meet the needs of planned developments.

The HWB has therefore concluded that there are no current or future needs in relation to the provision of essential services by pharmacies in the locality.

6.2.6. Improvements or Better Access: Gaps in Provision

The HWB is satisfied based on the information in previous sections there are no current or future improvements or better access in relation to provision of other relevant services.

6.3. S3: Billingham

This locality consists of 5 wards (Billingham Central, Billingham East, Billingham North, Billingham South and Billingham & West Wolviston).

Key facts

Indicator	S3: Billingham	Stockton-on-Tees
Total population	35580	197419
Population Density (Persons per sq km) (Census 2021)	863.1303847	964.2456481
Population aged under 16 (Census 2021)	18.59%	19.63%
Population aged 16 to 64 (Census 2021)	59.88%	61.46%
Population aged 65+ (Census 2021)	21.52%	18.91%
Index of Multiple Deprivation (IMD) 2019 Rank	14479.14342	15320
Index of Multiple Deprivation 2019 (IMD) Score	24.51033652	25.78959235
Total crime offences (12 month total)	127.8742169	121.5456628
Violent crime and sexual offences (12 month total)	38.79268477	39.19666343
Anti-social behaviour (12 month total)	23.91797694	22.02374404
Children aged 0-15 in relative low-income families	19.56%	18.69%
State Pension total claimants	55.09%	58.58%
Live births	312	1871
Pupils achieving a good level of development at Early Years Foundation stage	47.92%	50.00%
Pupils achieving at least the expected level in all 17 Early Learning Goals	45.44%	47.00%
Emergency Hospital Admissions: Coronary Heart Disease	144.4672747	153.7313413
Emergency Hospital Admissions: Stroke	119.7386804	125.8715444
Emergency Hospital Admissions: All Causes Under 5s	211.8181332	219.5278907
Female life expectancy at birth	81.93	81.29
Male life expectancy at birth	78.92	78.19
Unemployment benefit claimants (Jobseekers Allowance and out of work Universal Credit claimants)	3.81%	4.24%
Higher than Stockton	Lower than Stockton	

This locality has:

- the highest proportion of the 65+ age group.
- Higher crime and ASB rates than Stockton but lower violent crime rates.

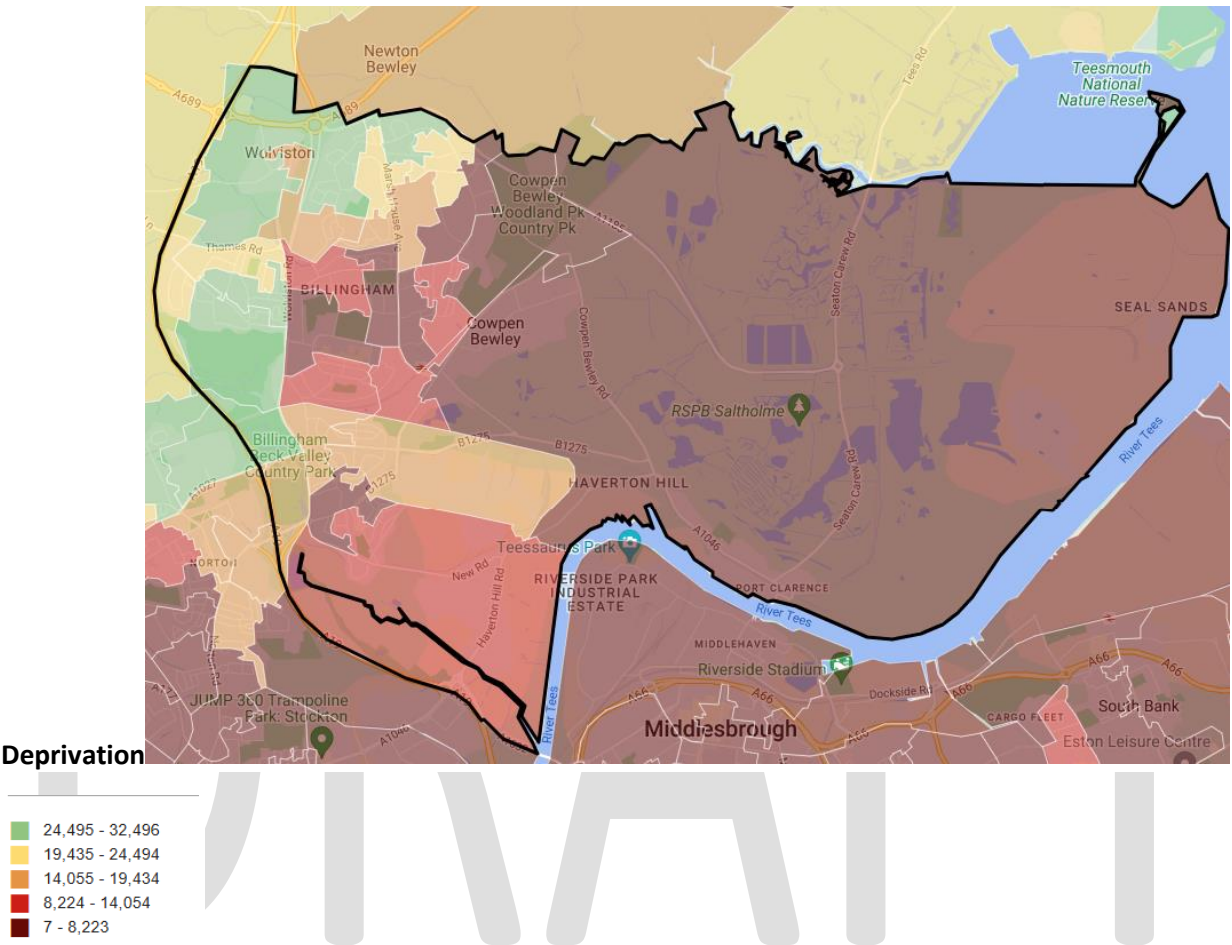


Figure 36 Deprivation S3

Lower is more deprived

Billingham Central, East and South are the most deprived areas within this locality

6.3.1. Necessary Services: current provision within the locality’s area

The map below shows that in this locality there are a total of 6 pharmacies. The pharmacies are located within the areas that are most deprived. The table below shows the list of pharmacies in this area. In November 2024 83.3% of prescriptions issued by GP Practices located in this locality were dispensed by pharmacies in this locality. All pharmacies in this locality offer the advanced services of Pharmacy First, New Medicines Service and Flu vaccinations.

3 pharmacies provide covid vaccination service.

Pharmacy Services

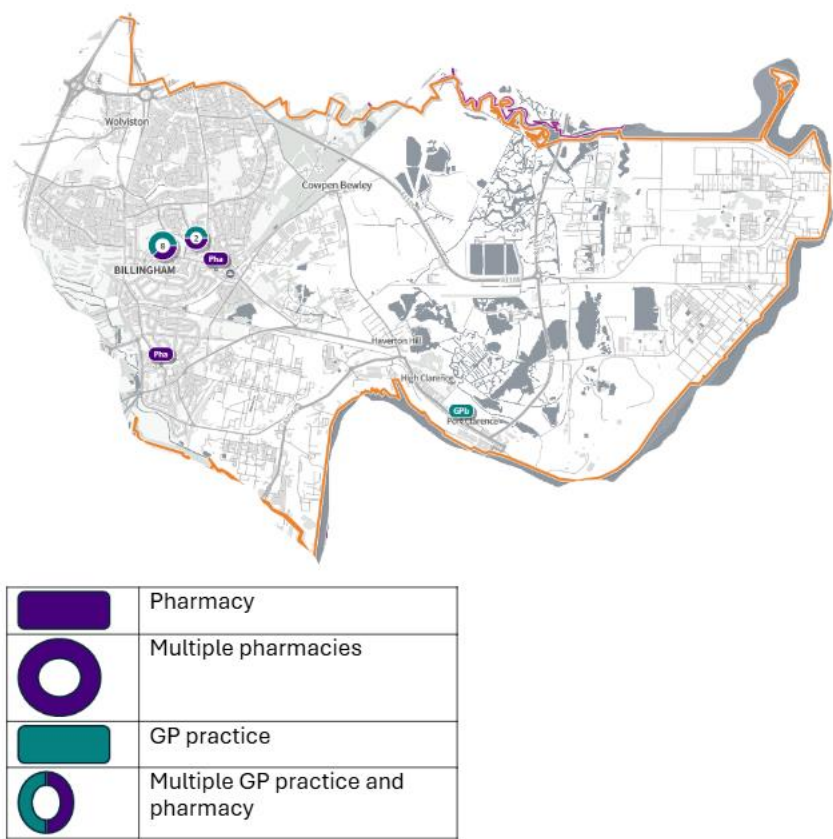


Figure 37 Pharmacy and GP practice Locations S3(map as at December 2024)

There are 6 pharmacies in this locality. 4 pharmacies are located in the Billingham Central ward.

PNA locality	ODS Code	Trading Name	Number of Core Hours	Monday-Friday Core Opening Times	Saturday – Core Opening Hours	Sunday – Core Opening Hours
S3	FQM00	Rowlands pharmacy , Billingham	40	9:00-13:00,14:00-18:00	CLOSED	CLOSED

S3	FF873	The Pharmacy , Billingham	72.5	9:00- 13:00,14:00- 21:00	9:00- 13:00,14:00- 21:00	8:30- 13:00,14:00- 19:00
S3	FJ354	Boots Billingham	40	9:00- 12:00,13:00- 17:00	9:30- 12:00,13:00- 15:30	CLOSED
S3	FY661	Harry Hill Chemists	40	9:00- 12:45,14:00- 17:30	9:00-12:30	CLOSED
S3	FEP92	Tesco Billingham	78	9:00-21:00	9:00-21:00	10:00-16:00
S3	FMC31	Davidson Pharmacy Ltd, Billingham	40	8:45- 13:00,13:45- 17:30	9:00-12:45	CLOSED

- There are no distance selling pharmacies in this locality
- 2 out of 6 are open until 9pm Monday - Saturday
- 5 out of 6 open on Saturdays
- 2 are 100 hour pharmacies
- 2 pharmacies are open on Sunday providing access to pharmaceutical services between 8:30am -7pm

Access

- Car ownership is show below

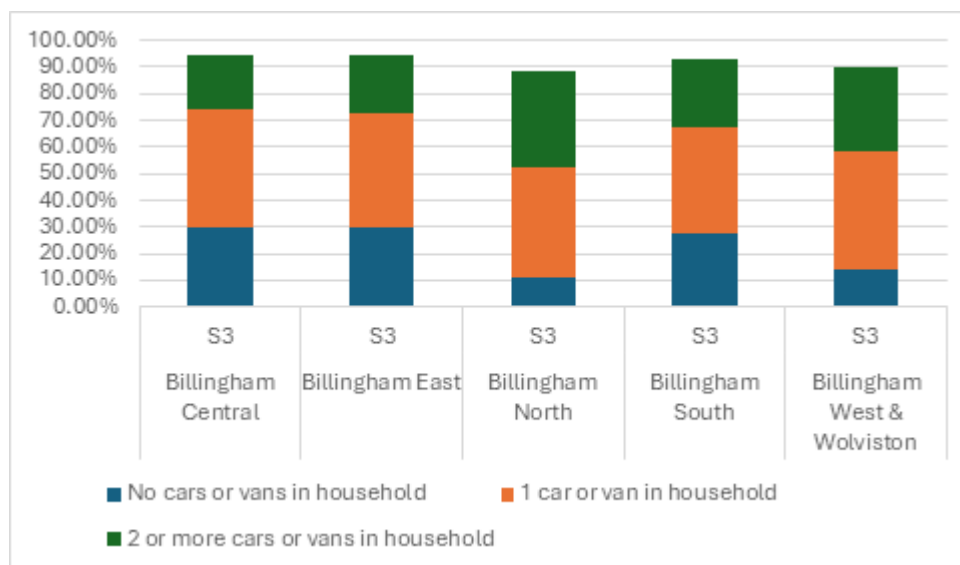


Figure 38 Car Ownership S3

- There are a large proportion of households with 1 car

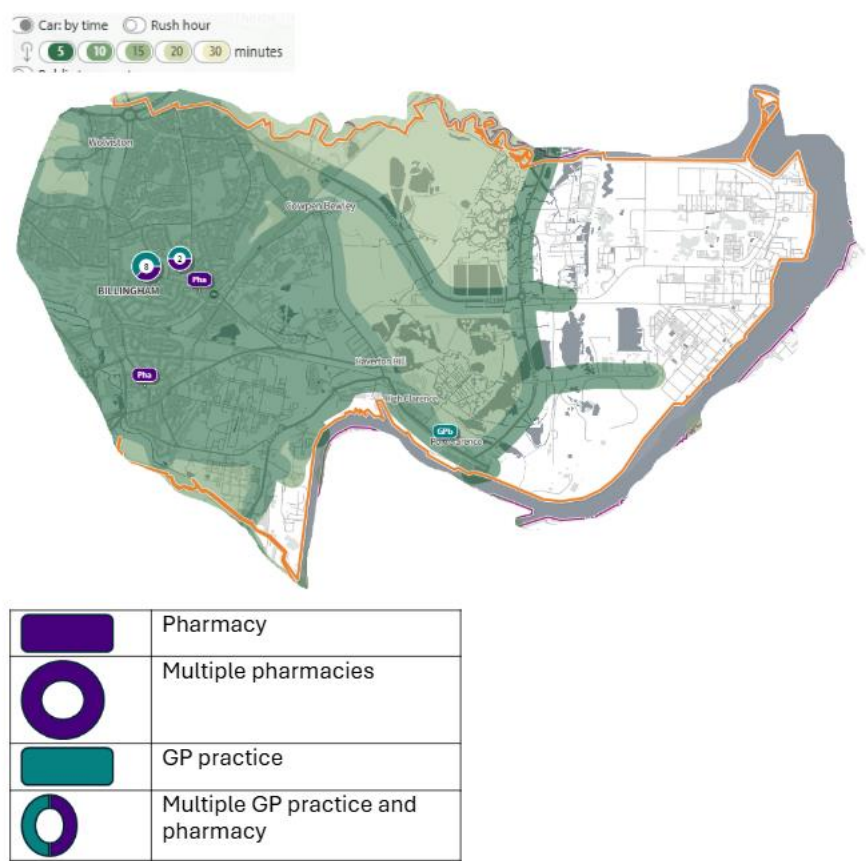


Figure 39 Driving Times S3 (map as at December 2024)
The areas that fall outside of the 30-minute drive are industrial areas of Stockton-on-Tees (incorporating Seal Sands and Teesport) and therefore no residential housing. No significant change in rush hour traffic.

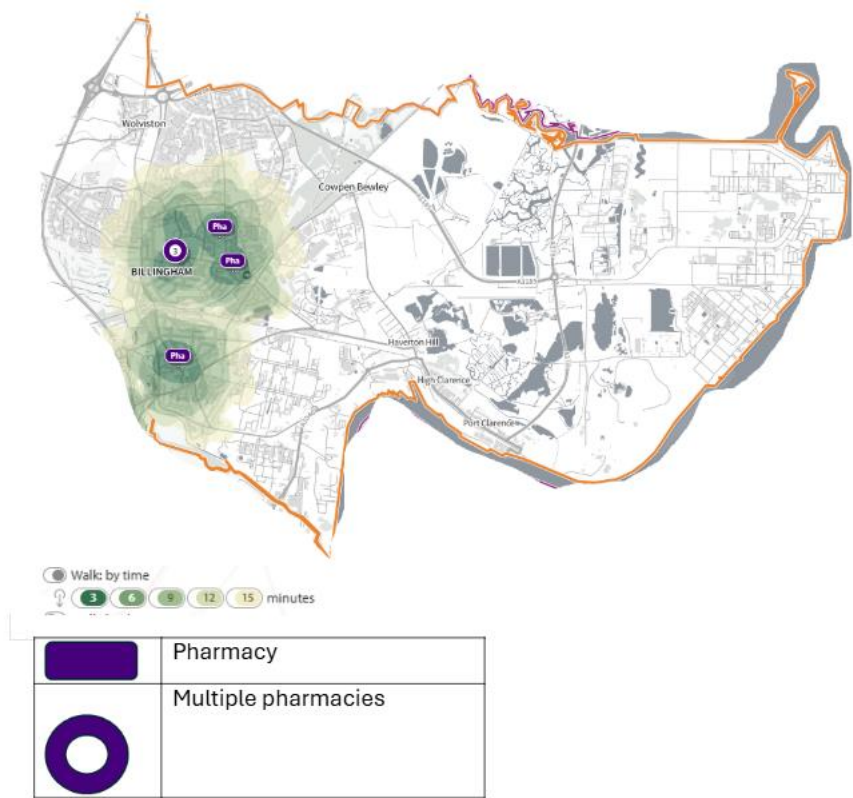


Figure 40 Walking times S3(map as at December 2024)

The areas that are outside a 15-minute walk include the industrial area and green spaces such as RSPB Saltholme, Woodland Park Country Park, Billingham Golf Club and Billingham Beck Country Park. The residents of Port Clarence are known to utilise a distance selling pharmacy based in Middlesbrough who offer free local deliveries.

6.3.2. Necessary Services ; current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB area.

As in other localities residents with stoma and incontinence appliance requirements tend to use out of area appliance contractors to meet their needs.

6.3.3. Other relevant services: current provision

- New medicine service – all provide
- Stoma appliance customisation – 1 contractors provide
- Appliance use review – 1 contractors provide
- Flu vaccination service – all provide
- Pharmacy First – all provide
- Pharmacy Contraception Service – 2 currently but will need to provide from 1st April 2025
- Community pharmacy Covid-19 lateral flow device distribution service – 5/6 provide
- Community pharmacy hypertension case-finding service – 6/6 provide
- Smoking cessation service- 3/6 provide

- Covid 19 Vaccination national enhanced service – 3 provide

6.3.4. Other NHS Services: current services

- Think Pharmacy First Minor Ailments Scheme – 2/6 contractors in S3 provide.
- Tees Valley Specialist Palliative Care Medicines Stockists -activity undertaken by pharmacies to ensure access to specialist drugs. No contractor in this locality
- Tees Valley Anti-Viral Stockists- activity undertaken by pharmacies to ensure access to specialist drugs – no contractors in this locality
- Hospital Pharmacy Departments – reduce demand for the dispensing essential service as prescriptions issued by the hospital are dispensed by the hospital pharmacy service
- Personally administered items by GPs – this reduces the demand for dispensing essential service
- GP extended access / out of hours service – if medication supplied by service will reduce demand for pharmaceutical services but may issue prescriptions which will increase activity particularly in evenings at weekends. In 2023/24 the extended access service issued 17093 prescriptions.
- Community Nurse Prescribers – increases activity by pharmacies. No data available
- Primary Dental Services- increase activity by pharmacies. No data available
- Substance Misuse Services - increases activity by pharmacies.
- Smoking Cessation Services-increases activity by pharmacies
- Stockton-on-Tees 0-19 services- issues scripts and increases activity by pharmacies. No data available.

6.3.5. Necessary Services: Gaps in provision

The HWB noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to a car
- Be able to use public transport
- Be able to walk to a pharmacy

The HWB board is of the opinion that these patients will be able to access pharmaceutical services remotely either via:

- The delivery service that all internet pharmacies must provide
- The private delivery service known to be offered by some pharmacies

The HWB noted that the higher levels of car ownership. For the most densely populated pharmaceutical services can be reached in a 15 minute walk or within the whole locality a 30 minute car journey.

The HWB board has noted the projected number of houses to be built during the lifetime of this PNA and is of the opinion the existing pharmacies will be able to meet the needs of planned developments.

The HWB board has noted the closure of a pharmacy in this locality due to a consolidation since the last PNA.

The HWB has therefore concluded that there are no current or future needs in relation to the provision of essential services by pharmacies in the locality.

6.3.6. Improvements or Better Access: Gaps in Provision

The HWB is satisfied based on the information in previous sections there are no current or future improvements or better access in relation to provision of other relevant services.

6.4. Locality S4: Thornaby

This locality consists of 3 wards (Stainsby Hill, Mandale & Victoria and Village).

Key Facts

Indicator	S4: Thornaby	Stockton-on-Tees
Total population	25402	197419
Population Density (Persons per sq km) (Census 2021)	2397.731318	964.2456481
Population aged under 16 (Census 2021)	20.27%	19.63%
Population aged 16 to 64 (Census 2021)	61.07%	61.46%
Population aged 65+ (Census 2021)	18.67%	18.91%
Index of Multiple Deprivation (IMD) 2019 Rank	7958.622822	15320
Index of Multiple Deprivation 2019 (IMD) Score	34.25677148	25.78959235
Total crime offences (12 month total)	198.9837424	121.5456628
Violent crime and sexual offences (12 month total)	58.76369868	39.19666343
Anti-social behaviour (12 month total)	45.99698019	22.02374404
Children aged 0-15 in relative low-income families	28.42%	18.69%
State Pension total claimants	45.99%	58.58%
Live births	235	1871
Pupils achieving a good level of development at Early Years Foundation stage	41.77%	50.00%
Pupils achieving at least the expected level in all 17 Early Learning Goals	35.15%	47.00%
Emergency Hospital Admissions: Coronary Heart Disease	160.142285	153.7313413
Emergency Hospital Admissions: Stroke	141.3061911	125.8715444
Emergency Hospital Admissions: All Causes Under 5s	216.5752087	219.5278907
Female life expectancy at birth	79.11	81.29744619
Male life expectancy at birth	75.82	78.19908732
Unemployment benefit claimants (Jobseekers Allowance and out of work Universal Credit claimants)	5.70%	4.24%
Higher than Stockton	Lower than Stockton	

This locality has:

- the highest rates of crime, violent crime and ASB of all the localities.
- lowest live births.
- highest proportion of children in relative low-income families.
- lowest life expectancy.
- highest proportion of people claiming unemployment benefits.

Deprivation

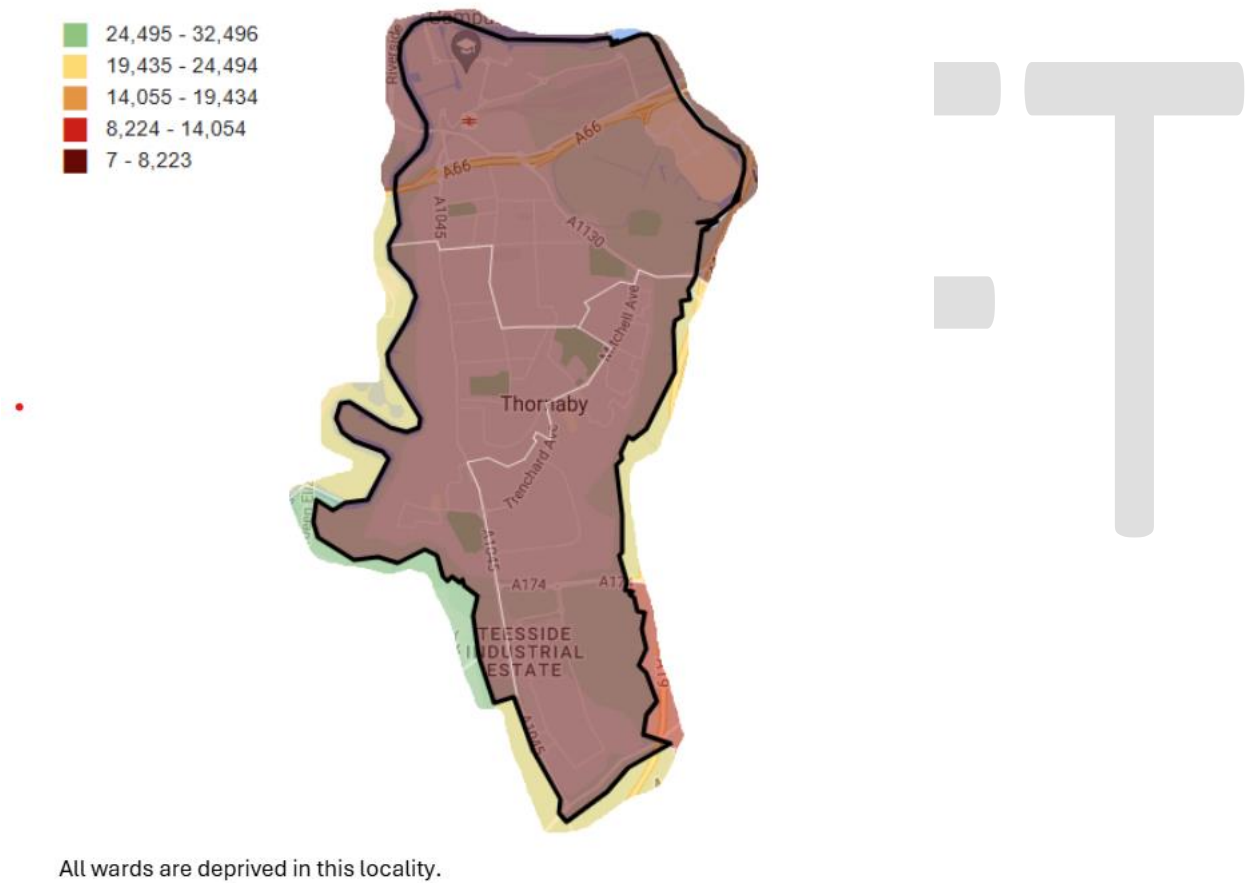


Figure 41 Deprivation S4

6.4.1. Necessary Services: current provision within the locality’s area

The map below shows that in this locality there are a total of 5 pharmacies. Three pharmacies are located in residential areas , 2 pharmacies are located at the out of town retail park (Boots Teesside Park and Morrisons).The table below shows the list of pharmacies in this area. In November 2024 49.3% of prescriptions issued by GP Practices located in this locality were dispensed by pharmacies in this locality. One of the GP practice has a branch in Ingleby Barwick and a lot of prescriptions are dispensed from these practices at the 2 pharmacies in Ingleby Barwick – taking this into account 86.5% of prescriptions

issued by the 2 GP practices in this locality are dispensed in either this locality + 2 pharmacies in Ingleby Barwick.

1 pharmacies provide covid vaccination service.

Pharmacy Services

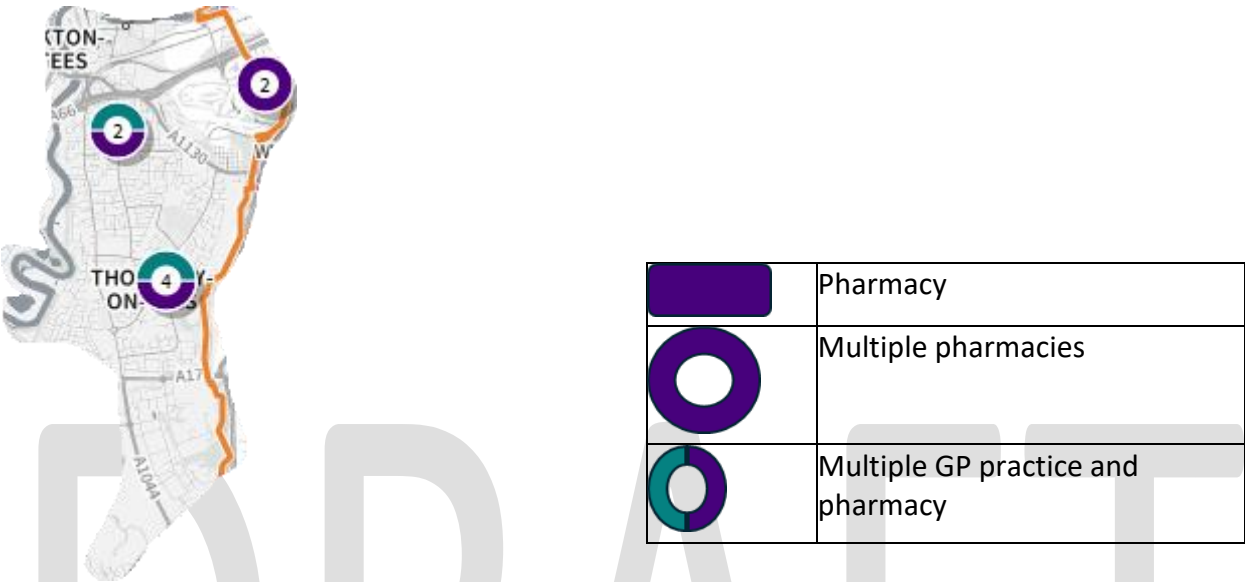


Figure 42 Pharmacy and GP Practice Locations S4

Opening Times -S4

PNA locality	ODS Code	Trading Name	Number of Core Hours	Monday-Friday Core Opening Times	Saturday – Core Opening Hours	Sunday – Core Opening Hours

S4	FFT72	Asda Pharmacy, Thornaby	40	9:00- 12:30,14:30- 18:00	9:00- 12:30,14:30- 16:00	NONE
S4	FRJ37	Boots Teesside Park	40	9:15- 14:00,15:00- 17:00	9:15- 14:00,15:00- 17:00	NONE
S4	FM073	Boots Thornaby	40	9:00- 12:00,13:00- 18:00	CLOSED	CLOSED
S4	FQJ63	Morrisons Pharmacy, Teesside Park	40	9:00-16:00	9:00-14:00	NONE
S4	FD778	Pharmacy Express Lanehouse Road	40	9:00- 13:00,14:00- 18:00	NONE	NONE

- 3 are open on a Saturday providing pharmaceutical services 9:am-5pm. The supermarket and retail park located pharmacies to provide a range of late opening and Saturday and Sunday opening hours but these are not core hours and could be reduced at any time.
- No pharmacies have core hours on a Sunday
- No late opening core hours

Access

Car ownership is shown below

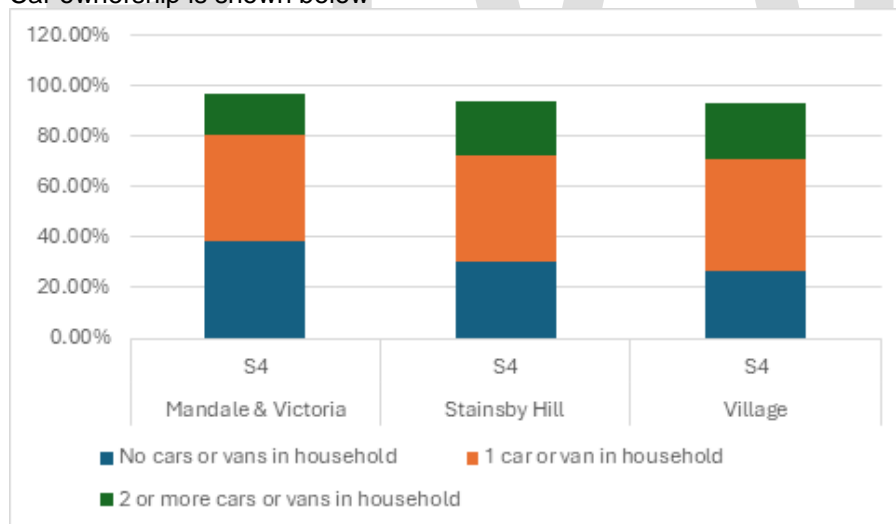


Figure 43 Car Ownership S4

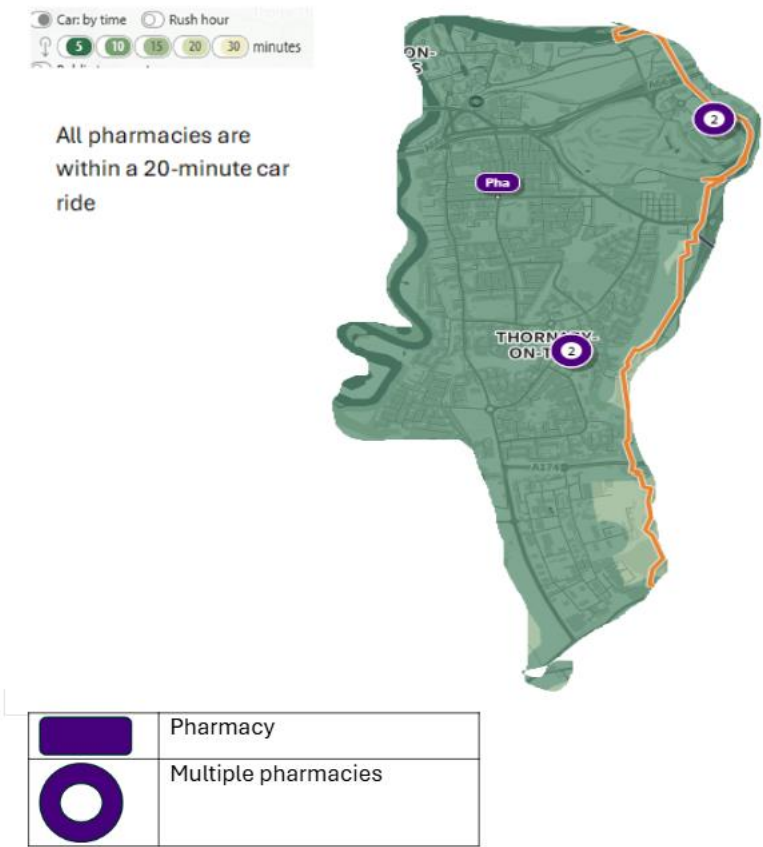


Figure 44 Driving Times S4

No change in access during rush hour traffic

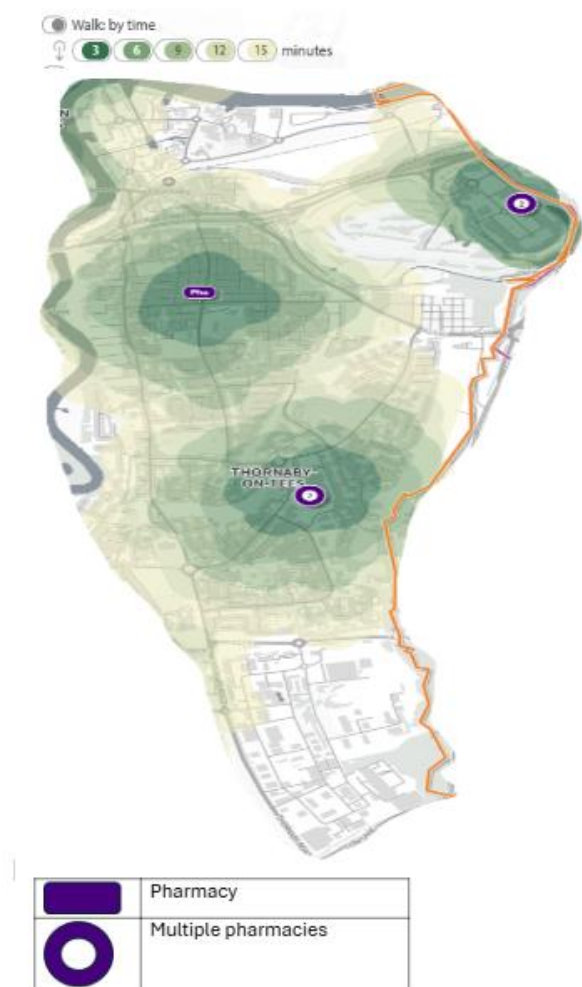


Figure 45 Walking Times S4

The areas that are outside the 15-minute walk incorporate Teesside Park (a retail facility), Teesside Industrial Estate and Stockton Riverside College which is part of a bigger business park.

6.4.2. Necessary Services ; current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB area. This area has the most deprived wards and much lower levels of car ownership. After 6pm and on a Sunday residents of this locality would have to access pharmaceutical services in another locality or use supplementary hours currently offered in locality.

As in other localities residents with stoma and incontinence appliance requirements tend to use out of area appliance contractors to meet their needs.

6.4.3. Other relevant services: current provision

- New medicine service – all provide
- Stoma appliance customisation – 0 contractors provide
- Appliance use review – 0 contractors provide
- Flu vaccination service – all provide

- Pharmacy First – all provide
- Pharmacy Contraception Service – 4/5 currently but will need to provide from 1st April 2025
- Community pharmacy Covid-19 lateral flow device distribution service – 4/5 provide
- Community pharmacy hypertension case-finding service – all provide
- Smoking cessation service- 1/5 provide
- Covid 19 Vaccination national enhanced service – 2 provide

6.4.4. Other NHS Services: current services

- Think Pharmacy First Minor Ailments Scheme – 4/5 contractors in S4 provide.
- Tees Valley Specialist Palliative Care Medicines Stockists -activity undertaken by pharmacies to ensure access to specialist drugs. No contractors are in this locality
- Tees Valley Anti-Viral Stockists- activity undertaken by pharmacies to ensure access to specialist drugs – no contractors in this locality
- Hospital Pharmacy Departments – reduce demand for the dispensing essential service as prescriptions issued by the hospital are dispensed by the hospital pharmacy service
- Personally administered items by GPs – this reduces the demand for dispensing essential service
- GP extended access / out of hours service – if medication supplied by service will reduce demand for pharmaceutical services but may issue prescriptions which will increase activity particularly in evenings at weekends. In 2023/24 the extended access service issued 17093 prescriptions.
- Community Nurse Prescribers – increases activity by pharmacies. No data available
- Primary Dental Services- increase activity by pharmacies. No data available
- Substance Misuse Services - increases activity by pharmacies.
- Smoking Cessation Services-increases activity by pharmacies
- Stockton-on-Tees 0-19 services- issues scripts and increases activity by pharmacies. No data available.

6.4.5. Necessary Services: Gaps in provision

The HWB noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to a car
- Be able to use public transport
- Be able to walk to a pharmacy

The HWB board is of the opinion that these patients will be able to access pharmaceutical services remotely either via:

- The delivery service that all internet pharmacies must provide
- The private delivery service known to be offered by some pharmacies

The HWB noted that this was a deprived area with lower levels of car ownership. For the most densely populated pharmaceutical services can be reached in a 15 minute walk or within the whole locality a 20 minute car journey.

The HWB noted that there was pharmaceutical services available Monday – Friday 9am -6pm and Saturday mornings. The HWB noted there was no pharmaceutical services available after 6pm on a weekdays and on a Sunday.

The HWB noted the closure of a pharmacy in this locality since the last PNA.

The HWB board has noted the projected number of houses to be built during the lifetime of this PNA and is of the opinion the existing pharmacies will be able to meet the needs of planned developments.

The HWB has therefore concluded that there are no current or future needs in relation to the provision of essential services by pharmacies in the locality.

6.4.6. Improvements or Better Access: Gaps in Provision

The HWB is satisfied based on the information in previous sections there are no current or future improvements or better access in relation to provision of other relevant services.

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7. Conclusions

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across Stockton-on-Tees and the demography and health needs of its population.

The Assessment reported will have regard to choice.

Stockton-on-Tees has 35 pharmacies, of which 8 are open for extended hours (previous 100 hour pharmacies now open for a minimum of 72 hours). Most provide advanced and enhanced service commissioned by NHS England. Many provide other services commissioned by NENC ICB and Stockton-on-Tees council. There are no LPS contractors, distance selling premises or dispensing appliance contractors. There is 1 GP dispensing practice.

Overall access to pharmaceutical services is good due the spread of premises and the times at which they are open.

Stockton-on-Tees has a population of 199,966. The projected population changes and housing developments identified may impact on the number of people accessing pharmaceutical services within the HWB area. However, given the current population demography, housing projections and distribution of pharmacies it is anticipated that the current pharmaceutical providers will be sufficient to meet local needs.

7.1. Necessary Services – Current provision

Stockton-on-Tees HWB has defined necessary services as the;

- Essential services provided at the premises included in the pharmaceutical list
- The dispensing service provided by 1 GP practice

Preceding sections describes the provision of these services

7.2. Necessary Services – Gaps in provision

7.2.1. Access to Essential Services

The HWB considered access as the key factor in determining the extent to which current provision of essential services meets the needs of the population.

7.2.2. Access to Essential Services during normal working hours

The majority of the population can access a pharmacy within a 10 minute drive and within a 15 minute walk.

This was supported by the residents survey which showed that 93% can get to their usual pharmacy by their usual mode of transport(walking or driving) within 10-20 minutes.

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services in normal working hours have been identified in any localities.

7.2.3. Access to Essential Services outside normal working hours.

There is good access to pharmaceutical services outside normal working hours through provision by 8, 100 hour pharmacies and extended weekend and opening hours offered by other pharmacies.

- 8 pharmacies are open 7 days a week
- 19 pharmacies are open 6 days a week
- 8 pharmacies are open Monday – Friday

The HWB noted that the extended access and out of hours service offered by GPs may vary its opening times during the lifetime of this PNA. However, it would expect that the commissioner of these services would be mindful of the existing pharmaceutical services in the provision of such services and ensure that that any services commissioned were able should they require to provide urgent and necessary treatments to patients in the hours where pharmaceutical services were not available.

The residents survey showed that 68.5% were happy with current opening times of the pharmacy they usually use.

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services outside normal working hours have been identified in any localities in Stockton-on-Tees HWB area.

7.2.4. Future Provision of Necessary Services

The HWB has taken into account population growth and housing developments.

It has identified the following necessary services that, will in the specified future circumstances be needed to be provided in order to meet the anticipated increased need for pharmaceutical services.

Based on the information at the time of developing the PNA no gaps were identified in the future provision of necessary services other than in following specified circumstances- in Locality S1 (Stockton-On-Tees North) should there be a total and permanent loss of existing pharmaceutical services provision in the Wynard area located at or in the immediate vicinity of The Stables, Wynard, TS22 5QQ there will be a future need for pharmaceutical services provision offering core opening hours Monday – Friday 9:00-13:00 and 14:00-18:00.

7.3. Other Relevant Services: current provision

The HWB identified other relevant services as the 9 current advanced services and the 1 national enhanced service for covid vaccination

Based on the information available at the time of developing this PNA no current gaps in the current provision of other relevant services or in specified future circumstances have been identified in any localities.

7.4. Improvements or Better Access – gaps in provision

7.4.1. Current and future access to essential services – present and future circumstances

Based on the information available at the time of developing the PNA no gaps were identified in essential services that are provided now or on the future that would secure improvements or better access, to essential services in any of the localities apart from in the following specified circumstances - in the future that should the extant grant lapse for the Elm Tree centre in locality S1(Stockton-On-Tees North), that access to pharmaceutical services could be improved or provide better access to pharmaceutical services if a premises was located in the same location that has been approved in the extant application.

7.4.2. Current and Future access to other relevant services

Based on the information available at the time of developing the PNA no gaps were identified in other relevant services that are provided now or on the future that would secure improvements or better access, to other relevant services in any of the localities

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8. Acknowledgements

Members of the PNA Steering and Working groups wish to acknowledge the contribution made by all of those who have been involved with the development of this PNA.

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9. Glossary of Terms

Abbreviation	Explanation
AUR	Appliance Use Review
DAC	Dispensing Appliance Contractor
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
FP10	Prescriptions to be dispensed in community pharmacies or by dispensing doctors for medicine available under the NHS
FP10 MDA	Prescriptions used for installment dispensing of certain controlled drugs.
HWB	Health and Wellbeing Board
GP	General Practitioner
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
NENC ICB	North East and North Cumbria Integrated Commissioning Board
NHS	National Health Service
NMS	New Medicine Service
ONS	Office of National Statistics
OOH	Out of Hours
OTC	Over the counter
POM	Pharmacy only Medicine
POM	Prescription Only Medicine
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SHAPE	Strategic Health Asset and Planning Evaluation tool
SOAs	Super Output Areas
SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
STI	Sexually Transmitted Infection

10. List of Appendices

APPENDIX 1	Pharmacy Contractor Survey Questions
APPENDIX 2	Consultation and Engagement Plan
APPENDIX 3a	Statutory Consultation questions.
APPENDIX 3b	Consultation Report
APPENDIX 4	Resident Engagement Survey Questions
APPENDIX 5	Resident Engagement Survey Report
APPENDIX 6	The Pharmaceutical List (pharmacies) in Stockton-on-Tees HWB area, showing Core, Supplementary and Opening Hours.
APPENDIX 7	Maps of location of pharmacies as referred to in the PNA.

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11. References and Bibliography

Department of Health. (2013). *The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended)*.

Department of Health. (2016). *NHS Pharmaceutical Services, Changes and Prescribing (Amendment) Regulations*.

Department of Health. (2013). *Pharmaceutical Services (Advanced and Enhanced Services) Regulations (as amended)*.

Department of Health and Social Care. *Pharmaceutical Needs Assessments: Information Pack for local authority Health and Wellbeing Boards* (October 2021)

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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

24 September 2025

REPORT OF DIRECTOR OF PUBLIC HEALTH

Joint Strategic Needs Assessment (JSNA) – Progress update and governance arrangements

Summary

In January 2025, the Board approved the approach to refresh and enhance the Stockton-on-Tees Joint Strategic Needs Assessment (JSNA; Appendix 1). Since then, significant progress has been made. A key milestone will be reached on 1 October 2025, when the new online JSNA (Version 2.0) will go live. This report provides an update to the Board ahead of the launch.

To strengthen governance, it is also proposed to re-establish a Health and Wellbeing Intelligence Group. This group will act as a formal sub-group of the Board, with delegated responsibility to oversee the JSNA. Its remit will extend beyond the JSNA, providing a forum to maximise the sharing, integration, and use of data and intelligence across the system.

Recommendations

The Board is asked to:

1. Note progress made in developing the refreshed online JSNA (Version 2.0).
2. Approve the re-establishment of a Health and Wellbeing Intelligence Group, with delegated responsibility to oversee the JSNA project and a wider system-level remit for data and intelligence.

Detail

1. JSNA Development Progress (Phase 1)

- A Working Group has overseen the development of the new JSNA, including project management, support to topic leads, and the creation of interactive PowerBI dashboards for each topic area.
- A standardised template was introduced to ensure consistency across topic narratives, structured as follows:
 - Headlines
 - Let's get started
 - What we know
 - Who is most affected and why?
 - What do the people of Stockton-on-Tees need?
 - What this means and what we are doing
- Topic leads were encouraged to supplement this template with additional material where appropriate.

2. Phase 1 Topic Areas

Following refinement with topic experts and partners, the agreed Phase 1 topics are:

- Alcohol
- Cardiovascular Disease (CVD)
- Green Spaces
- Healthy Weight and Good Food
- Homelessness
- SEND (Special Educational Needs and Disability) – Children & Young People
- Sexual Health
- Smoking & Tobacco Control
- Vaping
- Severe Multiple Disadvantages (SMD)
- Substance Use
- Work, Skills and Health

Changes from the original topic list reflect expert advice (e.g. splitting large topics), alignment with parallel analysis, and partner capacity considerations.

3. Next Steps

- The JSNA will be developed on a rolling schedule. After Phase 1, the next set of topics (Phase 2) will be agreed.
- At the September 2025 Board meeting, a demonstration of the new JSNA website will be provided, using Homelessness as an example topic.

4. Strengthening Governance

To ensure robust oversight:

- A Health and Wellbeing Intelligence Group will be re-established as a sub-group of the Board.
- Delegated responsibilities will include:
 - Oversight of the JSNA project
 - Receiving reports from the JSNA Task & Finish Group
 - Approving topic briefs before they are presented to the Board
 - Reporting quarterly to the Board on JSNA progress

In addition, the group will provide a system-level function beyond the JSNA, creating a mechanism to strengthen cross-organisational use of data and intelligence. If approved, a Terms of Reference (ToR) will be developed and presented to the Board for consideration.

Legal Implications

The JSNA fulfils the Board's statutory duty under the Health and Social Care Act 2012. There are no further legal implications.

Community Impact

The JSNA supports a shared understanding of population needs and assets, enabling the system to:

- Maximise local strengths
- Address health inequalities
- Plan effectively and strategically
- Ensure services meet the needs of Stockton-on-Tees residents

Name of Contact Officer: Sarah Bowman-Abouna

Post Title: Director of Public Health

Email address: Sarah.Bowman-Abouna@stockton.gov.uk

Appendix 1

Joint Strategic Needs Assessment HWB Briefing Note January 2025



Joint Strategic Needs
Assessment HWB Jani

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