

Date:

Tuesday 23 September 2025 at 4.30pm

Venue:

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

Cllr Marc Besford (Chair)

Cllr Nathan Gale (Vice-Chair)

Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller,
Cllr Vanessa Sewell and Cllr Sylvia Walmsley

Agenda

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for Absence**
3. **Declarations of Interest**
4. **Minutes** (Pages 11 - 16)

To approve the minutes of the last meeting held on 22 July 2025.
5. **Healthwatch Stockton-on-Tees - Annual Report 2024-2025** (Pages 17 - 60)
6. **Monitoring the Impact of Previously Agreed Recommendations – Access to GPs and Primary Medical Care** (Pages 61 - 112)

Progress report for the previously completed Access to GPs and Primary Medical Care review.
7. **CQC / PAMMS Inspection Results – Quarterly Summary (Q1 2025-2026)** (Pages 113 - 130)
8. **Scrutiny Review of Stockton-on-Tees Adult Carers Support Service** (Pages 131 - 160)

To consider information from the SBC Adults, Health & Wellbeing directorate.
9. **Chair's Update and Select Committee Work Programme 2025-2026** (Pages 161 - 164)

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: Senior Scrutiny Officer, Gary Woods on email gary.woods@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

This page is intentionally left blank

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.

This page is intentionally left blank

Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 22 July 2025.

Present: Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Mohammed Mazi (sub for Cllr Vanessa Sewell), Cllr Jack Miller, Cllr Sylvia Walmsley

Officers: Sarah Bowman-Abouna, Angela Connor, Graham Lyons, Rob Papworth (A,H&W); Chris Renahan (R&IG); Geraldine Brown, Francesca Magog, Gary Woods (CS)

Also in attendance: None

Apologies: Cllr Vanessa Sewell

ASCH/23/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/24/25 Declarations of Interest

There were no interests declared.

ASCH/25/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 17 June 2025.

AGREED that the minutes of the meeting on 17 June 2025 be approved as a correct record and signed by the Chair.

ASCH/26/25 Tees Valley Care and Health Innovation Zone

Further to the initial briefing on the Tees Valley Care and Health Innovation Zone received by the Committee in June 2024, an update on developments in relation to this initiative had been requested. Presented by the Stockton-on-Tees Borough Council (SBC) Assistant Director – Inclusive Growth and Development and the SBC Head of Policy, Development & Public Affairs, information was provided as follows:

- The Zone (and its health spine): The original footprint of the Zone had evolved in the last 12 months to recognise its broader impact, though key elements remained which included the new and recently opened Community Diagnostic Centre, Durham University's strategic buildings, and Tees Marshalling Yards. Sited within the middle of the Tees Valley itself, the Zone was well connected from a transportation perspective, with both the A19 and A66 nearby, and Thornaby Station situated within its boundaries.

A masterplanning exercise had identified a 'health spine' running across the Zone. From Stockton town centre and the ongoing development of the Urban Riverside

Park, this spine covered a 'live, work, learn' cluster (encompassing a multi-generational living concept), an open innovation campus (encouraging thinking that was not confined to within a building / closed environment) and the Marshalling Yards transformation, with offshoots across the Infinity Bridge and towards the White Water Course and Teesside Park Shopping Centre. To realise this vision, key projects involved the delivery of a community consultation strategy, the creation of an active / sustainable travel plan for the whole site, making Teesdale innovation ready, and reactivating the waterfront.

- From Concept to Delivery: Encouraging buy-in from a host of organisations (educational, health, Tees Valley Combined Authority (TVCA), businesses) had led the Council and its partners to a successful point, but there was now a need to move from concept to delivery. Whilst the regeneration element to the vision was significant (particularly the Marshalling Yards part), it was important not to lose sight of the skills and education aspects also associated with this development.

Two distinct time periods had been identified to start bringing this vision to reality. Short / medium-term (0-5 years) goals involved the now-achieved delivery of the Tees Valley Community Diagnostic Centre, exploration of further community health facilities in Stockton town centre (which could be delivered relatively quickly and aligned with the recently published 10-year health plan for England), garnering interest from private health providers in the area, and delivery of the previously announced Medical School. Medium / long-term (5 years+) aims focused on the Tees Central area and the unlocking of the Marshalling Yards site.

- Governance: As the approach had developed, it was appropriate to re-consider governance arrangements to ensure these were fit for purpose. The previous Board and five workstreams were stood down and would be replaced with a Strategic Programme Board (to act as champions for the Zone and engage in regional and national policy discussions that may impact it) which had oversight of, and provided direction to, three new working groups covering Skills, Research and Innovation, and Masterplanning and Infrastructure.
- Workstream Focus: Over the next 12 months, the Skills Working Group would focus on raising aspirations / ambitions campaign working with the TVCA (linked to the local growth plan), the consideration of barriers to entering training and identifying potential solutions (whilst also promoting health and care sectors as a career opportunity), developing and piloting some innovative models, and obtaining and analysing destination data from training providers.

The Research and Innovation Working Group's attention would centre on consideration of an Innovation Hub (a feasibility report would make any recommendations for next steps) and pursuing opportunities for care-tech and health-tech (cross-fertilisation of expertise).

From a Masterplanning and Infrastructure Working Group perspective, in addition to the meetings which had already taken place between SBC, DB Cargo and Network Rail to discuss the consolidation of assets (baselining work needed to be completed before further works were undertaken), efforts would involve further stakeholder engagement and building of strong relationships to ensure a clear programme of delivery and progression of ambitions for the site, and the consideration of a separate masterplan for Tees Central (which would likely be

required). It was noted that Homes England had offered financial support in the form of revenue funding for some development work (to be determined).

Welcoming this latest update, the Committee asked whether neighbouring Middlesbrough Council was being engaged in discussions / work around the Zone and requested confirmation of who was leading the new working groups (given Members were encouraged to engage with the previous five workstreams when receiving the initial briefing in June 2024).

Regarding the Homes England reference, the Committee queried what was happening to a stalled site within the Zone footprint. Members were informed that Homes England were no longer the owners of the site in question, and that the Council was currently trying to ascertain the situation with the new owners.

The Committee sought clarity on whether community health facilities would be town centre-based or situated within the Zone itself – SBC officers reiterated that options were being explored with a focus on what could be implemented quickly. Responding to a similar enquiry about the anticipated Medical School, it was confirmed that, if this went ahead, it would be in the Teesdale site and that the Council and relevant partners were presently working through potential plans. It was also noted that the Zone docked into the overarching Stockton-on-Tees Plan.

AGREED that the Tees Valley Care and Health Innovation Zone update be noted.

ASCH/27/25 SBC Adult Social Care Strategy Refresh

The Committee was presented with a report in relation to the ongoing refresh of the Stockton-on-Tees Borough Council (SBC) Adult Social Care Strategy.

The existing strategy covered the 2021-2025 period, and to inform the development of the new version, SBC had asked the National Development Team for Inclusion (NDTi) to complete an engagement exercise with local communities (at no charge to the Council) to identify what was important to consider in relation to future provision. Led by the SBC Strategic Development Manager (Adults & Health) and supported by the SBC Interim Director of Adult Social Care, feedback was summarised via the report and accompanying presentation slides, the key elements of which included:

- The creation of the Making It Real Board (MIRB) had initiated a different focus around engagement, with the Council recognising the importance for it to be open to public views / judgements about existing provision. This NDTi exercise (completed between February and March 2025, with a report presenting the findings completed in May 2025 and shared with the MIRB in June 2025) gave an early and unfiltered assessment of how local people were feeling about the current social care market.
- There were 177 responses in total – 81 conversations with people in community settings (who were not necessarily already using adult social care services), 76 from a survey, and a further 20 responses from providers.
- The report showed that most people who took part in the engagement felt that the Borough's adult social care services were average in helping people to live their best lives, and likewise with feeling that people were getting the early intervention and prevention they needed.

- There was a just-above average rating for how safe people felt where they lived (a measure which was not only about services, but tied into wider feelings around safety), and a below average rating about the availability of housing for people with support needs or disabilities (an issue which the Council was already trying to address).
- A summary of the findings highlighted several areas requiring development. To improve care and support, services should be personalised and flexible, older adults needed help to stay in their homes, individuals with learning disabilities wanted more independence, and carers required adaptable support. Peer support was also valuable for connection and sharing information, and reducing delays and increasing awareness of available services (facilitated by the availability of information in different formats) would make a big difference. The need for clearer communication between health, social care and housing to create a more connected and effective system was also noted.
- In terms of next steps, the plan was to work in partnership with the MIRB to co-produce a new Adult Social Care Strategy for 2026-2030 by November 2025.

Responding to the information provided, the Committee drew attention to the significant rise in the number of people using adult social care services since the last (and current) strategy was produced and felt this should be reflected in the new version. Other observations included the need to look after staff working within these vital services, that the MIRB was a small group which did not necessarily reflect the full community, and the importance of organisations working together to share good practice.

Whilst recognising that good communication between system partners and with the public was crucial, the Committee also highlighted the need for continuing focus on the experiences of people contacting the Council, many of whom preferred to see a face / hear a voice as opposed to utilising digital mediums (which were becoming the default communication tool). From a staffing perspective, Members urged the supply of information on training availability and uptake in order to ascertain whether this was adequate enough.

Concern was expressed by Members on the spelling errors within the accompanying NDTi presentation slides (particularly those relating to place names) – SBC officers stated that this had been fed back to NDTi.

Looking ahead, clarity was sought on the steps leading up to the publication of the new strategy in November 2025 and whether the Committee would have any further opportunities for input. SBC officers commented that future consultation with communities was anticipated (including with those groups who had already engaged via the NDTi-related exercise), and that another update could be brought back to the Committee prior to final publication if required.

AGREED that the 'New Adult Social Care Strategy – Feedback report from National Development Team for Inclusion and Next Steps' document and the accompanying presentation slides be noted.

ASCH/28/25 Scrutiny Review of Stockton-on-Tees Adult Carers Support Service

Consideration was given to the draft scope and project plan for the Scrutiny Review of Stockton-on-Tees Adult Carers Support Service, the proposed aims of which would be to provide assurance around its current delivery, highlight any gaps in the service and, in turn, help shape future developments for local provision.

Several contributors had been identified in relation to this scrutiny topic, including relevant teams / officers from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate, the NHS North East and North Cumbria Integrated Care Board (NENC ICB), North Tees and Hartlepool NHS Foundation Trust (NTHFT), and Eastern Ravens (specifically around young carers transitioning into the adult carers service). As with all in-depth reviews, it was also vital to understand the experiences of those using the service, therefore such feedback would be sought and considered. It was anticipated that the Committee's final report would be presented to the SBC Cabinet in February 2026.

Referencing the adult social care discussions earlier in this meeting, the Committee highlighted the significant increase in the number of identified carers across the Borough which the updated Adult Social Care Strategy also needed to acknowledge and plan for.

AGREED that the draft scope and project plan for the Stockton-on-Tees Adult Carers Support Service review be approved.

ASCH/29/25 Chair's Update and Select Committee Work Programme 2025-2026

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2025-2026

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 23 September 2025 where the latest Healthwatch Annual Report (2024-2025) would be presented, along with the first update on progress of the agreed actions in relation to the recommendations from the previously completed Access to GPs and Primary Medical Care review, and the latest quarterly CQC / PAMMS report. The first evidence-gathering session for the review of Stockton-on-Tees Adult Carers Support Service would also be held. In terms of the remaining items listed for this meeting, these would need to be pushed back to a later date to ease pressure on the agenda.

Regarding the paused Reablement Service review, reference was made to the recent circulation of the requested Peopletoo report, with views sought on how the Committee wished to proceed with this information. In order to properly scrutinise the document, it was agreed that an informal session should be arranged to enable Members to question relevant SBC officers, as well as the Cabinet Member for Health and Adult Social Care, on the content.

The Committee was reminded about the forthcoming visit (28 July 2025) to the North Tees and Hartlepool NHS Foundation Trust (NTHFT) discharge and command centre at the University Hospital of North Tees, Stockton.

AGREED that:

- 1) the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2025-2026 be noted.
- 2) in relation to the paused Scrutiny Review of Reablement Service, an informal evidence-gathering session be scheduled to consider the recently shared Peopletoo final report.

Chair:

Adult Social Care and Health Select Committee

23 September 2025

HEALTHWATCH STOCKTON-ON-TEES – ANNUAL REPORT 2024-2025

Summary

The Committee is requested to consider the Healthwatch Stockton-on-Tees Annual Report for 2024-2025 and comment as appropriate.

Detail

1. Local Healthwatch organisations are required to produce an Annual Report setting out their aims and achievements.
2. Healthwatch Stockton-on-Tees has produced its latest report, and this is attached for the Committee's consideration. The report will also be shared with the SBC Children and Young People Select Committee.
3. Members are reminded of the discussion points raised when the last Healthwatch Stockton-on-Tees Annual Report (2023-2024) was presented in September 2024 – these (along with the Annual Report 2023-2024) can be found at the following link:

<https://moderngov.stockton.gov.uk/mgAi.aspx?ID=3650>

Name of Contact Officer: Gary Woods

Post Title: Senior Scrutiny Officer

Telephone No: 01642 526187

Email Address: gary.woods@stockton.gov.uk

This page is intentionally left blank



Annual Report 2024–2025

Unlocking the power of people-driven care

www.healthwatchstocktonontees.co.uk

Contents

A message from our Chair	3
About us	4
Your Voice, Our Impact; A year in numbers	5
A year of making a difference	6
Working together for change	7
Making a difference in our community	16
Listening to your experiences	18
Hearing from all communities	26
Information and signposting	28
Showcasing volunteer impact	30
Finance and future priorities	32
Statutory statements	34



"Healthwatch Stockton-on-Tees has had another impactful year, driven by our ambition to reach even more people and connect with the diverse communities across Stockton-on-Tees.

"A heartfelt thank you to everyone who has shared their views and experiences with us. The people of Stockton-on-Tees are our eyes and ears; your stories shape our priorities and help us focus on what really matters.

"We've worked hard to champion the voices of those who use health and social care services making sure their needs are heard, understood and acted upon.

"Looking ahead, we remain wholeheartedly committed to being the voice of Stockton residents on all matters related to health and care. We will continue to put people's views at the heart of the services we all rely on, especially at the moments when they matter the most."

David Blacklock, Chief Executive Officer,
People First

A message from our Chair

A Year of Listening, Learning & Change: Our 2024/25 Annual Report

This year has been one of big changes and continued challenges. We're proud to share our 2024/25 Annual Report, highlighting the voices of local people and the work we've done to make sure they're heard.

Our move to People First as our new host has been a positive step, helping us strengthen our team and focus even more on what matters—listening to those using health and care services in Stockton-on-Tees.

We've heard from many people about the difficulties they face, from long waits for appointments to struggles accessing mental health and dental care. Issues like migrant and women's health, ADHD awareness, and support for drug and alcohol services have been key themes this year.

We're here to make sure those experiences lead to change. This report shares what we've learned and what we're recommending to help improve services.

A huge thank you to our amazing team—Natasha, Kathryn, Janet, Lynn, and Shelly—our Board, Volunteers, Health and Care Ambassadors, Commissioners, and the People First team. Your hard work makes all the difference.

We're excited to keep working together for better care in our community.



"Your story matters—and we're here to make sure it's heard."

At Healthwatch Stockton-on-Tees, we listen with care, speak up with purpose, and stand beside you to make sure your experiences shape the services we all rely on."

Peter Smith, Chair, Healthwatch Stockton-on-Tees

About us

Healthwatch Stockton-on-Tees

Your local champion for better health and social care.



What we do

We make sure NHS leaders and decision-makers hear your voice—and act on it. We're also here to help you find clear, trustworthy information and advice when you need it most.



Our vision

A future where everyone gets the care they need—when they need it, and in a way that works for them.



Our mission

To make sure people's voices shape the future of health and care—because real experiences lead to real change.

Our values are:



Equity

We listen with compassion, value every voice, and work to include those who are often left out. We build strong relationships and support people to shape the services they use.

Empowerment

We create a safe and inclusive space where people feel respected, supported, and confident to speak up and shape the changes that matter to them.

Collaboration

We work openly and honestly with others, inside and outside our organisations, to share learning, build trust, and make a bigger difference together.

Independence

We stand up for what matters to the public. We work alongside decision-makers but stay true to our role as an independent, trusted voice.

Truth

We act with honesty and integrity. We speak up when things need to change and make sure those in power hear the truth, even when it's hard to hear.

Learning

We never stop growing. We listen, reflect, and adapt—always open to new ideas and experiences that help us do better for the people we serve.

Impact

We focus on making a real difference in people's lives. We're ambitious, accountable, and committed to helping others take responsibility to make change happen.

Your Voice, Our Impact: A year in numbers

We've supported more than 18,500 people to have their say and get advice and information about their care.

We currently employ four staff and our work is supported by 13 volunteers and 33 Health & Care Ambassadors.

Reaching out:



2,919 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

5,802 people came to us via website, events, email or telephone for clear advice and information on topics such as mental health support and finding an NHS dentist.

12,761 people were able to access up-to-date health and care advice and information through our website, social media platforms and newsletters.

We have sent out 13 newsletters to over 430 members.

Turning feedback into action:



This year, we published seven reports highlighting the changes people want to see – covering areas like pharmacy services, women's health and drug and alcohol support.

Our most popular report, with 268 views on the website, was [Accessing Pharmacy Services](#): shining a light on the real struggles people face getting the care they need.

Statutory funding:



We're funded by Stockton-on-Tees Borough Council. In 2024/25 we received £129,000, which is 0.8% less than last year.

A year of making a difference

Over the past year, we've been out and about—listening to your stories, connecting with partners, and working hard to make care better across Stockton-on-Tees. Here are just a few highlights from our journey.

Spring



We visited local pharmacies after the Pharmacy First launch in January 2024 to see

how it's going and to help spread the word about the new services now available.



Getting help with dental care is still a big challenge locally and across the country

We carried out mystery shopping to highlight the problems people are facing. Now, we're working with decision makers to help shape plans for improving access to dental services.

Summer



Young people told us they wanted to be heard—so we listened

We spoke with young people across the area to find out what matters most to them. **Mental health** came out as the top concern, and it's now a key focus in our 2025–2026 work plan.



Two local hospital trusts are now working more closely together

North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust have officially joined forces to improve services. We spoke with local people to make sure your voices help shape how care is delivered in the future.

Autumn



The public asked us to focus on migrant health—and we did

We built strong connections with local migrant communities to understand the biggest challenges they face in accessing health and care services. Their voices are helping shape our work moving forward.



Bringing health and care into the heart of our communities

We launched our **Health & Care Ambassador Programme** to make it easier for people to access services and information where they live. The programme also helps our partners work together in new ways, using real-time insights from the community.

Winter



Sharing local voices on a national stage

We were proud to attend the National Conference alongside **Baroness Merron**, Parliamentary Under-Secretary for the Department of Social Care, to share our findings on the impact of **ADHD and long waiting times**. We're now part of a national working group to make sure local experiences help shape future improvements.



Working together to make a difference

We brought together senior leaders and decision makers from across our area to collaborate and explore the positive impact of our **Health & Care Ambassador Programme**. It was a great opportunity to share ideas and strengthen partnerships for better community health.

Working together for change

Introduction to the work between the NENC ICB and Healthwatch

Throughout 2024 -2025 the Integrated Care Board (ICB) and Healthwatch have worked together to build robust relationships to improve health and wellbeing for everyone in our communities. This partnership aims to:

- **Enhance Health Services:** By working together, the ICB can better understand and address the health needs of our communities.
- **Promote Wellbeing:** The collaboration focuses on creating opportunities that support improved wellbeing, including mental health, physical health, and social care.
- **Reduce Health Inequalities:** The partnership aims to ensure that everyone, regardless of their background, has access to quality health services.
- **Engage the Community:** Healthwatch ensures feedback gathered from the public is escalated appropriately to help the ICB make informed decisions about health and care services.
- **Innovate and Improve:** Together, support the development of new and better ways to deliver health care, making it more efficient and effective.

This partnership is a significant step towards healthier, fairer, and more inclusive communities.



Working together for change

Our goal is to make sure people's experiences with health and care services are heard at the Integrated Care System (ICS) level and help influence decisions made about health and care services.

A collaborative network of local Healthwatch:



Building a Strong Healthwatch Network

We formed a network of 14 local Healthwatch groups to improve health and care services both regionally and nationally.

Funding from our Integrated Care Board helped us build strong, meaningful relationships within this network, consistently adding value to the design of health and care services.

We have representatives from our network on local and regional strategic boards. These boards have robust reporting structures that support coordinated and effective engagement with our communities.

Our collaborative approach is recognised nationally as best practice.



Claire Riley, OBE
Chief Corporate
Services Officer,
NENC ICB

Working together for change

Work carried out during 2024 – 2025:



Integrated Care Strategy

We received over 400 responses during our engagement period.

A review of the feedback showed that children and young people were under-represented.

Impact:

The ICB added a fourth goal: **"Giving children and young people the best start in life."** This goal increases the focus on people of all ages throughout the strategy.

ICB Involvement Strategy



Refreshing the ICB Involvement Strategy

Healthwatch spoke with over 100 people to help update the ICB Involvement Strategy.

Impact:

Based on their feedback, the ICB has updated its principles to include:

- Meaningful involvement
- Removing barriers
- Listening to feedback

We also helped create a shorter, easier-to-read document and a workplan based on these new principles, including ways to measure success.



Working together for change

Access to dental care



Listening to People's Dental Care Challenges

Over 3,800 people shared their views with us.

We engaged with people across the region to understand the difficulties they face in accessing dental services. We used various methods, including surveys, mystery shopping, general conversations, and one-on-one interviews at Darlington Urgent Dental Access Centre (UDAC).

The ICB has provided the following response:

Improving access to dentistry will not be a quick fix but we are working on it. Our key focus areas are:

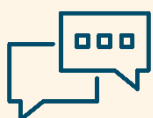
- Stabilising services – additional investment including incentivised access, additional dental out of hours treatment capacity and dental clinical assessment workforce/triage capacity.
- Funding available to deliver a new model of dental care via Urgent Dental Access Centres and provide additional general dental access.
- Working with 'at risk' practices to identify and address financial issues of delivering NHS dental care.
- Working with local dental networks and NHS England North East Workforce Training and Education Directorate to improve recruitment, retention, training and education across the region.
- Developing an oral health strategy to improve oral health and reduce the pressure on dentistry.

We are continuing to work closely with the ICB as new ways of working are developed.



Working together for change

The big conversation: Women's Health



Listening to Women's Health Needs

We spoke to nearly 4,500 people and held six focus groups with women who face extra health challenges. We wanted to understand what matters most to them and their priorities.

What We Learned:

- Mental health and wellbeing
- Healthy ageing and long-term conditions (like bone, joint, and muscle health)
- Menopause, perimenopause, and hormone replacement therapy
- Screening services (like cervical, breast, bowel, and cancer screenings)
- Menstrual and gynaecological health

Impact:

We're now working with our partners to create a "Woman's Promise." This will help women, health professionals, and others understand and support women's health needs and rights.

Change NHS:



We supported engagement for the NHS 10 Year Strategy, delivering over 17 workshops throughout North East & North Cumbria including people from an ethnic minority, people with a learning disability and/or autism and young people.



Our commitment to working in partnership with Healthwatch and being open and transparent in our interactions will continue. We value greatly the contribution of the partnership across the region. We should all be rightly proud of what we have achieved to date, and I look forward to seeing this work progress as we enter the next phase of the ICB.



Sam Allen, Chief Executive at North East and North Cumbria ICB

Working together for change

North East Ambulance Service clinical strategy engagement:



Gathering Feedback to Improve NEAS Services

Over 1,700 people shared their valuable feedback. 12 Healthwatch groups in the North East, along with VONNE, engaged with the public and patients as part of the NEAS clinical strategy review. This work will be ongoing throughout 2025–2026.

Key Strengths:

Compassionate and professional staff	Community involvement
Patient Transport Services	Effective emergency care

Areas for Improvement:

Response times	Mental health support
Communication transparency	Resource and staffing limitation
Coordination with other services	

Raising Voices Together:



To showcase the work carried out by the NENC Healthwatch network, all 14 local Healthwatch came together. We shared experiences and learning, highlighting how local engagement has made an impact both regionally and nationally. This gathering helped strengthen relationships, with a commitment to continue collaborative efforts.

Claire Riley, OBE, Chief Corporate Services Officer, emphasized that our efforts have ensured that citizen voices are embedded within the ICB at every level of decision-making. She stressed the importance of involving and engaging with communities in any changes and developments. Claire also highlighted the need for consistent, long-term funding to build on our success and ensure people's voices are heard and acted upon.

Chris McCann, Deputy CEO of Healthwatch England, supported Claire's views on the power of the network. He expressed the ambition for Healthwatch nationally to develop strong systems of work, using NENC Healthwatch as a model for best practice.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

Working together for change



"The effective way that Healthwatch Network has engaged with the North East and North Cumbria ICB is extremely impressive. By working with other Healthwatch across their ICB footprint in establishing strong relationships within their ICB, they have ensured that the voice of the public is heard at every level of decision making in their region.

"They are to be commended on their exemplary approach which means that views of users, families and carers are taken into account by health and social care partners across the North East and North Cumbria ICS."

Chris McCann, Deputy Chief Executive, Healthwatch England."



Working together for change

What's Next?

Newcastle University asked the Healthwatch NENC network to help with a funding bid to research NHS workforce shortages. These shortages affect staff wellbeing and patient care, especially in underserved areas.

The Healthwatch Network agreed to be a co-applicant for the bid to the National Institute for Health & Social Care Research (NIHR). In 2024, we were thrilled to learn that our bid was successful! We now have a £5 million NIHR Workforce Research Partnership, led by Newcastle University's Medical Education team, to tackle this urgent issue.

Our Focus:

Primary care and maternity services in remote and deprived areas, where staff face intense pressure and fewer resources.

Our Approach:

We are working directly with staff, patients, educators, and policy leaders to co-design solutions that make a real difference.

This Partnership Includes:

- Researchers from Newcastle, Northumbria, Oxford, Birmingham, and York
- NHS leaders and Integrated Care Boards
- Healthwatch and public advisors
- Design experts to turn insights into action

Our Goals:

- Better working conditions
- Reduced staff turnover
- Improved care in underserved areas
- Smarter, more inclusive workforce planning

Working together for change

Shaping Outcomes Together

These outcomes won't be decided from the top down. Instead, they'll be shaped through ongoing collaboration with those delivering and receiving care.

Partnership Details:

- The Partnership will run for five years, and we'll share our learning along the way.
- If you work in primary care, maternity, or workforce planning, or live in an underserved area, contact the Healthwatch Network to get involved.
- Look out for the launch of the Partnership's social media in the coming months.

Special Thanks:

A huge thanks to our amazing co-leads, Professor Gill Vance and Dr. Bryan Burford, whose leadership and commitment have brought this Partnership to life.

Read more about the Partnership launch here: [Multi-million-pound investment tackling healthcare workforce challenge](#)



“Underserved areas are likely to be on the sharp end of challenges to workforce sustainability, and so are priorities for research.”

Professor Gill Vance

Making a difference in our community

We take what people tell us and bring it directly to healthcare professionals and decision-makers—using real feedback to shape services and improve care over time.

Here are just a few ways we've made a difference in Stockton-on-Tees this year:

Listening, Moving & Making a Difference at Argyll Court



At Argyll Court, residents shared that they often felt unmotivated and anxious about going out. So, we took action.

We ran a gentle, chair-based exercise session—showing how small movements can boost wellbeing. We also introduced the Movement is Medicine team, who offer local sessions to keep people active.

Now, an Activities Co-ordinator will support the group regularly—helping build confidence, connection, and better health.

Local Voices Driving Change in Drug & Alcohol Recovery



In 2024, we listened to people affected by drug and alcohol misuse—alongside families, carers, and professionals—to shape real, experience-based recommendations.

Now in 2025, we're seeing real progress:

- Freephone access introduced by CGL
- Plans for out-of-hours support underway
- Stronger collaboration between service providers
- Open Day planned with taster sessions for families and service users
- Dedicated communications lead raising awareness and sharing harm reduction resources

By listening, services are becoming more responsive, inclusive, and supportive.

Making a difference in our community

Shining a Light on Neurodiverse Voices

Change doesn't happen overnight—but we're always working to make sure people's voices are heard and acted on.

This year, we focused on the experiences of people with neurodiverse needs. Thanks to the powerful stories shared with us, our work reached Healthwatch England and was raised with the Department of Health.

We were proud to speak at the National Conference, sharing how small, thoughtful changes can make a big difference in everyday life for people who experience the world differently.

Now, we've been invited to join a national working group—helping shape long-term improvements in care for neurodiverse communities.

As we continue this vital work into 2025–26, your support and partnership will be more important than ever.

Please contact us if you'd like to be involved:
info@healthwatchstocktonontees.co.uk



Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.



Listening to your experiences

Listening to Our Community: Shaping Better Care

At our 2024 annual event, we heard loud and clear: migrant communities face real barriers when trying to access health and care services.

We took that feedback seriously. It was a key part of our **2024–2025 workplan**, guiding our efforts to make care more inclusive, accessible, and responsive to everyone's needs.

Your voices are helping shape real change.

What did we do?

We spent time out in the community—listening, building relationships, and working with professionals to understand the barriers people face. Together, we looked at how to overcome these challenges and share what we've learned to make services better for everyone.

Key things we learned:



Building trust takes time—but it makes a real difference.

By working with Healthwatch, health and care services were able to reach communities that had been hard to engage. Together, we built understanding and opened the door to better support.

Breaking Down Language Barriers Through Community Connection

Language can be a big barrier to getting the right care—especially when translation services aren't always available. That's why we brought services directly into communities and partnered with trusted local voices.

With the support of **Susan Mansaray**, founder of **Purple Rose**, we reached people on sensitive topics like **sexual and women's health**. At first, there was some hesitation—but by building trust and listening, we helped people feel safe, heard, and supported.

Clear Communication Matters

Many people find health and care information hard to understand. Sometimes, important messages—like a change of address—don't even reach them.

To fix this, services should use **simple, clear language** and, where possible, include **pictures and symbols**. This helps make sure everyone can understand and act on the information they receive.

Listening to your experiences

Respecting Cultural Differences in Healthcare

Culture shapes how people understand health, seek care, and follow advice—from beliefs and communication styles to food and care preferences.

When care isn't culturally sensitive, it can lead to health inequalities, especially in ethnic communities. Inclusive, respectful care isn't just better—it's essential.

Look out for our next report for key learning that will improve health inequalities.

What difference did this make:

242

people from migrant communities have accessed health services through the Health and Care Ambassador Programme.

151

people were triaged to additional support services.

33

health and care ambassadors are committed to improving the health of our local population, strengthening partnership working and ensuring the voices of people are heard and responded to.



Our work was shared regionally across news platforms, including the BBC, continually raising awareness and sharing best practice about how to overcome barriers to engagement.

"The recent migrant event hosted in collaboration with Purple Rose and Healthwatch was an outstanding success. It provided a wonderful opportunity to engage with a diverse range of ethnic communities, many of whom can be challenging to reach through traditional methods.

"The atmosphere was incredibly positive, with attendees displaying exceptional politeness and enthusiasm throughout the day. Even when language barriers arose, everyone remained fully engaged, resulting in meaningful and enriching conversations.

"This event has truly become a highlight for us, and we deeply appreciate the warm and welcoming environment created by all involved. We eagerly look forward to future opportunities to connect and build relationships within such a vibrant and diverse community."

Ann Hope, Northern Cancer Voices



Listening to your experiences

Listening, Learning, Healing—Together



Listening to your experiences

Working Together for Better Care: University Hospitals Tees

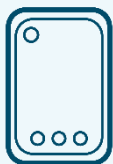
North Tees & Hartlepool and South Tees Hospitals are teaming up in a new Group Model to improve healthcare across Tees Valley, North Yorkshire, and County Durham.

To make sure these changes meet local needs, Healthwatch spoke with patients, carers, and communities. Your feedback is helping shape better, more responsive care.

Why Cultural Sensitivity in Healthcare Matters:

- **Beliefs About Health:** People from different cultures may view illness and healing in unique ways, including using traditional or spiritual practices.
- **Communication Styles:** Language and nonverbal cues vary. Misunderstandings can happen if providers aren't aware of these differences.
- **Food and Diet:** Cultural food preferences matter. Ignoring them can lead to discomfort or patients not following dietary advice.
- **Family Roles:** In some cultures, families make health decisions together—not just the patient.
- **Trust Issues:** Past discrimination can cause some communities to distrust the healthcare system.

What people said:



- **Quality of Care:** Generally positive but **long waits** and **poor communication** were common frustrations.
- **Hospital Facilities:** Many felt the **buildings were outdated**, with **uncomfortable waiting areas** and **cleanliness concerns**.
- **Access to Services:** Barriers included **long waits, parking issues, and limited public transport**. Digital tools were helpful for some but **not inclusive for all**.
- **Hospitals Working Together:** People want **shorter waits, better communication**, and **easier access**, especially for those in **rural areas**.

Top Five Recommendations

1. **Consistent, high-quality care** across all hospitals.
2. **Modernise hospital environments** for better comfort and cleanliness.
3. **Reduce waiting times**, especially in emergency and surgical services.
4. **Improve rural access** with better transport and more local services.
5. **Enhance communication** so patients feel informed and involved.

Listening to your experiences

Working Together for Better Care: University Hospitals Tees

"Thank you again to you and your colleagues for the time spent on pulling this work together. It has already played an integral role in the work of the clinical boards and wider. The recommendations are being actively discussed and considered as part of our design work."

Maxine Crutwell, Programme Manager for Group Development



Listening to your experiences

Annual Event 2025: Listening, Collaborating, Improving

Our 2025 Annual Event brought together over 25 organisations, professionals, and community members with one shared goal: to listen, learn, and take action together.

This wasn't just a meeting—it was a powerful moment of connection. People from all walks of life came together to share experiences, raise concerns, and shape the future of health and care in Stockton-on-Tees.

What we heard:



- **Young people** told us mental health is their top concern. We're making it a key focus in our workplan.
- **Migrant communities** shared the barriers they face. We're building trust and improving access together.
- **People with lived experience** of ADHD, autism, and substance misuse helped shape better support services.
- **Public feedback** called for clearer communication, better bereavement support, and more inclusive services.

What we achieved

1. Professionals and community members sat side-by-side, **listening and learning from each other**.
2. We **strengthened partnerships** across health, care, and community sectors.
3. We gathered real-time insight that's already shaping our **2025–2026 priorities**.
4. We celebrated the success of the **Health & Care Ambassador Programme**, which continues to bring services into the heart of communities.

Together, we're turning conversations into action—and building a healthier, more connected Stockton-on-Tees.

Listening to your experiences



Healthwatch Stockton-on-Tees
Annual Event 2025



“This event reminded us that real progress comes from listening to the people we serve—and working together to make change happen.”

**Peter Smith, Chair,
Healthwatch Stockton-on-Tees**



Hearing from all communities

At Healthwatch Stockton-on-Tees, we believe that everyone's voice matters—especially those who are often unheard.

Over the past year, we've connected with a wide range of communities, listening to their experiences and using their feedback to shape better health and care services.



Hearing from all communities

Reaching Further, Listening Deeper: Making a Difference Across Communities

We've engaged with:

- People with disabilities – through dedicated engagements, we've heard about access challenges, communication barriers, and the need for more inclusive services.
- Carers – engagement helped us understand the pressures carers face and how services can better support their wellbeing.
- Young people – through targeted outreach, we've made mental health a top priority in our workplan.
- Migrant communities – we've built trust and broken down barriers by working directly with groups like Purple Rose, bringing services into the heart of communities.
- Older people – we've listened to concerns about digital exclusion, loneliness, and access to face-to-face care.

What difference did this make?

Each conversation has helped us **spot gaps, highlight good practice, and push for change**. Whether it's improving access to NHS dentists, raising awareness of ADHD, expanding Health & Care Ambassador Programme or supporting carers through crisis, your voices are shaping real improvements.

By working alongside professionals, volunteers, and community leaders, we're not just gathering feedback—we're building a movement for better care, rooted in **trust, inclusion, and action**.



Information and signposting

Key Themes & Support Summary

GP Access: People struggled to get appointments or felt dismissed.

We helped by: advising on complaints, suggesting alternative practices, and supporting with advocacy.

Dental Services: Many couldn't find NHS dentists or afford private care.

We helped by: sharing up-to-date dentist info, advising on 111 for emergencies, and supporting complaints.

Hospital Services: Concerns included poor care, unsafe discharges, and lack of updates.

We helped by: guiding people to PALS, explaining patient rights, and supporting formal complaint processes.

Mental Health: Issues included lack of crisis support and feeling ignored.

We helped by: signposting to services and helping people raise concerns, leading to resolution.

Communication: People felt unheard or passed between services.

We helped by: advising on escalation routes and complaint processes, we raised voices on their behalf.

Medication: Problems with prescriptions and changes without explanation.

We helped by: clarifying rights, supporting resolution, and guiding complaints.

Social Care: Issues with home care, support access, and confusion over services.

We helped by: explaining how to access care and supporting navigation of the system.



Case Study: Navigating Mental Health & GP Complaints

Nature of the issue: An individual living with Emotionally Unstable Personality Disorder (EUPD) contacted Healthwatch Stockton-on-Tees seeking help to make a complaint. They felt their GP and local mental health services had ignored their requests, which worsened their stress and anxiety. They also shared concerns about past experiences involving family members, including a misdiagnosis that led to a relative's death and delayed treatment for another.

The individual expressed deep frustration, saying they felt like a “massive problem” to the services meant to help them.

Support provided: Healthwatch Stockton-on-Tees:

- **Listened** to the full account with empathy and without judgment.
- **Provided clear information** on how to make a formal complaint about both the GP and mental health services.
- **Signposted** the individual to the Independent Complaints Advocacy (ICA) service for further support.
- **Escalated** the information directly to service providers to identify improvement areas.

Outcome: The individual confirmed they received the information they needed and felt better informed about how to move forward. Services have expressed a desire to work with Healthwatch in the coming year to develop better ways of working. This case highlights the emotional toll of feeling unheard in the healthcare system—and the importance of having someone to turn to for guidance and support.

Case Study: Supporting a Resident with Medication Issues

Nature of the issue: A local resident contacted Healthwatch with serious concerns about their GP surgery. They had been taking allopurinol for several years, but the dosage was changed without their knowledge. For seven months, they unknowingly took a higher dose, which led to side effects such as nausea, dizziness, and stomach pain.

Support provided: Healthwatch Stockton-on-Tees:

- **Advised** the individual on how to raise the issue with their GP.
- **Recommended** they contact the practice manager directly for clarification.
- **Provided guidance** on how to make a formal complaint if needed.

Outcome: The individual felt better informed and empowered to take the necessary steps to address their concerns. They were able to begin the process of resolving the issue with their GP surgery. This case highlights the importance of clear communication in healthcare and how Healthwatch can support people to speak up and seek safe, effective care.

Showcasing volunteer impact

Healthwatch Stockton-on-Tees volunteers are the heart of our decision making and community engagement. They bring local voices to the forefront and help ensure health and care services work for everyone.

What Volunteers Do

Listening to the Community

- Attend community events, drop-in sessions, and forums.
- Gather feedback from individuals and groups about their experiences with health and social care services.

Signposting and Support

- Help people understand their rights and options.
- Direct individuals to the right services, such as NHS 111, advocacy support, or local charities.

Enter & View Visits

- Visit health and care settings to observe services and speak to patients and staff.
- Report findings to help improve care quality and accessibility.

Outreach and Education

- Deliver talks and presentations to community groups.
- Raise awareness of Healthwatch and other services, sharing ways people can get involved or seek help.

Amplifying Voices

- Supporting underrepresented groups to be heard, including carers, young people, older adults, and people with disabilities.
- Help shape reports and recommendations shared with service providers and commissioners.



Showcasing volunteer impact

Stockton's ADHD Champion Wins Volunteer of the Year!

We're so proud that **Larissa Bennett**, a passionate advocate for ADHD awareness, was named **Volunteer of the Year** at the 2025 Catalyst Conference and Awards!

Larissa first reached out to **Healthwatch Stockton-on-Tees** in 2023 to talk about her own experiences of living with ADHD. She wanted to help others who might be facing similar challenges—and she's done just that.

Since then, Larissa has become a key part of the Healthwatch team. She's shared her story with honesty and courage, helping to raise awareness of ADHD and the need for better support. Her insights helped shape a local engagement plan and a powerful report that gathered feedback from others in the community. That report went on to be shared nationally by **Healthwatch England**, helping to shine a light on the experiences of people with ADHD across the country.

Larissa has spoken at events, board meetings, and even helped create a video about her journey—highlighting how ADHD affects her relationships, mental health, and daily life. Her work has inspired many and helped start important conversations.

"Winning this award is truly humbling," Larissa said. "I never imagined my story would reach so many people. I hope it keeps the conversation going about real, accessible support for neurodivergent people."

Larissa Bennett



Natasha Douglas, Manager at Healthwatch Stockton-on-Tees, said: "Larissa is passionate and dedicated. She's helped raise awareness, improve services, and support others on their journey. We're so proud of everything she's achieved."



Rita Lawson, Chief Executive at Tees Valley Rural Action and member of the Catalyst Awards panel, added: "Larissa's work is inspiring. She's volunteering can break down barriers and make a real difference."

Larissa has now been invited to join the Healthwatch Executive Board and is planning to train as an advocate. She also hopes to start a local peer support group to help others improve their wellbeing and life opportunities.

Congratulations, Larissa! Your voice is making a real difference.

Finance and future priorities

We receive funding from Stockton-on-Tees Borough Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Funding from LA	£129,000	Expenditure on pay	£136,248
Additional income	£27,252	Non-pay expenditure	£15,622
		Office and management fee	£26,996
Total income	£156,252	Total Expenditure	£178,866

Additional income is broken down into:

Integrated Care System (ICS) funding:

Healthwatch across North East & North Cumbria also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
NENC Network	£1,900
NENC HW Network – ICB South Area Co-ordinator	£11,902

Finance and future priorities

Next steps: Building on what we have heard

As we look ahead, we're committed to turning what we've learned into action. The voices we've heard this year—through conversations, surveys, and community events—will guide our next steps as we continue working with partners to improve health and care for everyone in Stockton-on-Tees.

Our priorities for 2025–26

This year we are focusing on:

- Tackling health inequalities by reaching those who face the biggest barriers to care.
- Hearing from underrepresented voices, including young people, neurodivergent individuals, and minority communities.
- Improving mental health and social care by making sure patient feedback shapes real change.
- Growing our Health and Care Ambassador Programme to empower local people to lead the conversation.

Together we're making sure every voice counts.



Statutory statements

Healthwatch Stockton-on-Tees uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

Until 30 September 2024, the organisation holding the Healthwatch contract was Pioneering Care Partnership (PCP).

Registered Charity No: 1067888. Company Registered in England No: 3491237.
Registered address: Pioneering Care Centre, Carer's Way, Newton Aycliffe, County Durham, DL5 4SF.

"PCP was proud to host Healthwatch Stockton-on-Tees until September 2024. As a local charity, our team successfully supported engagement, listened to views of residents and influenced commissioning for the future. We continue to support their work and look forward to helping Healthwatch in the future as they develop under the guidance of People First."

From 1 October 2024, the organisation holding the Healthwatch contract is People First. Registered Charity No: 1184112. Company Registered in England No: 05438407. Registered address:

People First Conference Centre, Milbourne Street, Carlisle, Cumbria, CA2 5XB.



"We are People First, we believe that life is better for everyone when everyone is included.

"Our mission is to stand shoulder to shoulder with anyone who faces barriers, anyone who needs representation and support to get answers, make decisions or overcome challenging times.

"We are proudly founded by people with learning disabilities and our rights-based, self-advocacy roots continue to inspire us to support anybody who needs us.

"When anyone faces injustice or inequality People First refuses to look the other way. We stand up for the things which matter most, we ensure everyone has a voice.

"As an independent advocacy charity, we stand shoulder to shoulder with people across the north of England to champion fairness and equality."



**Lindsay Graham,
Lancashire & South Cumbria Director,
People First**



Statutory statements

Combining the Strength of People First with the Powers of Healthwatch

We are People First

Everyone has the right to be respected and to have a say on the issues that shape their lives.

As an independent advocacy charity, we stand shoulder to shoulder with people across the North of England to champion fairness and equality.

A mother fighting to keep her son. A young person with learning difficulties training for work. A family who are experiencing issues accessing healthcare.

We challenge the term 'vulnerable' by supporting people to understand their rights and to be heard when they need it most.

Independent Advocacy

Our Advocacy services help people live their lives the way they want to. We listen to those who need to be heard, we empower people to have their say, and we engage with services to increase awareness and improve support.



Statutory statements

The way we work

Your Voice, Our Direction

Our Healthwatch Board includes seven Executive Members and six Community Representatives—all volunteers—who guide our work and ensure we focus on what matters most to local people.

In 2024/25, the Board met five times and made key decisions such as:

- Developing our Health and Care Ambassador Programme
- Continuing our work with young people to amplify their voices in health and care

We're proud to:

- Deliver a work plan shaped by your voices
- Represent Stockton-on-Tees across the NENC Network
- Involve the public in setting our priorities

Listening to You, Sharing What We Learn

We use many ways to hear from you—by phone, email, our website, social media, and by attending local groups and forums.

In 2024/25, your feedback helped shape our work. We make sure our Annual Report reaches as many people as possible by:

- Publishing it on our website and in newsletters
- Presenting it to the Health & Wellbeing Board and Scrutiny Committee
- Sharing it with partners like Stockton Local Authority, Public Health, ICB, University Hospitals Tees, and the Care Quality Commission

Your voice matters—and we're making sure it's heard.

Statutory statements

Responses to recommendations

All our reports throughout the year have received responses from the relevant partners and recommendations made will form part of the future planning and commissioning of services. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to:

- Health and Wellbeing Board
- Health and Wellbeing Partnership
- Teeswide Safeguarding Adults Board
- Adult Social Care & Health Select Committee
- Health & Wellbeing Forum
- Coalition of The Willing Working Group
- Integrated Mental Health Steering Group
- Joint Health & Wellbeing Strategy Working Group
- Healthwatch England Leads Meeting
- North Tees & Hartlepool Foundation Trust Council of Governors

We also take insight and experiences to decision-makers in our North East & North Cumbria ICS:

- Integrated Care Partnership Sub Committee Stockton-on-Tees
- Healthwatch NENC Network Operations Group
- NENC ICB Quality & Safety Committee
- NENC Primary Care Strategy & Delivery Sub Committee
- NENC Integrated Care Board Patient Voice Committee

We also share our data with Healthwatch England to help address health and care issues at a national level.

Statutory statements



Representing Your Voice at Every Level

Healthwatch Stockton-on-Tees is proud to be represented on the Stockton Health & Wellbeing Board by our Chair, Peter Smith. In 2024/25, Peter:

- Provided leadership to our Executive Board and team
- Helped shape key recommendations and ensured our reports are credible and evidence-based
- Shared updates from our work plan at strategic meetings
- Supported strong service delivery
- Represented us at local and regional forums

We're also represented on the North East & North Cumbria Integrated Care Partnerships and Boards by Natasha Douglas (Manager) and Peter Smith (Chair).

Additionally, Natasha represents Healthwatch Tees in the NENC Network as the South Regional Coordinator, helping ensure local voices are heard and acted upon across the wider region.

Statutory statements

2024 – 2025 Outcomes

Project/activity	Outcomes achieved
Regionally	
Integrated Care Strategy Engagement – October 2024	<ul style="list-style-type: none"> • 400+ responses gathered • Led to a new ICB goal: “Giving children and young people the best start in life”
ICB Involvement Strategy Refresh – throughout 2024/2025	<ul style="list-style-type: none"> • 100+ people consulted • Resulted in updated principles, a simplified strategy, and a new work plan
Access to Dental Care – April 2024	<ul style="list-style-type: none"> • 3,800+ people shared experiences • Prompted ICB investment in urgent dental access and a regional oral health strategy
Women’s Health Engagement – March 2025	<ul style="list-style-type: none"> • Nearly 4,500 women participated • Informed the creation of a “Woman’s Promise” to guide future care
NEAS Clinical Strategy Review – October 2024	<ul style="list-style-type: none"> • 1,700+ responses collected • Informed improvements in emergency care and patient transport
Locally	
ADHD and Neurodiversity Advocacy – November 2024	<ul style="list-style-type: none"> • Local stories shared nationally • Led to participation in a national working group for long-term improvements • Launch of ADHD video raising awareness nationally
Health & Care Ambassador Programme – October 2024	<ul style="list-style-type: none"> • 242 migrants supported with access to care • 151 triaged to additional services; 33 ambassadors active
Drug and Alcohol Recovery Support – March 2025	<ul style="list-style-type: none"> • Co-designed improvements with service users • Outcomes included a freephone number, out-of-hours plans, and a community open day

Statutory statements

2024 – 2025 Outcomes

Project/activity	Outcomes achieved
<i>Locally</i>	
Argyll Court Wellbeing Project – February 2025	<ul style="list-style-type: none"> • Residents shared feelings of isolation and anxiety • Healthwatch delivered chair-based exercise sessions and introduced the 'Movement is Medicine' team • Resulted in a regular Activities Co-ordinator being assigned to support residents' wellbeing
Mental Health – March 2025	<ul style="list-style-type: none"> • Mental health was the top concern raised by young people • Became a key focus in the 2025–2026 work plan • Healthwatch supported individuals with complex mental health needs, helping them navigate complaints and access support
North Tees & Hartlepool and South Tees NHS Foundation Trust Group Model – June 2024 – March 2025	<ul style="list-style-type: none"> • Key recommendations provided to both Trusts to strengthen the Group Model delivery of care • The development of strong working relationships between Tees Valley Healthwatch, ensuring the voice of local people are embedded within future service change













healthwatch
Stockton-on-Tees



Healthwatch Stockton-on-Tees
6 – 8 Yarm Road
Stockton-on-Tees
TS18 3NA

-  www.healthwatchstocktonontees.co.uk
-  0300 180 0660
-  info@healthwatchstocktonontees.co.uk

-  [HWStockton.on.Tees](https://www.facebook.com/HWStockton.on.Tees)
-  [HwStockton](https://twitter.com/HwStockton)
-  [healthwatch-stockton-on-tees](https://www.linkedin.com/company/healthwatch-stockton-on-tees)
-  [hwstocktonontees](https://www.instagram.com/hwstocktonontees)
-  [hwstockton.bsky.social](https://bsky.app/profile/hwstockton.bsky.social)

This page is intentionally left blank

Adult Social Care and Health Select Committee

23 September 2025

**PROGRESS UPDATE ON PREVIOUSLY AGREED RECOMMENDATIONS –
REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE****Summary**

Members are asked to consider the evidence and assessments of progress contained within the attached Progress Update on the implementation of previously agreed recommendations in relation to the review of Access to GPs and Primary Medical Care (see <https://modern.gov.stockton.gov.uk/documents/s7863/Committee%20Report%20-%20Access%20to%20GPs%20and%20Primary%20Medical%20Care.pdf>).

Detail

1. Following the Cabinet consideration of scrutiny reports, accepted recommendations are then subject to a monitoring process to track their implementation.
2. Two main types of report are used. Initially this is by means of Action Plans detailing how services will be taking forward agreed recommendations. This is then followed by a Progress Update report approximately 12 months after the relevant Select Committee has agreed the Action Plan (unless requested earlier). Evidence is submitted by the relevant department together with an assessment of progress against all recommendations. Should members of the Select Committee agree, those recommendations which have reached an assessment of '1' are then signed off as having been completed.
3. If any recommendations remain incomplete, or if the Select Committee does not agree with the view on progress, the Select Committee may ask for a further update.
4. The assessment of progress for each recommendation should be categorised as follows:

1	Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2	On Track (but not yet due for completion)	The evidence provided shows that implementation of the recommendation is on track but the timescale specified has not expired.

3	Slipped	<p>The evidence shows that progress on implementation has slipped.</p> <p>An anticipated date by which the recommendation is expected to become achieved should be advised and the reasons for the delay.</p>
4	Not Achieved	<p>The evidence provided shows that the recommendation has not been fully achieved.</p> <p>An explanation for non achievement of the recommendation would be provided.</p>

5. To further strengthen the monitoring process, from August 2020, the Progress Update report will also include references on the evidence of impact for each recommendation.
6. For Progress Update reports following the completion of a review, the relevant Link Officer(s) will be in attendance.
7. **Appendix 1** (Review of Access to GPs and Primary Medical Care) sets out the recommendations for this Committee, with **Appendix 2** (Access to GPs and Primary Medical Care: Stockton-on-Tees Data Pack) supplementing this update. Members are asked to review the update and indicate whether they agree with the assessments of progress.

Name of Contact Officer: Gary Woods
Post Title: Senior Scrutiny Officer
Telephone No: 01642 526187
Email Address: gary.woods@stockton.gov.uk

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

SCRUTINY MONITORING – PROGRESS UPDATE	
Review:	Access to GPs and Primary Medical Care
Link Officer/s:	Sarah Bowman-Abouna (SBC) & Emma Joyeux (NENC ICB)
Action Plan Agreed:	July 2024

Updates on the progress of actions in relation to agreed recommendations from previous scrutiny reviews are required approximately 12 months after the relevant Select Committee has agreed the Action Plan. Progress updates must be detailed, evidencing what has taken place regarding each recommendation – a grade assessing progress should then be given (see end of document for grading explanation). Any evidence on the impact of the actions undertaken should also be recorded for each recommendation.

General	
Recommendation 1:	All relevant health bodies (North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (CLMC), Hartlepool & Stockton Health GP Federation (H&SH), NHS Trusts, and general practices) engage regularly and constructively around the issues raised as part of this review to ensure that patients are approaching / receiving care from the most appropriate services based on need.
Responsibility:	Emma Joyeux / Sarah Bowman-Abouna
Date:	December 2024
Agreed Action:	Update report to ICB place sub-committee (Stockton) and Health and Wellbeing Board (HWB).
Agreed Success Measure:	Sub-committee / HWB assured through report and discussion.
Evidence of Progress (September 2025):	<p>All relevant health bodies (North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (CLMC), Hartlepool & Stockton Health GP Federation (H&SH), NHS Trusts, and general practices do regularly engage constructively around issues relating to general practice to ensure that patients are approaching / receiving care from the most appropriate services based on need.</p> <p>The Stockton Place Sub-Committee has the following key partners in attendance (alongside ICB members):</p> <ul style="list-style-type: none"> • Stockton Local Authority Director of Public Health Director of Adult, Health & Wellbeing services Director of Children's Services • Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Care Group Director • North Tees & Hartlepool Hospital NHS Foundation Trust

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>Locality Director</p> <ul style="list-style-type: none"> • Primary Care – Primary Care Network [PCN] Clinical Directors [CD] Clinical Director - Stockton PCN Clinical Director - North Stockton PCN Clinical Director - Billingham and Norton PCN Clinical Director - Bytes PCN • Healthwatch Project Lead Healthwatch Stockton-on-Tees • VCSE Chief Executive Catalyst
Assessment of Progress (September 2025): (include explanation if required)	<p>2 (On-Track)</p> <p>A copy of this report will now be shared with HWB and Stockton Place Committee.</p>
Evidence of Impact (September 2025):	<p>Examples of general practice issues discussed at Stockton Place Sub-Committee include:</p> <ul style="list-style-type: none"> • List closure applications • Merger applications • Temporary closures due to the civil unrest
Responsibility:	Local Clinical Interface Group (LCIG) via ICB
Date:	March 2025
Agreed Action:	Local Clinical Interface Group (LCIG) to continue discussing primary and secondary care interface issues that are impacting on primary care capacity.
Agreed Success Measure:	Collaborative working between primary and secondary care to agree actions as outlined by Primary Care Access Recovery Plan (PCARP).
Evidence of Progress (September 2025):	Local Clinical Interface Group (LCIG) meetings have been established in Tees Valley, chaired by the Tees Valley Medical Director, and are continuing to take place monthly with good attendance and engagement from both Primary, Secondary care and CLMC colleagues. The LCIG is supporting discussions that are having a positive impact across both primary and secondary care and working through these collectively to resolve issues constructively and with mutual benefit.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>As part of the group valuable conversations and progress have been made around many areas. Some of the key outcomes as of September 2025 include:</p> <ul style="list-style-type: none"> • Standard Emergency Department outcomes letters have been developed and are going through final sign off • Prostate-Specific Antigen (PSA) active surveillance shared care agreement has been discussed and approved by the group • Regular reflections of positive work and sharing of 'quick wins' taking place in meetings to drive up confidence of stakeholders • Pain referral criteria being updated and agreed by the group

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>The group will soon be agreeing 'interface principles' which will smooth the interface between systems, ultimately leading to improved patient care, and saving time and energy to focus on the more important and valuable contributions system partners make. These have been developed in consideration of the national 'red tape challenge' with the aim of reducing bureaucracy between interfaces of care. The red tape challenge has distilled suggestions from extensive engagement into 'top ten' recommendations under the following headings:</p> <ul style="list-style-type: none"> • Culture and relationships across healthcare communities • Underpinning infrastructure • Making healthcare delivery more consistent • Improving customer service and experience 	
Responsibility:	Practices	
Date:	August 2024	
Agreed Action:	Continue to support practices to move to a Modern General Practice Access (MGPA) model to improve access and patient experience (13 practices accessed funding in 23/24).	
Agreed Success Measure:	Improvements in GP Patient survey / local practice survey.	Number of practices accessing MGPA funding.
Evidence of Progress (September 2025):	<p>The General Practice Patient Survey (GPPS) results were released in January 2025.</p> <p>The data pack provided (Appendix 2) shows the positive changes in reporting between 2024 and 2025.</p> <p>In addition to the GPPS practices use the national Friends and Family Test (FFT) to gather more regular feedback about their services and use this to inform improvements and have active Patient Participation Groups (PPGs). The latest FFT data for June 2025 is also included in the data pack.</p>	<p>19 practices <i>[except for 1 in 24/25 who felt they did not require the funding]</i> accessed the MGPA transition funding in 24/25. The total funding released to practices across Stockton on Tees in 24/25 was £147,000.</p> <p>The funding in 24/25 was paid to practices to two waves, 75% upfront and 25% on completion of a value-based return to evidence the ongoing journey towards implementation of MGPA.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>It should be noted that at the time of the GPPS several practices continued to be on an improvement journey towards a MGPA model and therefore the survey will not capture these improvements. Of note:</p> <ul style="list-style-type: none"> • Densham and Dovecot Surgery: The practices have now moved to a new cloud-based telephony system 	

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<ul style="list-style-type: none"> • Marsh House Medical Practice: The practice has moved to a new clinical system and is in the process of further improving their telephony system to include call back • Alma Medical Centre: The practice has now moved to a new cloud-based telephony system • Yarm Medical Practice: The practice has now moved to a new appointment and triage system • Kingsway Medical Centre: The practice is tied into a telephony contract until April 2026, after which they will be converting to a new cloud-based system which will include call back functionality • Norton Medical Centre: The practice has a new management team and are undergoing significant changes to their ways of working further to the CQC assessment <p>The MGPA value-based return also identified which practices would like further support from the ICBs Digital Support Hub to continue to improve ways of working in respect of operational processes linked to MGPA in their practices.</p> <p>10 practices in Stockton on Tees have received support from the Digital Support Hub.</p> <p>The support offer was also shared during the August 2025 practice engagement session to enable additional practices to seek support and the LDT will continue to receive updates from the Digital Support Hub on a bi-monthly basis.</p> <p>Note: NHS England have confirmed there will be no further MGPA funding in 2025/26.</p>
Responsibility:	PCNs
Date:	March 2025
Agreed Action:	Continue to support Primary Care Networks (PCNs) to implement Capacity and Access Improvement Plans (CAIP).
Agreed Success Measure:	Number of PCNs achieving maximum CAIP funding.
Evidence of Progress (September 2025):	<p>NHSE set out in the 2024/25 PCN Directed Enhanced Service (DES) contract and associated guidance that the following components of Modern General Practice needed to be in place in every PCN practice, and to be confirmed as such by the network Clinical Director and the constituent practices, for the full CAIP funding to be paid:</p> <ul style="list-style-type: none"> • Better digital telephony • Simpler online requests • Faster care navigation, assessment and response <p>Funding in 24/25 was apportioned equally across the three domains, such as that 100% of funding could only be received if the PCN has implemented MGPA requirements across all three areas.</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>To support PCNs to make a declaration against achievement of any of the domains a declaration form was devised by Tees Valley Local Delivery Team (LDT) for use across the ICB.</p> <p>Within the PCN DES the following clause is set out in respect of cloud-based telephony (CBT):</p> <p><i>Where a practice is currently unable to adopt better digital telephony that is capable of enabling any of the components linked to this MGPA priority domain, for example because exit costs from a current contract are prohibitively high, and this has been agreed in writing by the ICB, the "better digital telephony" MGPA priority domain (or "improvement" as referred to in the Network Contract DES Specification) will be deemed to have been achieved if the PCN has agreed with the ICB a clear and deliverable plan to implement an appropriate digital telephony solution.</i></p> <p>To support the ICB in considering exceptional circumstances the Head of Service for Tees Valley and for North Cumbria developed principles to be applied to consider any requests from PCNs who feel any member practices should be considered under the above clause.</p> <p>The DES states: <i>PCNs and member practices should take an improvement approach to the implementation of modern general practice. Commissioners should support PCNs, and practices as needed to take forward improvement priorities.</i></p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>At the end of March 2025 all 4 Primary Care Networks (PCNs) achieved the maximum CAIP funding.</p> <p>Two PCNs in Stockton on Tees submitted exceptional circumstances in relation to cloud based telephony, which were reviewed and accepted by the ICBs Local Delivery Teams [LDT] in line with the process developed and agreed improvement plan.</p> <p><u>2025/26 CAIP</u> The Capacity and Access Improvement (CAIP) payment will continue in 25/26 [worth £307,414 for Stockton on Tees] but will change from three domains down to two.</p> <ul style="list-style-type: none"> One domain will continue to focus on supporting modern general practice access [worth £204,942 in Stockton on Tees] while the other [worth £102,471 in Stockton on Tees] will incentivise PCNs to use the intelligence gained from population health risk stratification tools to stratify their patients – including to identify those that would benefit most from continuity of care <p>The ICB has developed a process for claims and exceptionality in relation to CBT and PCNs have until June 2026 to claim the CAIP funding.</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>The PCNs continue to support practices to implement MGPA models.</p> <p>CAIP and the MGPA funding are intrinsically linked and CAIP can only be achieved when practices make the improvements required at an individual practice level.</p> <p>In addition to CAIP PCNs receive capacity and access funding unconditionally. PCNs have reported using this funding to:</p> <ul style="list-style-type: none"> • Deploy common digital tools across the PCN • Optimise staff and capacity, such as backfill for clinical supervision of Additional Role Reimbursement Scheme (ARRS) staff • Allocate funding to practices on a monthly basis for continuity plans around staffing and overtime (non-ARRS roles) to ensure safe levels across the network particular in high pressured seasons such as winter • Retain some funding for risk management, which was used towards additional one-off/practice expenses throughout the year • Support the delivery and coordination of care continuity and improving the delivery of care to people living in care homes • Fund patient self-check in screens, call boards with campaign advertising and website renewal • Exploring Artificial intelligence (AI) technology to support the patient journey
Responsibility:	ICB & Cleveland LMC / H&SH
Date:	July 2024
Agreed Action:	NENC ICB to meet regularly with key stakeholders e.g. CLMC and H&SH.
Agreed Success Measure:	Regular meetings established.
Evidence of Progress (September 2025):	Regular meetings continue to be held on a monthly basis between key stakeholders to ensure early dialogue regarding areas of concern and interest and agreeing mutual support and collaborative working opportunities.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>The regular dialogue through effective partnership working has ensured a joined-up approach to the delivery of primary medical services.</p> <p>The relationships have enabled the ICB and stakeholders to work together to submit a bid for Stockton on Tees in relation to neighbourhood health, the outcome of which is expected in early September 2025.</p>
Responsibility:	Practice Manager Lead
Date:	September 2024
Agreed Action:	NENC ICB to be invited to regularly attend Stockton Practice Managers meeting to further develop collaborative working relationships.

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Agreed Success Measure:	Regular meetings established and attended by ICB.								
Evidence of Progress (September 2025):	The ICB has established practice engagement sessions on a locality basis across Tees Valley. A survey was issued to practices to consider their preference in the type and frequency of the meetings, and this was used to inform the ICBs approach.								
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)								
Evidence of Impact (September 2025):	<p>The first engagement meetings were held in August 2025. All practices were invited to attend. Practices confirmed their preference was to have these meetings via MS Teams to ensure that they could be recorded for anyone unable to attend.</p> <p>A forward plan of topics has been agreed, in line with feedback from practices about the topics they'd benefit from, along with the opportunity for a 'hot topics' discussion in each session and a Q&A section for any issues, queries or concerns practices wish to raise.</p> <p>In addition to the meetings a GP TeamNet page has been established which is a reference site for practices to access guest speaker presentations and a FAQ document which will be produced after every engagement session.</p> <p>The engagement sessions will be held on a quarterly basis [in line with feedback from practices] and will be held in the following months</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Locality</th><th>Meeting date</th></tr> </thead> <tbody> <tr> <td>Hartlepool and Stockton</td><td>07/08/2025</td></tr> <tr> <td>Hartlepool and Stockton</td><td>06/11/2025</td></tr> <tr> <td>Hartlepool and Stockton</td><td>05/02/2026</td></tr> </tbody> </table> <p>The meetings have been well received, with good attendance to date and the ICB is offering the practices the opportunity to shape the content of these sessions going forwards, so they remain timely and meaningful.</p>	Locality	Meeting date	Hartlepool and Stockton	07/08/2025	Hartlepool and Stockton	06/11/2025	Hartlepool and Stockton	05/02/2026
Locality	Meeting date								
Hartlepool and Stockton	07/08/2025								
Hartlepool and Stockton	06/11/2025								
Hartlepool and Stockton	05/02/2026								
Responsibility:	SBC, Public Health and NENC ICB								
Date:	March 2025								
Agreed Action:	Improved links between local Planning Services functions, Public Health and NENC ICB in terms of new housing developments and the potential impact of these in relation to health service demand / pressures.								
Agreed Success Measure:	Regular discussions established.								
Evidence of Progress (September 2025):	The Tees Valley Strategic Estates Group is held on a bi-monthly basis chaired by the ICBs Strategic Head of Estates with Antony Phillips (SBC Place								

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>Development Manager) as the main attendee from Stockton Borough Council. The meeting continues to be attended from a range of public sector partners including Health, LA's, Police, University, Tees Valley Combined Authority and Homes England.</p> <p>The ICB continues to encourage SBC and Public Health to contribute to the understanding of what the local needs are and the impact this will have on local health services, particularly in relation to general practice and new patient registrations.</p>
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	Improved relationships through horizon scanning and sharing information so that all key partners are involved in discussions when planning services and their locations for the future.

Communications	
Recommendation 2:	All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the Pharmacy First initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced.
Responsibility:	ICB / Practices / PCNs
Date:	March 2025
Agreed Action:	Continued promotion of public messaging through websites and social media channels.
Agreed Success Measure:	Visibility on websites and social media platforms.
Evidence of Progress (September 2025):	<p>The ICB continues to have a strong social media presence and supports practices with key messaging on websites and social media channels.</p> <p>All Stockton on Tees PCNs have recruited a Digital and Transformation Manager through the Additional Role Reimbursement Scheme (ARRS) supporting practices and patients to access information about accessing the most appropriate services.</p> <p>The ICB has established a patient experience task and finish group, working with the Digital Team and HealthWatch to consistently promote pharmacy first, pharmacy first and enhanced GP access. Banners and leaflets to be developed and jointly branded between Healthwatch and the ICB to promote access routes across the region.</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	PCNs and practices are routinely reminded of public health campaigns and cancer campaigns so that they can update their messaging on both website and in surgeries to ensure health promotion is a core part of their business.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	An example of this approach can be seen on the BYTES and Billingham and Norton PCNs resource hubs and on the ICB website: <ul style="list-style-type: none"> • Resource Hub - BYTES PCN • Billingham and Norton PCN • News North East and North Cumbria NHS • ICB Update - 15 August 2025
Responsibility:	Healthwatch Stockton-on-Tees
Date:	July 2024
Agreed Action:	Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees.
Agreed Success Measure:	Communications disseminated through key services and VCSE.
Evidence of Progress (September 2025):	<p>It was noted during the Committee meeting when the action plan was agreed, that the proposed action for Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees had already been addressed following the recent circulation of a Healthwatch Stockton-on-Tees version of the 'Top Tips for Accessing your GP Practice'.</p> <p>Healthwatch Stockton-on-Tees stated:</p> <p><i>'Following research undertaken by Healthwatch South Tees, who have worked in collaboration with a range of professionals, we are able to provide information in response to questions and issues raised by local people about getting the most out of your GP practice.</i></p> <p><i>The most common questions and answers are presented in this document, which is also live on our website</i> https://www.healthwatchstocktonontees.co.uk/advice-and-information/2024-05-13/i-need-see-doctor-top-tips-accessing-your-gp-practice<i>) and will be included in our next Summer newsletter.'</i></p>
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	As above.
Responsibility:	ICB / SBC Public Health
Date:	March 2025

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Agreed Action:	Key information and messages disseminated through Catalyst, community wellbeing champions and community spaces.																														
Agreed Success Measure:	Communications disseminated through key services and VCSE.																														
Evidence of Progress (September 2025):	The ICB continues to have a strong social media presence and supports practices and wider partners with key messaging on websites and social media channels that can be further shared.																														
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)																														
Evidence of Impact (September 2025):	<ul style="list-style-type: none">News North East and North Cumbria NHSICB Update - 15 August 2025																														
Responsibility:	Practices																														
Date:	October 2024																														
Agreed Action:	Increase the number of patients with online accounts enabled with full prospective access (target is 95%).																														
Agreed Success Measure:	Remaining 5 practices to achieve 95% target.																														
Evidence of Progress (September 2025):	NHS England data in relation to prospective records access has been intermittent and NHS England have advised caution on the data as it is not always reliable. However, the ICBs Digital Support Hub continues to work with practices to identify opportunities to increase the number of practices with full prospective record access in place and this will continue to be a key priority in 25/26.																														
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track) Delayed progress due to GP Collective Action.																														
Evidence of Impact (September 2025):	<p>The below shows the achievement as of September 2025. Riverside Medical Practice merged with Arrival Medical Practice in June 2025 which has resulted in a significant number of records with 104 applied [redacted] transferring to the practice. To ensure this is resolved for Riverside Medical Practice dedicated support is being provided in addition to the hands-on support being provided to the practices below the target.</p> <p>All practices now have the settings enabled to allow prospective records access with the default setting being switched on in the NHS app.</p> <table><tr><th>Practice Name</th><th>Organisational Settings to allow prospective access (Y/N)</th><th>% of Registered patients excluded (104 code applied)</th><th>Prospective default for new NHS App users (Y/N)</th><th>% Online accounts with full prospective access</th></tr><tr><td>YARM MEDICAL PRACTICE</td><td>Y</td><td>32.10%</td><td>Y</td><td>70.82%</td></tr><tr><td>NORTON MEDICAL CENTRE</td><td>Y</td><td>4.33%</td><td>Y</td><td>78.03%</td></tr><tr><td>WOODLANDS FAMILY MEDICAL CENTRE</td><td>Y</td><td>19.68%</td><td>Y</td><td>95.0%</td></tr><tr><td>THE ROSEBERRY PRACTICE</td><td>Y</td><td>12.81%</td><td>Y</td><td>88.82%</td></tr><tr><td>RIVERSIDE MEDICAL PRACTICE</td><td>Y</td><td>65.03%</td><td>Y</td><td>26.80%</td></tr></table>	Practice Name	Organisational Settings to allow prospective access (Y/N)	% of Registered patients excluded (104 code applied)	Prospective default for new NHS App users (Y/N)	% Online accounts with full prospective access	YARM MEDICAL PRACTICE	Y	32.10%	Y	70.82%	NORTON MEDICAL CENTRE	Y	4.33%	Y	78.03%	WOODLANDS FAMILY MEDICAL CENTRE	Y	19.68%	Y	95.0%	THE ROSEBERRY PRACTICE	Y	12.81%	Y	88.82%	RIVERSIDE MEDICAL PRACTICE	Y	65.03%	Y	26.80%
Practice Name	Organisational Settings to allow prospective access (Y/N)	% of Registered patients excluded (104 code applied)	Prospective default for new NHS App users (Y/N)	% Online accounts with full prospective access																											
YARM MEDICAL PRACTICE	Y	32.10%	Y	70.82%																											
NORTON MEDICAL CENTRE	Y	4.33%	Y	78.03%																											
WOODLANDS FAMILY MEDICAL CENTRE	Y	19.68%	Y	95.0%																											
THE ROSEBERRY PRACTICE	Y	12.81%	Y	88.82%																											
RIVERSIDE MEDICAL PRACTICE	Y	65.03%	Y	26.80%																											

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	Additional targeted support will continue to be offered to further improve this reported position.																					
Responsibility:	Practices and H&SH																					
Date:	March 2025																					
Agreed Action:	Promotion of enhanced access appointments on evenings and weekends.																					
Agreed Success Measure:	Increased utilisation of appointments.																					
Evidence of Progress (September 2025):	<p>Enhanced access continues to be offered by Hartlepool and Stockton Health GP federation [H&SH] on behalf of the four PCNs, offering a range of appointments to patients which are considered an extension of core general practice.</p> <p>Each year the hours required to be provided change on the basis of the PCNs adjusted list size being amended in January of each year to account for new patients joining or leaving PCN member practices. The total hours per week required from 1st April 2025 were:</p> <table><tr><th>PCN Code</th><th>PCN Name</th><th>Updated hours to provide in 2025</th></tr><tr><td>U63844</td><td>BYTES PCN</td><td>48:30</td></tr><tr><td>U94460</td><td>BILLINGHAM & NORTON PCN</td><td>53:30:00</td></tr><tr><td>U07032</td><td>NORTH STOCKTON PCN</td><td>51:30:00</td></tr><tr><td>U27349</td><td>ONE LIFE HARTLEPOOL PCN</td><td>40:15:00</td></tr><tr><td>U89141</td><td>STOCKTON PCN</td><td>70:00:00</td></tr><tr><td colspan="2"></td><td>263:45:00</td></tr></table>	PCN Code	PCN Name	Updated hours to provide in 2025	U63844	BYTES PCN	48:30	U94460	BILLINGHAM & NORTON PCN	53:30:00	U07032	NORTH STOCKTON PCN	51:30:00	U27349	ONE LIFE HARTLEPOOL PCN	40:15:00	U89141	STOCKTON PCN	70:00:00			263:45:00
PCN Code	PCN Name	Updated hours to provide in 2025																				
U63844	BYTES PCN	48:30																				
U94460	BILLINGHAM & NORTON PCN	53:30:00																				
U07032	NORTH STOCKTON PCN	51:30:00																				
U27349	ONE LIFE HARTLEPOOL PCN	40:15:00																				
U89141	STOCKTON PCN	70:00:00																				
		263:45:00																				
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>																					
Evidence of Impact (September 2025):	<p>The ICB monitors utilisation of the enhanced access service in each PCN [booked and utilised appointments] by way of a monthly update report which is completed on behalf of the PCNs by H&SH. The ICB also requires PCNs to confirm if and when any enhanced access hours are to be re-provided due to any days which fall on bank holidays. The 24/25 booked and utilisation rates by PCN is as below:</p> <table><tr><th>24/25 Enhanced Access</th><th>Booked</th><th>Utilised</th></tr><tr><td>Stockton</td><td>79.49%</td><td>71.90%</td></tr><tr><td>North Stockton</td><td>71.81%</td><td>64.23%</td></tr><tr><td>BNPCN</td><td>87.38%</td><td>80.03%</td></tr><tr><td>BYTES</td><td>77.67%</td><td>67.70%</td></tr><tr><td>Average</td><td>79.09%</td><td>70.97%</td></tr><tr><td>Average 23/24</td><td>76.48%</td><td>68.72%</td></tr></table>	24/25 Enhanced Access	Booked	Utilised	Stockton	79.49%	71.90%	North Stockton	71.81%	64.23%	BNPCN	87.38%	80.03%	BYTES	77.67%	67.70%	Average	79.09%	70.97%	Average 23/24	76.48%	68.72%
24/25 Enhanced Access	Booked	Utilised																				
Stockton	79.49%	71.90%																				
North Stockton	71.81%	64.23%																				
BNPCN	87.38%	80.03%																				
BYTES	77.67%	67.70%																				
Average	79.09%	70.97%																				
Average 23/24	76.48%	68.72%																				

APPENDIX 1


PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>Data shows an improvement from previous year in both appointments booked and utilised [which includes DNA rates].</p> <p>The enhanced access service continues to be widely promoted via phone lines, on websites and by QR codes/ banners. The service offers the opportunity for patients to attend appointments on evenings and weekends at convenient locations.</p>
Responsibility:	Practices and H&SH
Date:	March 2025
Agreed Action:	Promotion of at-scale services provided by H&SH that will reduce demand on practice appointments e.g. covid vaccinations, menopause clinics.
Agreed Success Measure:	Increased utilisation of at-scale services.
Evidence of Progress (September 2025):	<p>H&SH, as the sub-contractor of the PCNs enhanced access services also offer additional innovative appointment types such as group consultations and menopause clinics.</p> <p>In addition to this H&SH have continued to partner with the ICB to offer COVID-19 vaccinations during the spring programme for North Stockton PCN [who opted out of the programme] and the delivery of outreach clinics across the Tees Valley and will continue to do so in the Autumn/Winter 25/26 COVID-19 programme.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Menopause: Patients across the four PCNs in Stockton on Tees have benefited from a series of women's health events dedicated to supporting women from minority ethnic groups to understand menopause and access care with the aim to destigmatise the conversation around menopause, empower women to take control of their health and mitigate direct and indirect health issues affecting patients from minority ethnic groups experiencing menopause.</p> <p>COVID-19: During the 2025 Spring COVID-19 booster programme, H&SH delivered 332 vaccinations across all 5 localities in Tees using the RALPH bus and ensured housebound and care home patients received a COVID-19 vaccine.</p> <p>Ensuring coverage of the North Stockton PCN eligible population and offering outreach clinics enables those most vulnerable to receive a vaccine. Outreach clinics during the autumn/ winter programme will continue to be widely promoted using both ICB and national comms branding via Public Health, Intrahealth, community champions, practices etc. The Local Delivery Team will request that practices remind patients of the clinics in their locality to promote the opportunity to receive a convenient vaccine.</p> <p>Sexual Health: Since 1st Augst 2025, Teesside Together (provided by the Tees Alliance Partnership, which is led by University Hospitals Tees,</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>Hartlepool and Stockton Health and ELM GP Federation) will be working with 70 GP practices and approximately 100 community pharmacies across the region, providing emergency hormonal contraception through community-based hubs to promote early intervention, support informed choice, and reduce barriers to essential services.</p> <p>Other H&SH services: Community Healthcare Services Hartlepool & Stockton Health - Hartlepool & Stockton Health</p>
--	--

Communications	
Recommendation 3:	Councillors and local MPs be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community) and encourage positive feedback as well as concerns (to help share and spread learning and best practice).
Responsibility:	Councillors / MPs
Date:	March 2025
Agreed Action:	Help support messaging around wasted appointments from Did Not Attend (DNA).
Agreed Success Measure:	Reduction in DNA rates.
Evidence of Progress (September 2025):	The ICB continues to have a strong social media presence and supports practices and wider partners with key messaging on websites and social media channels that can be further shared.
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	<p>Examples of how ICB shares messages that can be used by wider partners to further disseminate:</p> <ul style="list-style-type: none"> • News North East and North Cumbria NHS • ICB Update - 15 August 2025 •  NENC ICB MP and local councillors upda <p>The ICB will look to include some further messaging in future around DNAs.</p>
Responsibility:	Councillors / MPs
Date:	March 2025

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Agreed Action:	Healthwatch communication to be used by Councillors and local MPs, for dissemination in the community – including contact details to send feedback.
Agreed Success Measure:	Communications disseminated in the community and feedback gathered.
Evidence of Progress (September 2025):	Healthwatch communication has been shared and is accessible on the Healthwatch website for Councillors and local MPs to use. Information is also available on the ICB website and NHS website
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	<ul style="list-style-type: none"> • GP practices North East and North Cumbria NHS • Appointments and bookings at your GP surgery - NHS

Communications	
Recommendation 4:	The value and importance of all general practice roles are highlighted and publicised by health bodies and practices themselves.
Responsibility:	ICB / Practices / PCNs
Date:	March 2025
Agreed Action:	Continued promotion of public messaging through websites and social media channels.
Agreed Success Measure:	Visibility on websites and social media platforms.
Evidence of Progress (September 2025):	<p>The ICB continues to have a strong social media presence and supports practices with key messaging on websites and social media channels, including the importance of general practice roles.</p> <p>NHS England also has examples of promotional materials available to use:</p> <ul style="list-style-type: none"> • NHS England — North East and Yorkshire » Meet your General Practice Team • NHS England — North East and Yorkshire » Social Prescribing Link Worker • NHS General Practice Team Help Us Help You - Primary Care Services Campaign Resource Centre
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>Some examples of this approach:</p> <ul style="list-style-type: none"> • PCN Services - BYTES PCN • Services – Billingham and Norton PCN • Elm Tree Medical Centre Thornaby Facebook

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<ul style="list-style-type: none"> Norton social media: https://www.facebook.com/share/1P3ff2Ai6v/?mibextid=wwXlfr "Is a GP the most appropriate person to see? Please watch this NHS video regarding all the different health professionals that work within Norton Medical Centre. https://www.youtube.com/watch?v=CT0aB-EORMU The Norton Medical Centre Team is here to help you!"
Responsibility:	Healthwatch Stockton-on-Tees
Date:	July 2024
Agreed Action:	Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees.
Agreed Success Measure:	Communications disseminated through key services and VCSE.
Evidence of Progress (September 2025):	<p>It was noted during the Committee meeting when the action plan was agreed, that the proposed action for Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees had already been addressed following the recent circulation of a Healthwatch Stockton-on-Tees version of the 'Top Tips for Accessing your GP Practice'.</p> <p>Healthwatch Stockton-on-Tees stated:</p> <p><i>'Following research undertaken by Healthwatch South Tees, who have worked in collaboration with a range of professionals, we are able to provide information in response to questions and issues raised by local people about getting the most out of your GP practice.</i></p> <p><i>The most common questions and answers are presented in this document, which is also live on our website</i> https://www.healthwatchstocktonontees.co.uk/advice-and-information/2024-05-13/i-need-see-doctor-top-tips-accessing-your-gp-practice<i>) and will be included in our next Summer newsletter.'</i></p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	As above.

Communications	
Recommendation 5:	Local practices be recognised for continuing to deliver primary medical care services safely in Stockton-on-Tees despite the ongoing challenges raised during this review.
Responsibility:	ICB / Practices / PCNs
Date:	March 2025

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Agreed Action:	Continued promotion of public messaging through websites and social media channels.
Agreed Success Measure:	Visibility on websites and social media platforms.
Evidence of Progress (September 2025):	The ICB continues to have a strong social media presence and supports practices with key messaging on websites and social media channels, including sharing good news stories relating to general practice.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>The PCN end of year report (see recommendation 9) was shared widely with PCNs, System partners and across the ICB to share the positive news stories across PCNs in Tees Valley.</p> <p>Whilst not a Stockton example, the ICB promotes good news stories from general practice on the ICB website: Eston patients benefiting from extra general practice appointments North East and North Cumbria NHS</p> <p>The LDT is actively working with ICB comms to have a rolling programme of good news stories from primary care and we anticipate the next story to involve the work that Billingham and Norton PCN have been undertaken with SBC regarding a parkrun in Billingham, to support a health and wellbeing offer for the community.</p> <p>The ICB has been promoting the GP patient survey results on social media:</p> <ul style="list-style-type: none"> • https://www.facebook.com/share/p/1A7KFShAfS/?mibextid=wwXlfr • https://www.facebook.com/share/p/1Yxa55P3s8/?mibextid=wwXlfr <p>H&SH also host an annual awards ceremony which champions the incredible work being done by General Practice teams across the local area. This year, they received an overwhelming 272 nominations for 148 different nominees across the eight categories.</p>
Responsibility:	CLMC / Practices
Date:	March 2025
Agreed Action:	Continued support from CLMC specialist in CQC areas to ensure all practices remain focused on the key lines of enquiry for any future inspections.
Agreed Success Measure:	CQC ratings of good or outstanding to be achieved.
Evidence of Progress (September 2025):	The LMC continues to provide expert CQC advice to practices via the employment of a CQC Advisor, and a dedicated website: Guidance Cleveland LMC Resources and Advice for Professionals .
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Evidence of Impact (September 2025):	<p>The offer of support has been promoted via the ICB on a case-by-case basis and promoted to practices via the Protected Learning Times.</p> <p>Dedicated support has been offered to Norton Medical Centre to support them in response to the areas identified by CQC.</p> <p>The data pack (Appendix 2) evidences with the exception of 2 practices all practices are achieving a rating of good or outstanding.</p>
--------------------------------------	--

Operational	
Recommendation 6:	All general practices move towards providing the full use of digital telephony capabilities (including call-back functionality), with appropriate staff in place to support these arrangements.
Responsibility:	Practices
Date:	In line with end date of individual practice contracts
Agreed Action:	Support practices to transition from analogue telephony to Cloud Based Telephony (CBT).
Agreed Success Measure:	All practices to be on CBT.
Evidence of Progress (September 2025):	All practices are now on cloud-based telephony systems.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	Data is not yet publicly available regarding any quantifiable impact or improvement of CBT. However 70% of practices in Stockton have seen an increased positive response to the GP patient survey question relating to ease of getting through to GP practice by telephone compared to last year.
Responsibility:	ICB / Practices
Date:	October 2024 [or in line with end date of individual practice contracts]
Agreed Action:	Support practices to increase functionality of Cloud-Based Telephony (CBT), with particular emphasis on call-back function.
Agreed Success Measure:	All practices to have call-back functionality as part of CBT.
Evidence of Progress (September 2025):	All practices are now on cloud-based telephony systems. As previously mentioned, two PCNs (affecting now 3 practices) in Stockton on Tees submitted exceptional circumstances in relation to cloud based telephony, which were reviewed and accepted by the ICBs Local Delivery Teams (LDT) in line with the process developed and agreed improvement plan:

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<ul style="list-style-type: none"> • Marsh House Medical Centre: Whilst the practice has a CBT contract, installation of the call back functionality has been delayed due to the recent migration of the practice clinical system from EMIS to Systm1. The practice has agreed to implementing call back functionality as soon as practical during 2025/26. • Kingsway Medical Centre: The practice is tied into a CBT telephony contract until April 2026, after which they will be converting to a new cloud-based system which will include call back functionality • Dr Rasool: The practice has agreed a new CBT contract which has call back functionality enabled. The practice intended to move to this system in Q1 of 25/26 however this has been delayed due to the ICB upgrading the Health and Social Care Network being upgraded [which is a secure network to enable health and social care data to flow quickly and securely]. A new installation date is expected in Q3.
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	Data is not yet publicly available regarding any quantifiable impact or improvement of CBT. However, 70% of practices in Stockton have seen an increased positive response to the GP patient survey question relating to ease of getting through to GP practice by telephone compared to last year.

Operational	
Recommendation 7:	All general practices be encouraged to review and refresh care navigation processes, ensuring adequate training is in place to support implementation to ensure both staff and patients are comfortable with the approach.
Responsibility:	ICB / Practices
Date:	March 2025
Agreed Action:	ICB to support Protected Learning Time (PLT) to enable practices to access education and training.
Agreed Success Measure:	Practice staff (admin and clinical) engagement with PLT.
Evidence of Progress (September 2025):	<p>The ICB recognises the importance of education and training to ensure the general practice workforce has protected time to receive education, training, and development.</p> <p>In 24/25 each locality was afforded six protected learning times (PLTs) - two face to face [conference], two virtual and two 'time ins' to afford practices the opportunity to have a practice development session or if they choose to work with other practice in the local area.</p> <p>To enable practices to close during the PLTs the ICB commissioned clinical cover from the GP Federations, with practices closed between 13:00-18:00 on PLT days [practices subcontract the 18:00-18:30 period separately].</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>The PLTs are arranged on different days per locality (Hartlepool and Stockton as one combined, Middlesbrough and Redcar and Cleveland as one combined, and Darlington) the PLT dates adhere to the principles agreed regionally including avoiding school holiday dates, Mondays and Fridays, rotating days to ensure those who have non-working days can access learning, and not holding more than one PLT on the same day or week to reduce impact on the system.</p> <p>The ICB, in conjunction with the Primary Care Training Hub are responsible for the agenda and event content in the face to face and virtual PLTs and identified appropriate topics in line with the ICBs Clinical Strategy, feedback from delegates and with support of the Primary Care Clinical Lead to identify topics of general practice interest.</p> <p>As detailed above Practices have two 'Time ins' each year. The agendas for these practice time ins are developed by individual practices, allowing the practices time to come together as a PCN or individually to deliver in house training. Practices indicated that they used these protected time ins to undertake specific in-house learning such as implementing new telephone systems, internal processes, and in house training on care navigation.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Practices have utilised the Protected Time ins during the preceding 12 months to focus on providing in house training on care navigation.</p> <p>Good engagement and attendance from practice staff (both clinical and non-clinical) at PLTs with practices utilising the opportunity to focus on protected learning</p> <p>Feedback was gathered following each PLT to understand if delegates found the topics of benefit and to help inform future sessions, with average feedback across the face to face and virtual events scoring 4.3 out of 5.0.</p> <p>PLTs have continued to be offered during 25/26 to date.</p>
Responsibility:	ICB / Practices
Date:	March 2025
Agreed Action:	ICB to promote national care navigation resources which are available for practices to access self-directed learning.
Agreed Success Measure:	Practice feedback from accessing care navigation resources.
Evidence of Progress (September 2025):	<p>The ICB continues to promote care navigation resources and regularly checks and challenges practices through the quality and variation process, encouraging practices to access self-directed learning and other resources available to them.</p> <p>NHS England have recently released updated Care Navigation guidance. This guide is for general practice teams who are seeking to improve the care</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>navigation processes in their organisation, which is a critical part of the modern general practice model.</p> <p>The ICB will continue to work with NHSE and others to review and ensure any future care navigation training aligns to this guidance and the MGPA model of faster care navigation.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Updated NHSE Care Navigation guidance shared with all practices.</p> <p>A number of care navigation providers have been contacted, and an evaluation of quality and cost effectiveness is being undertaken, with a view to move forward to commission additional training for 1,600 staff members across general practice in North East and North Cumbria.</p> <p>Practices have adopted care navigation as part of a modern general practice access model to support patients to access the right healthcare professional or service for their need.</p>
Responsibility:	Primary Care Training Hub (PCTH) to arrange, practices responsibility to ensure that staff are accessing the funded courses.
Date:	October 2024
Agreed Action:	Primary Care Training Hub (PCTH) to support practices with a taught training offer in care navigation to further aide confidence for practice staff.
Agreed Success Measure:	Practice staff have appropriate training in Care Navigation, Foundation and advanced courses offered during practice PLTs with the last training happening in October.
Evidence of Progress (September 2025):	<p>During 24/25 the Primary Care Training Hub (PCTH) supported practices with a boosted training offer in care navigation during PLTs to further aide confidence for practice staff and all localities were offered Care Navigation Training in both Foundation and Advanced courses available to practice administrative and clerical staff during protected learning times (PLTs).</p> <p>Following the announcement of the abolishment of NHSE and subsequent impending organisational restructure, the PCTH has shared a new way of working with ICB colleagues and wider stakeholders. The team are now aligned to North East and North Cumbria wide projects which will be delivered during 25/26 (instead of the currently locality-based way of working).</p> <p>As a result of reduced PCTH capacity and budget, the strategic decision has been made to pause some projects for this year which have previously been delivered. These will include:</p> <ul style="list-style-type: none"> • Training Needs Analysis - data and insights have been gathered over a period of 4 years which can be utilised, alongside stakeholder engagement to inform plans for 26/27

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<ul style="list-style-type: none"> Personalised Care Roles Training Package – specific webinars have been delivered over past two years with available training capacity not fully utilised. Budget will be allocated to other priority projects Protected Learning Time – attendance at ICB oversight group will continue, but all other support offers will no longer be supported
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>All GP practice administrative and clerical staff offered structured training in Care Navigation during the preceding 12 months, both Foundation and Advanced.</p> <p>Positive feedback received from practice administrative and clerical staff who attended the Care Navigation training.</p> <p>This will inform additional training being commissioned by the ICB during 25/26 in respect of care navigation.</p>

Operational					
Recommendation 8:	To ensure appropriate workforce capacity is in place to maximise the local general practice offer:				
	a) NENC ICB continue to support / encourage uptake of the ARRS scheme, particularly amongst those PCNs which had not accessed this initiative.				
Responsibility:	ICB / PCNs				
Date:	March 2025				
Agreed Action:	Continue to support / encourage uptake of the ARRS scheme through regular dialogue with PCN Operational Managers to discuss workforce plans and available budget.				
Agreed Success Measure:	Increase in headcount (HC) and / or whole time equivalent (WTE) of ARRS roles (June 2023 data: 61 HC / 58.04 WTE across Stockton-on-Tees).				
Evidence of Progress (September 2025):	<p>The total Additional Role Reimbursement Scheme (ARRS) roles in Tees Valley up to 31st March 2025 based on ARRS claims received was 380.75 WTE/ 439 headcount.</p> <table border="1"> <thead> <tr> <th>Locality</th><th>Total Whole Time Equivalent [WTE]</th></tr> </thead> <tbody> <tr> <td>Stockton on Tees</td><td>97.46</td></tr> </tbody> </table> <p>Roles employed or engaged via ARRS continued to expand during 2024/25 and into 2025/26. The scheme provides PCNs with dedicated funding to cover salary, employer national insurance and pensions contributions for a defined list of staff. As in previous years, PCNs can choose which roles they wish to employ and whether to directly employ roles or contract for these roles with</p>	Locality	Total Whole Time Equivalent [WTE]	Stockton on Tees	97.46
Locality	Total Whole Time Equivalent [WTE]				
Stockton on Tees	97.46				

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>other organisations e.g., Local Acute Trusts, Local Authorities, or Private/ VCSE organisations.</p> <p>The Local Delivery Team (LDT) [primary care] continues to provide advice, guidance, and support to PCNs in relation to ARRS, through quarterly PCN/ ICB head of primary care catch up meetings with PCN ops leads, and monitoring of a dedicated email account for primary care network queries.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>The 58% increase in WTE ARRS roles in Stockton since March 2023 demonstrates the commitment from PCNs to develop the ARRS roles, embedding a multi professional approach to managing patients in primary care.</p> <p>In 25/26 further roles have been added to the ARRS scheme, widening the scope further. In addition, all restrictions on the numbers of roles have been removed further increasing flexibility for PCNs to employ the roles needed for their communities.</p> <p>Through the utilisation of ARRS more people are being seen in the right place first time, with practices able to expand the primary care workforce. ARRS roles support improving patient access and deliver a wider range of services, ultimately enhancing patient care outcomes.</p>
Responsibility:	PCNs
Date:	October 2024 [workforce plan]
Agreed Action:	Submission of PCN workforce plan to capture current and future PCN workforce intentions.
Agreed Success Measure:	Increased utilisation of available budget for ARRS spent by PCNs.
Evidence of Progress (September 2025):	<p>The LDT [primary care] supported PCNs through the 24/25 workforce planning round via check in calls and by providing PCNs with quarterly ARRS statements to track their workforce spend throughout the year, continuing to work collaboratively with system partners to facilitate role development and creating an ARRS calculator to support budget management within PCNs.</p> <p>In October 2024 the ICB developed a workforce plan template and process to support PCNs to detail their ARRS workforce and their forecast plans to inform regional teams and draw down the required ARRS funding to support PCNs.</p> <p>The ICB are currently reviewing the process for PCN workforce planning 25/26, it is expected that this will be a very similar process and template as the previous workforce planning round, with some additions to take into account the new roles and uplifts applied in year.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Evidence of Impact (September 2025):	<p>The ICB developed and implemented a workforce planning template and process at short notice following announcement by NHSE that this was to be determined by the ICB.</p> <p>The LDT [primary care] held check in calls with all 14 PCNs to support the PCNs with their workforce planning submission, which were then submitted to the ICB regional team and ICB finance to ensure the ARRS budget was accurately forecast.</p> <p>The 58% increase in WTE ARRS roles in Stockton since March 2023 demonstrates the commitment from PCNs to develop the ARRS roles, embedding a multi professional approach to managing patients in primary care.</p> <p>PCNs remain aware of the ARRS budget available and how this can be utilised.</p> <p>As of 31st March 2025 there are 97.46WTE ARRS staff working in general practice (March 2023: 59.58WTE; March 2024: 82.52WTE).</p>
Responsibility:	ICB / PCNs
Date:	March 2025
Agreed Action:	Encourage PCNs to explore new roles, working in collaboration with system partners.
Agreed Success Measure:	Increase in roles employed directly by PCNs and or by system partners.
Evidence of Progress (September 2025):	<p>In October 2024 NHS England announced that £82 million of ringfenced funding nationally would be made available to PCNs to recruit newly qualified General Medical Practitioners [GP]. There were a number of queries relating to the GP role including the number of practices the role could work across, the maximum claimable amount being below the expected costs associated with recruiting a GP and a lack of clarity over the role continuing into 2025/26.</p> <p>From April 2025 ARRS was made more flexible with the main ARRS funding combined with the GP ARRS funding to create one funding stream.</p> <p>Several Practice Nurse roles have also been added to the scheme such as Healthcare Support Workers, New to General Practice Nurses, Experienced General Practice Nurses, Consultant Nurses in Primary Care.</p> <p>The introduction of these new roles, removal of all caps on all other direct patient care roles and combination of the main ARRS and GP ARRS funding provides much greater flexibility to PCNs enabling them to review the PCN patient needs and recruit clinical roles to match this need/ demand.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	As of 31 st March 2025 there are 97.46WTE ARRS staff working in general practice (March 2023: 59.58WTE; March 2024: 82.52WTE).

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>PCNs are actively recruiting to the roles relevant to their PCN. Stockton PCN and Billingham and Norton PCN have recruited GPs via the ARRS scheme, and BYTES has recruited an enhanced nurse to date.</p> <p>The PCNs will be completing their workforce plan for 25/26 in October 2025 to provide a forward plan for remainder of the year which will identify the intentions to further increase the employment of these roles.</p>
Responsibility:	PCNs / H&SH
Date:	March 2025
Agreed Action:	Continue to support PCNs to work with system partners to trial and embed new roles. PCNs to determine employment model, which may include a third-party employer e.g. H&SH Federation to employ and manage identified ARRS roles.
Agreed Success Measure:	Number of ARRS roles employed by H&SH supporting PCNs.
Evidence of Progress (September 2025):	<p>As above.</p> <p>H&SH are one potential employer/ sub-contractor of ARRS roles, other partners include Mind and North Tees and Hartlepool Foundation Trust.</p> <p>The ARRS roles required, and the employment models are determined by the PCNs.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>As of 31st March 2025 there are 97.46WTE ARRS staff working in general practice (March 2023: 59.58WTE; March 2024: 82.52WTE).</p> <p>53.53WTE of these ARRS roles are employed by partner organisation such as H&SH, Mind, and secondary care.</p> <p>Thousands of people across Tees Valley benefitting from mental health practitioners in GP surgeries - Tees Esk and Wear Valley NHS Foundation Trust</p>
	b) All relevant health bodies continue to explore further and develop options to increase GP recruitment and retention in the Borough.
Responsibility:	Practices / CLMC
Date:	March 2025
Agreed Action:	ICB to support practices by providing free advert listing with the BMJ Careers, which may encourage GPs from outside of the area to move to Tees.
Agreed Success Measure:	Number of practices using this resource to advertise recruitment opportunities.
Evidence of Progress (September 2025):	BMJ careers continues to be available for practices and PCNs to advertise free vacancies within Tees Valley.

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	Job Search BMJ Careers Example extract from a recent advert: <i>"We are seeking a Newly Qualified GP to join our team through the NHS Additional Roles Reimbursement Scheme (ARRS). This position offers flexibility working, depending on the requirements of the Primary Care Network (PCN), with working hours of 4 sessions per week, 3 x clinical and 1 x admin/CPD. Our ideal candidate is passionate about transforming healthcare delivery by embracing technology and automation to enhance patient care and streamline processes.</i> <i>We are looking to recruit one GP for a total of 4 sessions per week.</i> <i>This role will be solely located at Norton Medical Centre, Stockton."</i>
Responsibility:	Practices / CLMC
Date:	March 2025
Agreed Action:	CLMC continues to support the job advert service for practices.
Agreed Success Measure:	Number of practices using this resource to advertise recruitment opportunities.
Evidence of Progress (September 2025):	CLMC continues to support the job advert process. The website link provides a range of job opportunities including GP, ANPs, Practice Managers and admin and clerical vacancies, along with long term locums. The website also promotes the benefits of working in Tees Valley: https://statics.teams.cdn.office.net/evergreen-assets/safelinks/2/atp-safelinks.html
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	Vacancies Current Job Openings with Cleveland LMC Example extract from a recent advert: <i>"Woodlands Family Medical Centre are looking for an enthusiastic, reliable full-time receptionist to join our very busy, friendly practice in Stockton-on-Tees."</i>
Responsibility:	Practices / CLMC
Date:	March 2025

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Agreed Action:	CLMC continues to support practices with Skilled Worker Visas to retain GPs as they leave the Vocational Training Scheme (VTS).
Agreed Success Measure:	Number of visas in place.
Evidence of Progress (September 2025):	CLMC continues to support registrars and practices in the skilled worker application. The website link provides guidance for registrars and for practices. Also provides list of practices within Tees with skilled worker status. Practices and Registrars can view the guidance on the website here: You searched for skilled worker - Cleveland LMC
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	The support continues to be promoted to registrars and practices via CLMC bulletin, and at CLMC yearly Doctors in Training Conference.
Responsibility:	CLMC
Date:	10/07/24
Agreed Action:	CLMC (working with ICB, H&SH and a PCN) to hold a GP Trainees Conference to share the advantages of continuing to work in Tees with VTS graduates.
Agreed Success Measure:	Feedback from the conference.
Evidence of Progress (September 2025):	CLMC have held two successful Doctors in Training Conferences, held in July 2024 and July 2025. The ICB and local Federations were invited and attend to give an overview and role of GP within the ICB and Federation. A local GP and PM presented on PCNs, gave an overview how they are funded and how the networks work.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	Feedback from attendees was very positive, with the request for it to be repeated. Discussions taking place with Training school how we can promote further and do more sessions for registrars.
	c) Options to increase nursing numbers (including strengthening training offers and uptake) be explored further.
Responsibility:	PCN / PCTH
Date:	Funding end date – March 2025

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Agreed Action:	Funded offer from the NHSE PCTH to create a PCN educational lead whose remit is to aide the PCN in increasing placements for all types of student learners. 1 PCN in Stockton signed up.
Agreed Success Measure:	Increase in student placements numbers.
Evidence of Progress (September 2025):	<p>Educational Leads were provided during 2024/25 via the Primary Care Training Hub.</p> <p>The Leads met quarterly to share learning and experiences and support identifying placements for students within PCN practices Dr Shuja Hafeez [Primary Care Training Hubs Clinical Lead] led on this in Tees Valley.</p> <p>Dr Nick Steele [BYTES PCN] and Dr Mohib Ellahi [Stockton PCN] were identified Educational Leads.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>This funding (from NHS England) has now ended and the Educational Leads have stepped down.</p> <p>NHSE has now moved towards a peer ambassador programme approach, where experienced clinicians or community members (ambassadors) share their knowledge and support to drive change or improve services within the primary care sector. The ICBs transformation team are developing the approach to ensure that practices can be signposted to, and provided hands on support to adopt new ways of working.</p>
Responsibility:	Practices / PCTH
Date:	March 2025
Agreed Action:	PCTH training needs analysis undertaken annually to understand the current requirements within GP practices for workforce training (327 responders in 2024 for Tees compared to 305 in 2023). Training is then commissioned for nursing staff based on staff needs utilising NHSE Continuing Professional Development (CPD) funding. Training offers are distributed via weekly bulletins and bimonthly newsletters.
Agreed Success Measure:	Increase in completion of Training Needs Analysis to strengthen training offers across the area.
Evidence of Progress (September 2025):	The Training Needs Analysis was carried out by the Primary Care Training Hub [PCTH] in March 2025.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	The TNA has helped inform the commissioning of training by the PCTH, and the ICB through dedicated protected learning times [PLTs] which continue to be offered 6 times per year to practices.

APPENDIX 1


PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	The PCTH has continued to promote training offers to practices via bulletins.
Responsibility:	PCTH / PCNs
Date:	March 2025
Agreed Action:	Ensure that National offers and suggestions are communicated to the workforce with options for local staff to join implementation and task and finish groups to support development of pre-programmes of work in area such as preceptorship programmes for newly qualified nursing staff.
Agreed Success Measure:	Local nurse coverage on regional and national groups and implementation of new programmes of work to support the nursing agenda.
Evidence of Progress (September 2025):	<p>The PCTH has continued to promote training offers to practices via bulletins and GP TeamNet.</p> <p>The ICB has a monthly PCN bulletin which promotes opportunities of regional and national training and development for staff.</p> <p>In addition to this the ICB has accessed expert advice and guidance for PCNs in relation to advanced practice roles to support PCNs to recruit and embed these roles.</p> <p>The addition of new to nursing and experience nursing roles in ARRS will increase the opportunity to support workforce progression, and development opportunities for nursing careers in general practice.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Nurses are part of the ICB Lead Nurse group. They are also invited to provide feedback on a range of initiatives for example the 'CNO002 Discovering a Nursing Career in General Practice' and also able to join a task and finish group in designing a pilot to improve referral processes into the 'Behavioural Support for Obesity Prescribing (BSOP) pathway'.</p> <p>There has been a range of courses offered within the Tees area including access to the Mary Seacole Programme and Practice Nurse leadership development.</p>

Operational	
Recommendation 9:	The Borough's four PCNs be encouraged and supported to work together collaboratively to share and adopt good practice.
Responsibility:	ICB
Date:	March 2025
Agreed Action:	Continue to support shared learning between PCNs through the bi-monthly Hartlepool and Stockton (HaST) Clinical Directors (CD) Locality Meeting and the bi-monthly PCN CD Forum (all 14 PCNs in Tees).

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Agreed Success Measure:	Share learning.
Evidence of Progress (September 2025):	<p>Bi-monthly locality meetings and Quarterly Clinical Directors Forums remain in place across Tees Valley. All PCNs are invited to attend. Guest speakers from a range of organisations are invited to attend, including TEWV, North Tees, Public Health and ICB subject matter experts.</p> <p>The meetings and forums also provide the opportunity for PCNs to share operational learning and experiences, and this has led to a PCN Managers forum, led by the PCN Managers, being established.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	All practices in Stockton (facilitated through PCNs) have supported an application to take part in the National Neighbourhood Health Implementation Programme.
Responsibility:	ICB
Date:	September 2024
Agreed Action:	PCN 23/24 End of Year report to be published.
Agreed Success Measure:	Report highlights ongoing development of PCNs, innovative ways of working and key successes achieved in 23/24.
Evidence of Progress (September 2025):	<p>The PCN end of year report was published, and is embedded below:</p> <div style="text-align: center;">  <p>TV PCNs end of year report 23-24 FINAL.px</p> </div>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>This report was shared widely with PCNs, System partners and across the ICB to share the positive news stories across PCNs in Tees Valley.</p> <p>The report for 24/25 is currently in draft and has been provided to the ICBs design team to add the ICBs branding, with a view to this being signed off on 26th September for sharing with system partners.</p>
Responsibility:	PCNs
Date:	March 2025
Agreed Action:	Continue to support collaborative working within PCNs as part of CAIP.
Agreed Success Measure:	Number of PCNs achieving maximum CAIP funding.

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Evidence of Progress (September 2025):	<p>Bi-monthly locality meetings and Quarterly Clinical Directors Forums remain in place across Tees Valley. All PCNs are invited to attend. Guest speakers from a range of organisations are invited to attend, including TEWV, North Tees, Public Health and ICB subject matter experts.</p> <p>The meetings and forums also provide the opportunity for PCNs to share operational learning and experiences, and this has led to a PCN Managers forum, led by the PCN Managers, being established.</p> <p>Collaborative working is also supported through the CAIP process as previously outlined (recommendation 1), with the sharing of learning facilitated through the ICB Local Delivery Team [primary care].</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>At the end of March 2025 all 4 Primary Care Networks (PCNs) achieved the maximum CAIP funding.</p> <p><u>2025/26 CAIP</u></p> <p>The Capacity and Access Improvement (CAIP) payment will continue in 25/26 [worth £307,414 for Stockton on Tees] but will change from three domains down to two.</p> <ul style="list-style-type: none"> • One domain will continue to focus on supporting modern general practice access [worth £204,942 in Stockton on Tees] • The other [worth £102,471 in Stockton on Tees] will incentivise PCNs to use the intelligence gained from population health risk stratification tools to stratify their patients – including to identify those that would benefit most from continuity of care <p>In addition to CAIP PCNs receive capacity and access funding unconditionally. PCNs have reported using this funding to:</p> <ul style="list-style-type: none"> • Deploy common digital tools across the PCN • Optimise staff and capacity, such as backfill for clinical supervision of Additional Role Reimbursement Scheme (ARRS) staff • Allocate funding to practices on a monthly basis for continuity plans around staffing and overtime (non-ARRS roles) to ensure safe levels across the network particular in high pressured seasons such as winter • Retain some funding for risk management, which was used towards additional one-off/practice expenses throughout the year • Support the delivery and coordination of care continuity and improving the delivery of care to people living in care homes • Fund patient self-check in screens, call boards with campaign advertising and website renewal • Exploring Artificial intelligence (AI) technology to support patient journey <p>All practices in Stockton (facilitated through PCNs) have supported an application to take part in the National Neighbourhood Health Implementation Programme.</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Public / patient feedback	
Recommendation 10:	Relevant health stakeholders be proactive in encouraging involvement of patients in practice Patient Participation Groups (PPGs), aim to ensure these are representative of a practice's patient list demographic, and consider fostering links between the Borough's PPGs to assist in identifying / addressing any access issues.
Responsibility:	Practices
Date:	March 2025
Agreed Action:	Practices to continue efforts to encourage participation in PPGs.
Agreed Success Measure:	Increased engagement from PPGs.
Evidence of Progress (September 2025):	Practices continue to promote and encourage patients to join their PPGs, acting in line with their contractual requirements. The role of PPGs is likely to expand as the 'you and your patient charter' is embedded.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	A couple of examples on PPG promotion include: <ul style="list-style-type: none"> • https://www.tennantstreetmedicalpractice.nhs.uk/patient-group/ • Patient Participation Group « Woodbridge Practice <p>NHS England » You and your general practice</p> <p>NHS England have launched the 'you and your general practice charter' which all practices are expected to have on their website by 1st October 2025 as part of a contract variation which has been issued by NHS England. As part of the charter, there is a section on how patients can help their GP practice, which includes the following:</p> <p>"Join the Patient Participation Group: You practice will have a group of patients who can offer feedback on the services it delivers. Your practice website should explain how you can join."</p>
Responsibility:	Practices
Date:	March 2025
Agreed Action:	Friends and Family Test (FFT) participation to be encouraged and results published on practice websites.
Agreed Success Measure:	Increased FFT responses.
Evidence of Progress (September 2025):	The ICB monitors the FFT participation as part of the ICBs approach to quality and variation and ensures practice websites are checked to demonstrate that practices are creating opportunities for patients to feedback via the FFT and

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

	<p>that the improvements made are shared with patients and meeting their contractual requirements to do so.</p> <p>Practices are required as part of the quality and variation process to articulate how they use patient feedback to inform service improvements.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	The FFT data has been supplied as part of the data pack, demonstrating the number of submissions and the rate of positive vs negative feedback.
Responsibility:	ICB / SBC Public Health
Date:	March 2025
Agreed Action:	Opportunistic information about PPGs disseminated through HealthWatch, Catalyst, community wellbeing champions and community spaces as part of ongoing discussions with service users. ICB to support development of a leaflet.
Agreed Success Measure:	PPG messaging disseminated through key services and VCSE.
Evidence of Progress (September 2025):	<p>Whilst the ICB has not developed a leaflet, there are toolkits available from the National Association for Patient Participation and The Patients Association:</p> <ul style="list-style-type: none"> • National Association for Patient Participation – Welcome to the National Association for Patient Participation • Patient Participation Groups The Patients Association
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual) as opportunistic</p>
Evidence of Impact (September 2025):	<ul style="list-style-type: none"> • Patient Participation Groups – Catalyst Stockton • The PPG Guide Guidance for establishing and running a Patient Participation Group Healthwatch Data

Public / patient feedback	
Recommendation 11:	NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level.
Responsibility:	ICB
Date:	March 2025
Agreed Action:	ICB to review process to themes complaints/ compliments at a more granular level.
Agreed Success Measure:	Data made available to local delivery team in Tees Valley.

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Evidence of Progress (September 2025):	<p>The Tees Local Delivery Team continue to receive information regarding complaints and compliments (where relevant), which are considered as part of the quality and variation approach (see next action for further detail on this process).</p> <p>This intelligence includes any MP queries and subsequent responses provided that are relevant to general practice. One MP query has been responded to in relation to Stockton on Tees practices during 24/25 in relation to Yarm Medical Practice.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>2 (On-Track)</p> <p>New national requirements and processes have superseded previous exploratory arrangements for more granular level data at local level (as supposed to ICB level).</p>
Evidence of Impact (September 2025):	<p>NHS England have launched the 'you and your general practice charter' which all practices are expected to have on their website by 1st October 2025 as part of a contract variation which has been issued by NHS England.</p> <p>This will also require the ICB to have a route for patients to provide feedback. This will be led by the patient and public involvement team, with the ICBs website to be updated to enable comments and feedback to be captured.</p> <p>This information will also be considered in the ICBs quality and variation group once available and the Local Delivery Team will be reviewing all websites in due course to ensure this charter is available for patients via this route.</p> <p>NHS England » You and your general practice</p>
Responsibility:	ICB
Date:	March 2025
Agreed Action:	Themes from available data to be discussed as part of the Primary & Community Care Quality and Variation Group.
Agreed Success Measure:	Feedback from the Primary & Community Care Quality and Variation Group.
Evidence of Progress (September 2025):	<p>The Tees Valley Local Delivery Team led on the development of an ICB wide Standard Operating Procedure (SOP) for how Quality & Variation across general practice should be managed in line with delegated commissioning of general medical services.</p> <p>Part of the new process includes a standard set of 'key lines of enquiry' (KLOE) questions which form a 'deep dive' of each practice and identifies potential themes across practices. Practices are asked to respond on the KLOEs and then are considered by the ICBs subject matter experts across primary care, quality, safeguarding, medicines management, contracting, estates and digital within a monthly quality and variation group.</p> <p>The SOP was considered exemplar by NHS England and has been recommended for adoption beyond the NENC ICB.</p>

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>Standard SOP now in place across the ICB, with standardised templates, questions and resource guides developed.</p> <p>Since April 2025, 26 'deep dives' have been undertaken on practices across Tees Valley [12 have been for Stockton on Tees practices]. 14 on a rolling basis and 12 on a risk basis [of which 3 were on a risk basis in Stockton on Tees].</p> <p>Practices are selected on a rolling basis [for deep dives to be undertaken once every 3 years] and on a risk basis [when data or intelligence may warrant a review sooner than the 3-year period. A deep dive rota has been developed which records when the deep dive was undertaken, key themes and any support requirements.</p> <p>Key themes of the deep dives have included: QoF exemptions, high opioid and gabapentinoid prescribing, cervical screening.</p> <p>The deep dives have enabled support to be identified for practices to work through themes with the subject matter experts from the ICB.</p> <p>In addition, practices have been provided the opportunity to sign up to the national General Practice Improvement Programme [where relevant] - with Norton Medical Practice due to commence in September 2025.</p> <p>Feedback from 'You and your general practice' will be incorporated into the SOP when available and where relevant.</p>

Assessment of Progress Grading:	1 Fully Achieved	2 On-Track	3 Slipped	4 Not Achieved
---------------------------------	---------------------	---------------	--------------	-------------------

Supporting data pack (see **Appendix 2**):



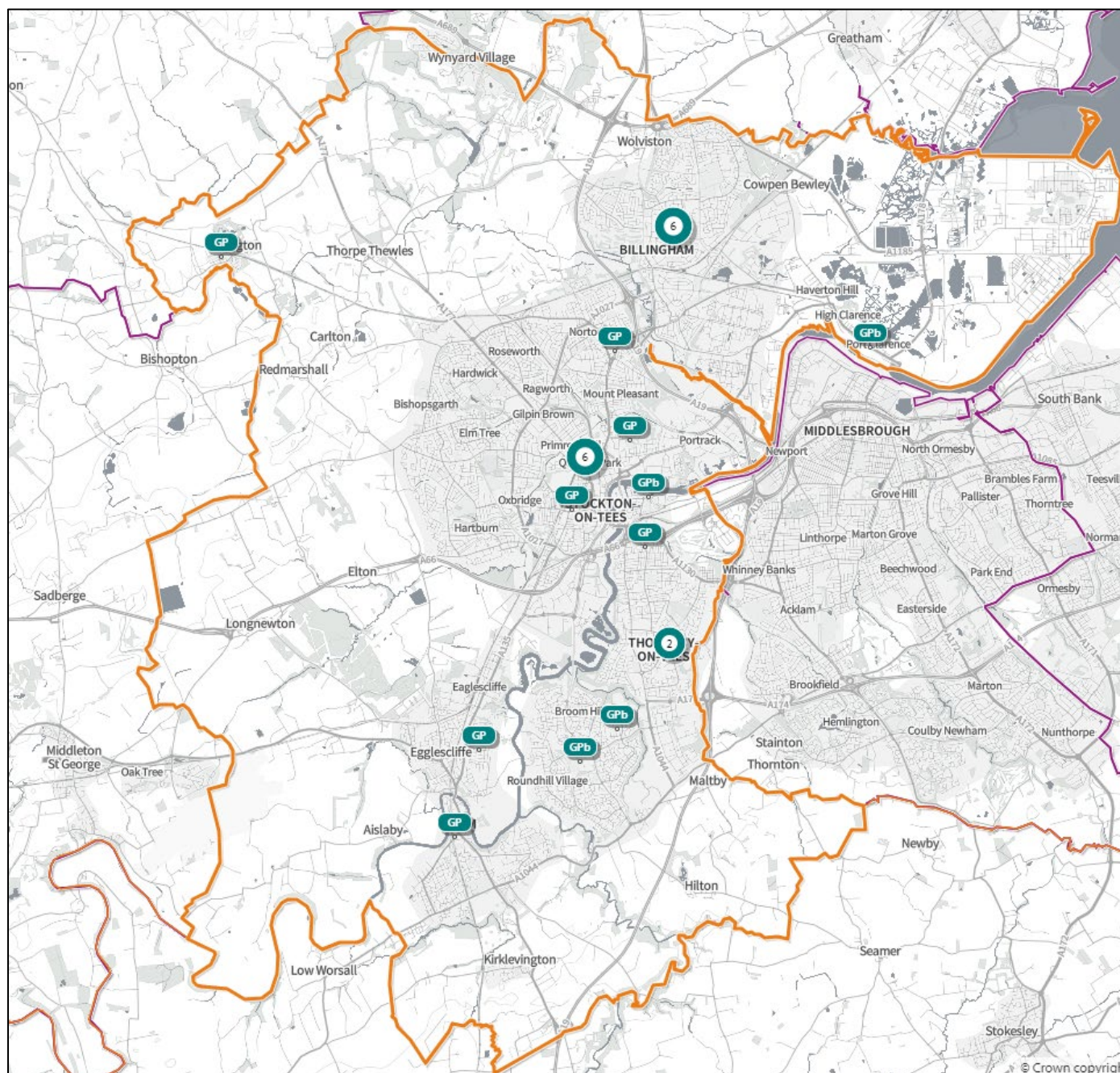
UPDATED%20Access%20to%20GPs%20a

Access to GP's and Primary Medical Care: Stockton-on-Tees Data Pack

**Better health
and wellbeing for all...**

Stockton-on-Tees General Practice Overview

Location of general practices and branch sites:



Data Source: SHAPE Atlas (<https://app.shapeatlas.net/>)

In Stockton-on-Tees there are 20 practices in 4 Primary Care Networks, covering a registered population of 212,416 (Jan 2025). Please note whilst The Arrival Practice is listed separately for the purpose of the table below, there are now 20 practices in total in Stockton on Tees as Arrival Practice merged with Riverside Practice on 1st June 2025.

Number of Practices	Smallest List Size	Largest List Size	Average List Size	Number of PCNs
20	2,220	20,955	9,670	4

The 20 practices and list sizes are shown below:

			Practice List Size Jan 24	Practice List Size Jan 25	
Marsh House Medical Practice	Billingham and Norton	Billingham	8,560	8,528	-32
The Roseberry Practice	Billingham and Norton	Billingham	7,998	7,969	-302
Dr Rasool's Practice	Billingham and Norton	Billingham	2,274	2,220	-54
Kingsway Medical Centre	Billingham and Norton	Billingham	9,453	9,798	+345
Melrose Surgery	Billingham and Norton	Billingham	2,469	2,407	-62
Queenstree Practice	Billingham and Norton	Billingham	4,152	4,147	-5
Norton Medical Centre	Billingham and Norton	Norton	16,759	16,468	-291
Alma Medical Centre	North Stockton	Central Stockton	11,314	11,051	-263
Tennant Street Medical Practice	North Stockton	Central Stockton	14,384	14,739	+355
Queens Park Medical Centre	North Stockton	Central Stockton	18,526	18,740	+214
Woodlands Family Medical Centre	Stockton	Central Stockton	12,187	12,374	+187
Dovecot Surgery	Stockton	Central Stockton	4,258	4,141	-117
Densham Surgery	Stockton	Central Stockton	3,885	3,886	+1
<i>The Arrival Practice [merged with Riverside Practice 1st June 2025]</i>	<i>Stockton</i>	<i>Central Stockton</i>	3,032	3,290	+258
Riverside Practice	Stockton	Central Stockton	6,661	6,866	+205
Elm Tree Surgery	Stockton	Central Stockton	10,687	13,874	+3,187
Woodbridge Medical Practice	Stockton	Thornaby-on-Tees	18,639	18,391	-248
Eaglescliffe Medical Practice	BYTES	Eaglescliffe	11,891	12,448	+597
Park Lane Surgery	BYTES	Stillington	5,251	5,351	+100
Thornaby & Barwick Medical Group	BYTES	Thornaby-on-Tees	21,130	20,955	-175
Yarm Medical Practice	BYTES	Yarm	14,963	14,773	-190
212, 416					+3943

Practice Opening Hours

Practice	Opening Hours
Marsh House Medical Practice	Monday to Friday: 08:00 – 18:00
The Roseberry Practice	Monday to Friday: 08:00 – 18:00 (Closed between 13:00 – 14:00 on a Wednesday)
Dr Rasool's Practice	Monday: 08:00 – 18:00 Tuesday - Friday: 08:00 – 17:00
Kingsway Medical Centre	Monday to Friday: 08:00 – 18:00
Melrose Surgery	Tuesday & Wednesday: 08:00 – 18:00 Monday & Friday: 07:30 – 18:00 Thursday: 07:30 – 13:00 (Emergencies only 13:00 – 18:00)
Queenstree Practice	Monday to Friday: 08:30 – 18:00 Monday to Thursday: 07:35 – 08:30 (pre-booked only)
Norton Medical Centre	Monday to Friday: 08:00 – 18:00
Alma Medical Centre	Monday to Friday: 08:30 – 18:00 (Closed Wednesday 12:00 – 13:45 for staff training)
Tennant Street Medical Practice	Monday to Friday: 08:00 – 18:00
Queens Park Medical Centre	Monday to Friday: 08:30 – 18:00
Woodlands Family Medical Centre	Monday to Friday: 08:00 – 18:00
Dovecot Surgery	Monday to Friday: 08:30 – 18:00
Densham Surgery	Monday to Friday: 08:30 – 18:00

Riverside Practice	Monday to Friday: 08:00 – 18:00
Elm Tree Surgery	Monday to Friday: 08:00 – 18:00
Woodbridge Medical Practice	Monday to Friday: 08:00 – 18:00
Eaglescliffe Medical Practice	Monday to Friday: 08:00 – 18:00
Park Lane Surgery	Monday to Friday: 08:00 – 18:00
Thornaby & Barwick Medical Group	Monday to Friday: 08:00 – 18:00
Yarm Medical Practice	Monday to Friday: 08:00 – 18:00

Data Source: GP Practice Websites

Note- The 18:00-18:30 period is sub-contracted to the GP Federation [Hartlepool and Stockton Health] to ensure patients requiring support during this period can access primary medical care.

CQC Rating

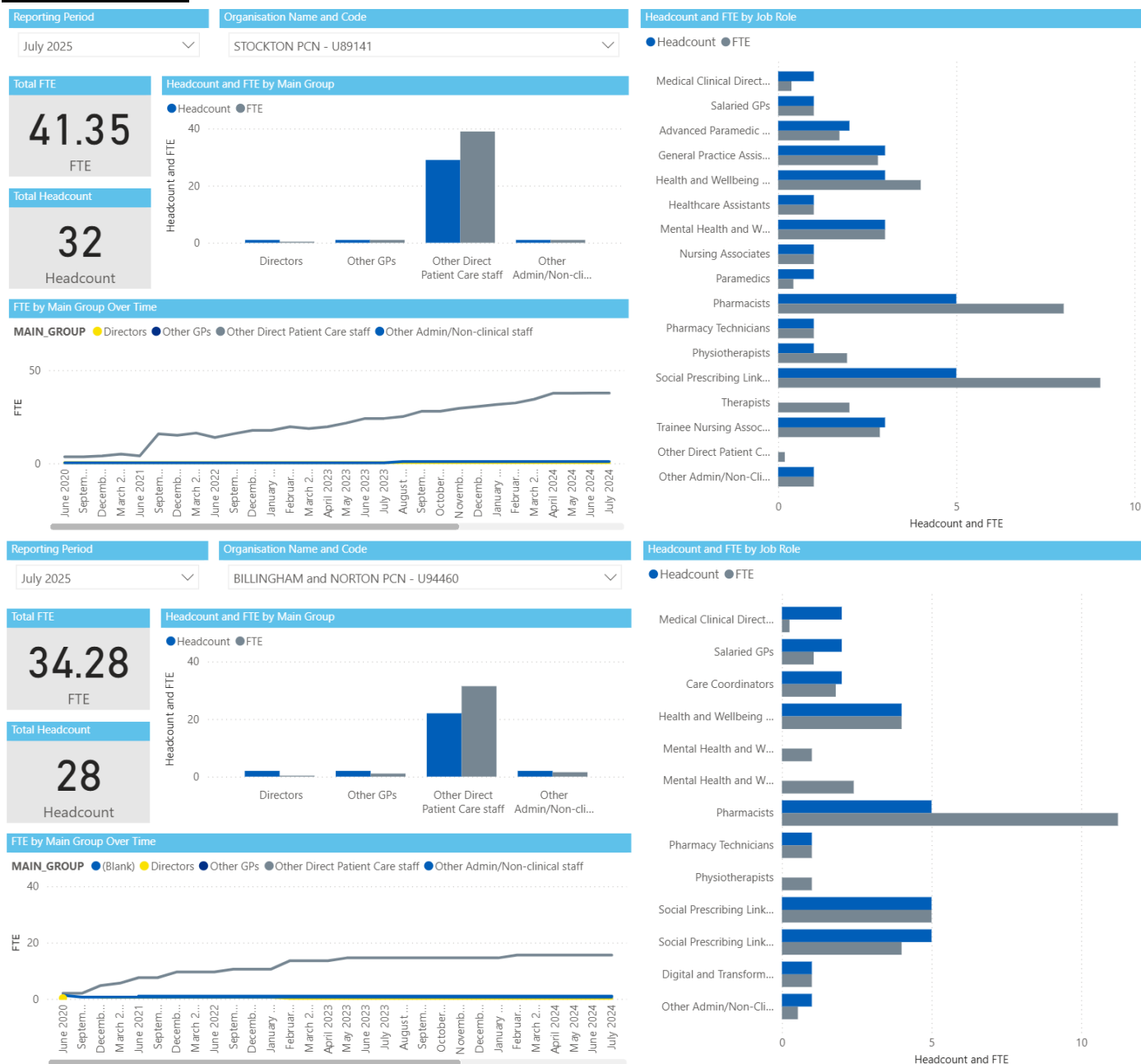
Practice	Overall CQC Rating	CQC Domain Ratings
Marsh House Medical Practice	Good Latest Inspection: 21/06/16 Latest Review: 21/08/19	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
The Roseberry Practice	Good Latest Inspection: 23/06/16 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dr Rasool's Practice	Good Latest Inspection: 10/08/16 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Kingsway Medical Centre	Good Latest Inspection: 10/03/16 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Outstanding Well-led: Good
Melrose Surgery	Good Latest Inspection: 04/07/18 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Outstanding Responsive: Good Well-led: Good
Queenstree Practice	Good Latest Inspection: 14-15 & 30/11/22 Latest Review: 09/10/19	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Norton Medical Centre	Requires Improvement Latest assessment: 12/07/24* *CQC and ICB continues to engage with the practice, with a plan for reinspection in due course	Safe: Requires improvement Effective: Requires improvement Caring: Good Responsive: Inadequate Well-led: Requires improvement
Alma Medical Centre	Good Latest Inspection: 13/04/16 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good

		Responsive: Good Well-led: Good
Tennant Street Medical Practice	Good Latest Inspection: 11/10/16 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Queens Park Medical Centre	Good Latest Inspection: 16/12/15 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Outstanding Well-led: Good
Woodlands Family Medical Centre	Good Latest Inspection: 18/10/18 and 24/10/2018 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dovecot Surgery	Good Latest Inspection: 28/04/16 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Densham Surgery	Good Latest assessment: 18/10/24	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires improvement
Riverside Practice	Good Latest Inspection: 08/12/15 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Elm Tree Surgery	Good Latest assessment 12/02/24	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Woodbridge Medical Practice	Good Latest Inspection: 04/11/19 Latest Review: 06/07/23	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Eaglescliffe Medical Practice	Outstanding Latest Inspection: 11/08/15 Latest Review: 06/07/23* <i>* a fully comprehensive assessment of the practice was undertaken on 28/08/25- the CQC reported is awaited</i>	Safe: Good Effective: Outstanding Caring: Outstanding Responsive: Good Well-led: Outstanding
Park Lane Surgery	Good Latest Inspection: 26/10/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Thornaby & Barwick Medical Group	Good Latest Inspection: 21/10/22	Safe: Good Effective: Good

	Latest Review: 06/07/23	Caring: Good Responsive: Good Well-led: Good
Yarm Medical Practice	Outstanding Latest Inspection: 21/10/15 Latest Review: 06/07/23	Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Outstanding

Data Source: [Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Staffing Levels



Reporting Period
July 2025

Organisation Name and Code
BILLINGHAM and NORTON PCN - U94460

Total FTE
34.28
FTE

Total Headcount
28
Headcount

Headcount and FTE by Main Group

FTE by Main Group Over Time

MAIN_GROUP ● (Blank) ● Directors ● Other GPs ● Other Direct Patient Care staff ● Other Admin/Non-clinical staff

Headcount and FTE by Job Role

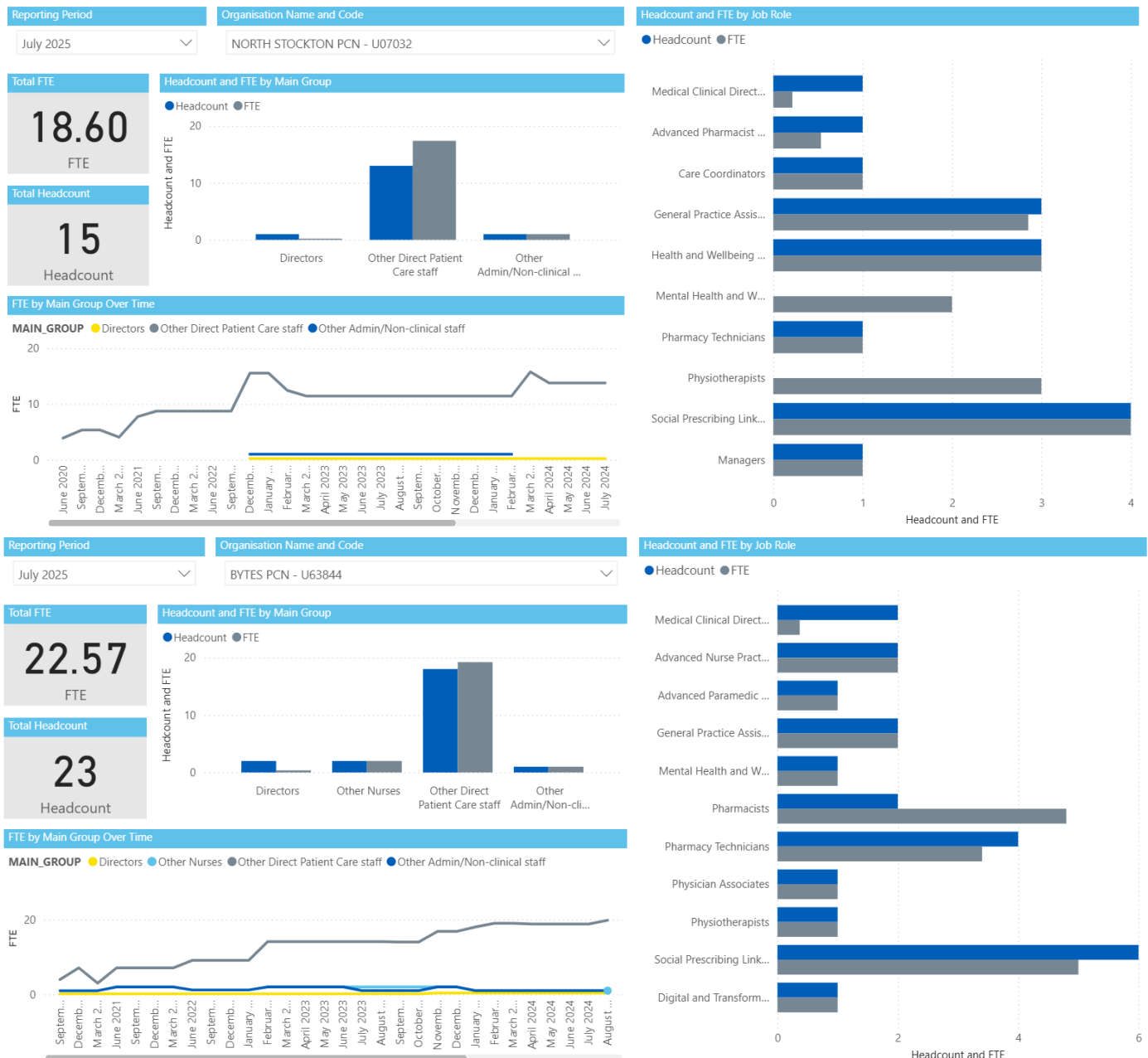
● Headcount ● FTE

Medical Clinical Direct...
Salaried GPs
Advanced Paramedic ...
General Practice Assis...
Health and Wellbeing ...
Healthcare Assistants
Mental Health and W...
Nursing Associates
Paramedics
Pharmacists
Pharmacy Technicians
Physiotherapists
Social Prescribing Link...
Therapists
Trainee Nursing Assoc...
Other Direct Patient C...
Other Admin/Non-Cli...

Headcount and FTE by Job Role

● Headcount ● FTE

Medical Clinical Direct...
Salaried GPs
Care Coordinators
Health and Wellbeing ...
Mental Health and W...
Mental Health and W...
Pharmacists
Pharmacy Technicians
Physiotherapists
Social Prescribing Link...
Social Prescribing Link...
Digital and Transform...
Other Admin/Non-Cli...



Headcount and FTE by Job Role

Reporting Period

July 2025

Organisation Name and Code

BYTES PCN - U63844

Total FTE

22.57

FTE

Total Headcount

23

Headcount

Headcount and FTE by Main Group

FTE by Main Group Over Time























Headcount and FTE by Job Role

Data Source: NWRS [July 2025]

*FTE refers to the number of full-time hours being worked, whilst HC is the number of staff employed.

GP Headcount and Full Time Equivalent as a ratio to patient list size:

Practice	Headcount [August 2023]		Full time Equivalent [August 2023]		Headcount [August 2025]		Full time Equivalent [August 2025]		Trends	
	GP	GP: patient ratio	GP	GP: patient ratio	GP	GP: patient ratio	GP	GP: patient ratio	GP	GP:p atient ratio
Melrose Surgery	2	1:1,240	1.2	1: 2,066	2	1: 1,181	1.22	1: 1,968	↔	↑
Kingsway Medical Centre	5	1:1,883	4.5	1: 2,092	9	1: 1,111	7.25	1: 1,380	↑	↑

Queenstree Practice	3	1:1,368	1.4	1: 2,932	3	1: 1,381	1.35	1: 3,068		
Dr Rasool's Practice	1	1:2,290	1	1: 2,290	1	1: 2,182	1	1: 2,182		
Marsh House Medical Practice	9	1:946	8.2	1: 1,038	9	1: 948	8.04	1: 1,061		
The Roseberry Practice	3	1:2,667	3	1: 2,667	2	1: 3,946	2.13	1: 3,705		
Norton Medical Centre	12	1:1,414	9.5	1: 1,786	11	1: 1,476	8.57	1: 1,894		
Riverside Medical Practice	2	1:3,139	2.4	1: 2,615	2	1: 5, 275	2.40	1: 4,395		
Alma Medical Centre	8	1:1,446	6	1: 1,928	9	1: 1,214	6.80	1: 1,607		
The Densham Surgery	4	1:991	4.1	1: 966	5	1: 769	4.84	1: 795		
The Dovecot Surgery	4	1:1,076	4.3	1: 1,001	4	1: 1,024	4.25	1: 963		
Queens Park Medical Centre	11	1:1,669	9.1	1: 2,018	13	1: 1,440	9.32	1: 2,009		
Tennant Street Medical Practice	11	1:1,305	7.9	1: 1,817	11	1: 1,330	7.69	1: 1,902		
Woodlands Family Medical Centre	10	1:1,215	8.5	1: 1,430	11	1: 1,116	9.20	1: 1,334		
Elm Tree Surgery	12	1:767	10.8	1: 853	12	1: 1,335	10.41	1: 1,539		
Thornaby & Barwick Medical	19	1:1,114	18.3	1:1,157	20	1: 1,055	19.60	1: 1,076		
Woodbridge Practice	13	1:1,443	10	1:1,876	15	1: 1,221	10.98	1: 1,668		
Yarm Medical Practice	9	1:1,675	9.1	1:1,656	11	1: 1,305	9.78	1: 1,467		
Eaglescliffe Medical Practice	10	1:1,168	8.8	1:1,327	8	1: 1,617	7.11	1: 1,819		
Park Lane Surgery	3	1:1,724	3	1:1,724	5	1: 1,093	4.92	1: 1,110		

Page 104 The data above is based on August 2025 workforce data and August 2025 GP practice list sizes.

Area	HC GP: patient ratio	FTE GP: patient ratio
Stockton-on-Tees	1:1,282 patients	1:1,537 patients
Tees Valley	1:1,409 patients	1:1,841 patients

The table above is based on August 2025 workforce data and August 2025 GP practice list sizes.

As seen in the table, Stockton-on-Tees has a GP (HC) to patient ratio of 1:1.28 compared to Tees Valley which has a ratio of 1:1.4.

Data Source: General Practice Workforce Data ([General Practice Workforce - NHS Digital](#)) and Patient List Sizes ([Patients Registered at a GP Practice - NHS Digital](#))

Direct Enhanced Services - NHS England

Direct Enhanced Services (DESS) are nationally agreed and have to be offered to all GP practices in England. Practices can decide whether they sign up to a DES or not, but they must be offered the opportunity to do so.

Weight Management DES: The Covid-19 pandemic highlighted the importance of weight management as living with excess weight puts people at greater risk of serious illness or death from COVID-19, with risk growing as BMI increases. This led to the introduction of a new DES in 2022/23 which has been offered to practices each year. The aim of this DES was to introduce new measures to tackle obesity, recognising that general practice plays a pivotal role in the identification of people living with obesity, the discussion of associated health issues and facilitating access to weight management services.

Learning Disabilities DES: The DES is designed to encourage practices to identify patients aged 14 and over with learning disabilities, to maintain a learning disability 'health check' register and offer an annual health check, which will include a health action plan.

Minor Surgery DES: The DES allows GPs to conduct minor surgical procedures, including injections and incisions or excisions which helps enable patients to receive treatment in the community, increasing patient satisfaction in general practice.

Out of Area DES: All GP practices are free to register new patients who live outside their practice area without any obligation on the practice to provide home visits for such patients when the patient is at home, away from, and unable to attend, their registered practice. The purpose of the DES is for the practice to provide primary medical services to patients in their home area during core hours if they have an urgent care need and if they cannot reasonably be expected to attend their registered practice.

- All of the 20 practices in Stockton are signed up to the Minor Surgery, Learning Disability and Weight Management Direct Enhanced Services
- 5 of the 20 practices in Stockton have signed up to the Out of Area DES.

eConsult Data

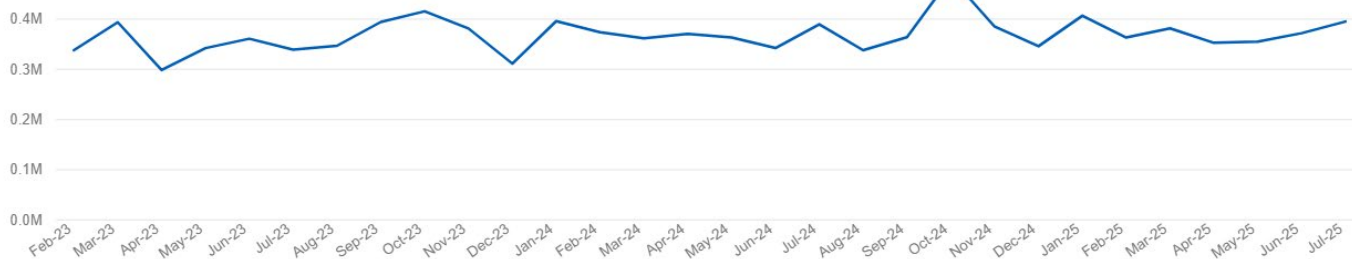
	Rate per 1,000 registered patients		
Practice	May 2025	June 2025	July 2025
Melrose Surgery	12.2	16.1	15.7
Kingsway Medical Centre	43.7	51.2	47.6
Queenstree Practice	29.4	35.9	30.9

Dr Rasool's Practice	5.0	6.8	8.7
Marsh House Medical Practice	26.0	33.1	33.5
The Roseberry Practice	18.9	15.3	18.5
Norton Medical Centre	156.0	168.8	177.2
Riverside Medical Practice	11.8	18.5	12.7
Alma Medical Centre	33.4	31.2	37.1
The Densham Surgery	17.7	21.3	22.7
The Dovecot Surgery	16.4	19.3	25.0
Queens Park Medical Centre	18.1	21.2	19.9
Tennant Street Medical Practice	43.5	47.9	53.0
Woodlands Family Medical Centre	39.7	46.1	41.8
Elm Tree Surgery	7.0	9.8	10.6
Thornaby & Barwick Medical	22.9	24.1	26.7
Woodbridge Practice		5.0	0.4
Yarm Medical Practice	34.7	52.8	112.8
Eaglescliffe Medical Practice	20.4	22.1	26.2
Park Lane Surgery	16.4	16.7	16.7

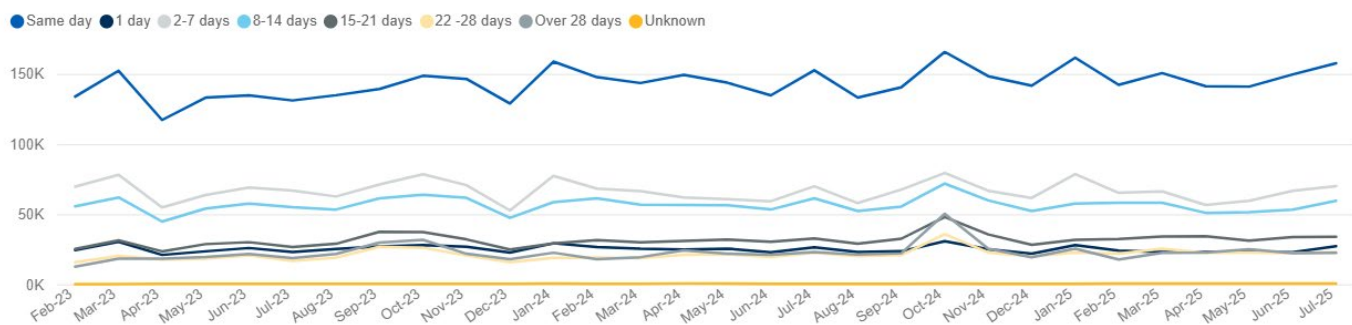
General Practice Appointment Data

The below provides a snapshot of the appointments provided in general practice across Tees Valley between February 2023 and up to July 2025, with the majority of appointments offered on the same day, along with the total appointments and types across July 2025 [note this includes Primary Care Network slots, triage and procedures, along with routine and acute general practice appointments] and which professional delivered the appointments. The appointment data in general practice for July 2025 across Tees Valley shows 394,000 appointments were offered, with 278,000 being face to face.

Number of Appointments, by Month



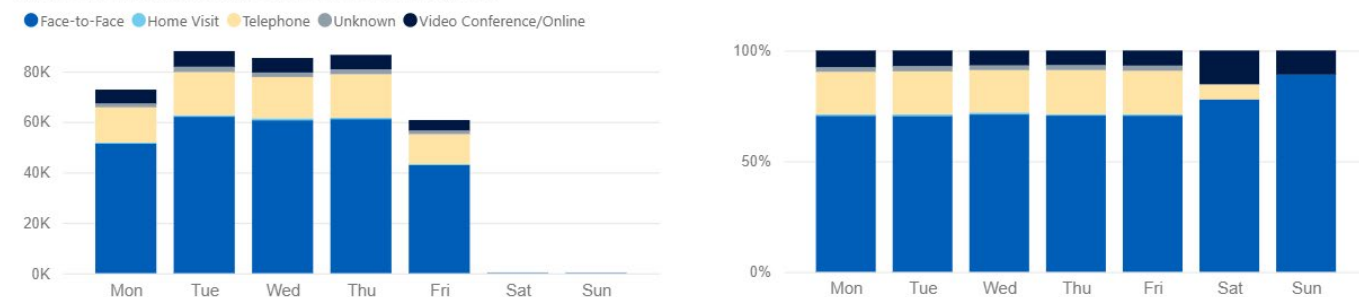
Number of appointments, by Time between booking and appointment and Month



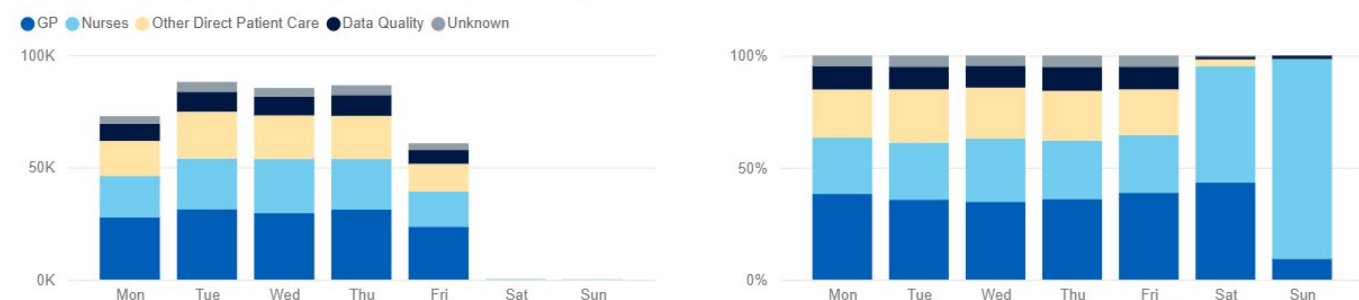
Number of appointments by Mode

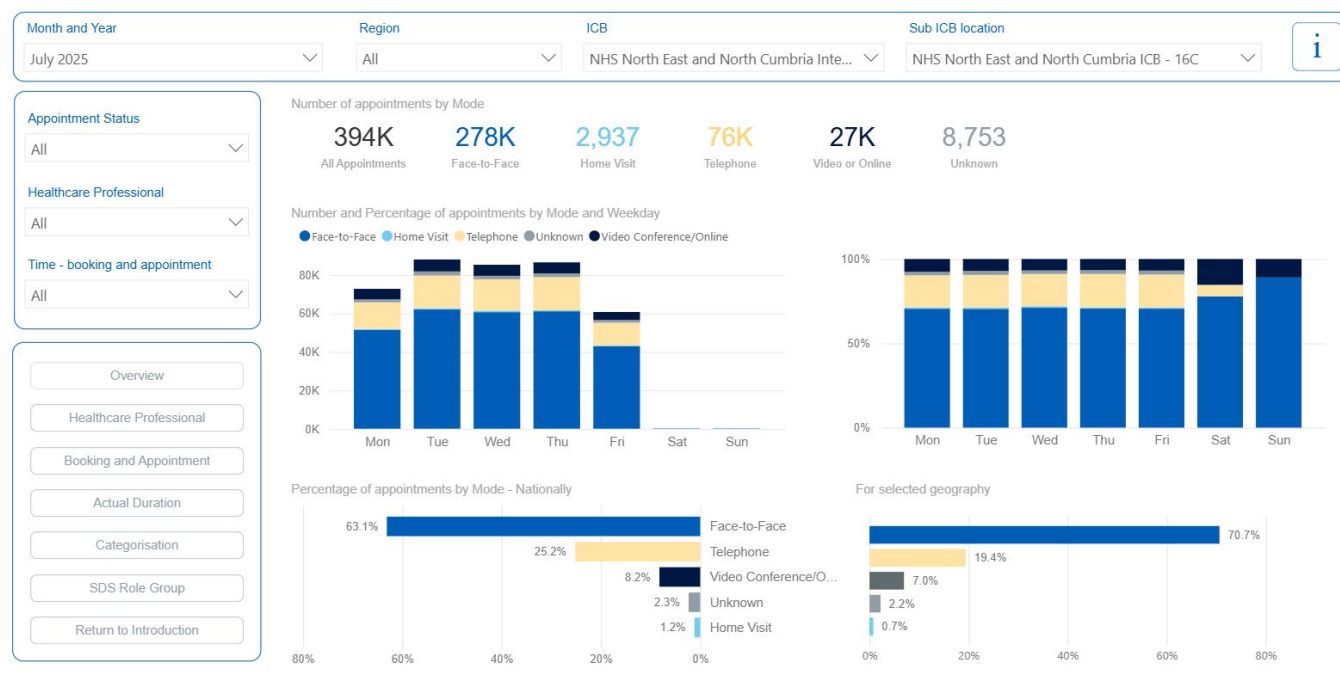


Number and Percentage of appointments by Mode and Weekday



Number and Percentage of appointments by SDS Role Group and Weekday





The appointment rate per 1,000 for all appointments include face-to-face, telephone, online/ video, home visits and unknown appointments.

Tees Valley

Month	Appointment rate per 1,000 (All appointments)	Face-to-Face appointment rate per 1,000	Telephone appointment rate per 1,000
August 2019	427.2	351.1	44.8
July 2024	511.5	360.9	91.7
July 2025	522.8	361.3	99.3

Data Source: [Appointments in General Practice - NHS Digital](#)

From August 2019 (pre-pandemic) till July 2025 the appointment rate per 1,000 has increased across Tees Valley, meaning that more appointments have been booked in 2025 than in 2019. The data also shows that telephony appointments have increased in line with the modern general practice approach to offer patients a range of options in how to access healthcare.

Stockton-on-Tees

Month	Appointment rate per 1,000 (All appointments)	Face-to-Face appointment rate per 1,000	Telephone appointment rate per 1,000
October 2022	414.9	487.8	81.19
July 2024	358.2	450.1	68.52
July 2025	529.9	369.5	91.5

Data Source: [Appointments in General Practice - NHS Digital](#)

General practice appointment data for individual practices was not published by NHS Digital until October 2022, therefore Stockton-on-Tees appointment rates per 1,000 cannot be compared to pre-pandemic levels.

GP Patient Survey results

Data Source: [GP Patient Survey \(gp-patient.co.uk\)](http://gp-patient.co.uk)

Q32. Overall, how would you describe your experience of your GP practice? (National Average 75%)			
Practice	2024	2025	2024-2025
Park Lane Surgery	64%	93%	
Eaglescliffe Medical Practice	77%	93%	
Queenstree	95%	91%	
Elm Tree Surgery	57%	91%	
Dr Rasool	84%	89%	
Melrose Surgery	82%	87%	
Riverside Medical Centre	69%	87%	
Tennant Street Medical Practice	83%	84%	
The Densham Surgery	96%	82%	
Thornaby & Barwick Medical Group	89%	82%	
Kingsway Medical Centre	97%	81%	
Queens Park Medical Centre	74%	81%	
Woodlands Family Medical Practice	84%	74%	
Yarm Medical Practice	93%	70%	
Woodbridge Practice	91%	69%	
Alma Medical Centre	83%	68%	
Norton Medical Centre	84%	61%	
The Roseberry Practice	72%	58%	
Marsh House Medical Practice	64%	57%	
The Dovecot Surgery	83%	57%	

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone? (National Average 53%)			
Practice	2024	2025	2024-2025
Dr Rasool	96%	97%	
Elm Tree Surgery	84%	96%	
Riverside Medical Centre	84%	89%	
Park Lane Surgery	71%	80%	
Melrose Surgery	90%	76%	
Eaglescliffe Medical Practice	63%	68%	
Queenstree	67%	68%	
Kingsway Medical Centre	58%	55%	
The Densham Surgery	32%	52%	
Woodbridge Practice	40%	51%	
Tennant Street Medical Practice	40%	48%	
Thornaby & Barwick Medical Group	27%	44%	
Queens Park Medical Centre	50%	44%	
Marsh House Medical Practice	27%	31%	
The Roseberry Practice	38%	27%	
Woodlands Family Medical Practice	26%	26%	
The Dovecot Surgery	14%	24%	
Yarm Medical Practice	14%	22%	
Norton Medical Centre	6%	19%	
Alma Medical Centre	28%	16%	

Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?

(National Average 70%)

Practice	2024	2025	2024-2025
Dr Rasool	94%	94%	
Elm Tree Surgery	92%	93%	
Riverside Medical Centre	90%	89%	
Eaglescliffe Medical Practice	85%	88%	
Queenstree	81%	87%	
Park Lane Surgery	84%	84%	
Melrose Surgery	89%	79%	
Tennant Street Medical Practice	68%	78%	
The Densham Surgery	60%	76%	
Queens Park Medical Centre	69%	73%	
Thornaby & Barwick Medical Group	64%	72%	
Kingsway Medical Centre	77%	71%	
Woodlands Family Medical Practice	57%	62%	
Woodbridge Practice	59%	60%	
Yarm Medical Practice	47%	58%	
Alma Medical Centre	54%	55%	
The Roseberry Practice	69%	53%	
The Dovecot Surgery	36%	49%	
Marsh House Medical Practice	53%	48%	
Norton Medical Centre	40%	44%	

Q21. How do you feel about how long you waited for your appointment?

(National Average 67%)

Practice	2024	2025	2024-2025
Dr Rasool	62%	96%	
Elm Tree Surgery	46%	90%	
Riverside Medical Centre	66%	86%	
Eaglescliffe Medical Practice	62%	85%	
Melrose Surgery	74%	84%	
Park Lane Surgery	58%	84%	
Tennant Street Medical Practice	71%	80%	
Woodlands Family Medical Practice	84%	80%	
The Densham Surgery	94%	70%	
Yarm Medical Practice	81%	70%	
Thornaby & Barwick Medical Group	79%	68%	
Alma Medical Centre	74%	66%	
The Roseberry Practice	73%	66%	
Woodbridge Practice	73%	66%	
Queenstree	95%	64%	
Queens Park Medical Centre	75%	63%	
Norton Medical Centre	72%	61%	
Kingsway Medical Centre	86%	59%	
The Dovecot Surgery	80%	50%	
Marsh House Medical Practice	40%	42%	

Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be? (National Average 83%)			
Practice	2024	2025	2024-2025
Eaglescliffe Medical Practice	95%	96%	
Dr Rasool	93%	95%	
Park Lane Surgery	94%	93%	
Elm Tree Surgery	95%	91%	
Riverside Medical Centre	97%	91%	
Queenstree	95%	91%	
Queens Park Medical Centre	82%	89%	
Melrose Surgery	92%	89%	
Kingsway Medical Centre	92%	86%	
Norton Medical Centre	71%	84%	
Woodlands Family Medical Practice	72%	83%	
Thornaby & Barwick Medical Group	81%	80%	
Yarm Medical Practice	80%	78%	
The Densham Surgery	77%	77%	
Alma Medical Centre	84%	75%	
Tennant Street Medical Practice	85%	75%	
Marsh House Medical Practice	75%	75%	
Woodbridge Practice	77%	73%	
The Roseberry Practice	76%	64%	
The Dovecot Surgery	54%	61%	

Q31. Thinking about the reason for your last appointment, were your needs met? (National Average 90%)			
Practice	2024	2025	2024-2025
Tennant Street Medical Practice	93%	97%	
Park Lane Surgery	92%	97%	
Yarm Medical Practice	91%	97%	
Queenstree	95%	97%	
Dr Rasool	98%	97%	
Riverside Medical Centre	94%	97%	
Eaglescliffe Medical Practice	97%	94%	
Elm Tree Surgery	94%	94%	
The Densham Surgery	85%	93%	
Queens Park Medical Centre	96%	92%	
Thornaby & Barwick Medical Group	89%	91%	
Melrose Surgery	96%	91%	
Woodlands Family Medical Practice	89%	91%	
Norton Medical Centre	81%	87%	
The Dovecot Surgery	79%	87%	
Alma Medical Centre	96%	86%	
Marsh House Medical Practice	88%	85%	
Woodbridge Practice	80%	85%	
Kingsway Medical Centre	95%	84%	
The Roseberry Practice	91%	80%	

Friends and Family test published results – June 2025

Data source: [NHS England » Friends and Family Test data](#)

Practices gather FFT through a number of routes including face to face, QR code and via their websites and responses are used to inform improvements

PCN	Practice Names	Total Responses	% positive responses	% negative responses
Stockton PCN	Woodlands Family Medical Centre	36	100%	0%
	Dovecot Surgery	4	*	*
	Densham Surgery	2	*	*
	Riverside Practice	27	96%	4%
	Elm Tree Surgery	14	93%	7%
	Woodbridge Medical Practice	352	100%	0%
Billingham and Norton PCN	Norton Medical Centre	410	78%	8%
	Kingsway Medical Centre	213	97%	2%
	Marsh House Medical Centre	0	NA	NA
	Roseberry Practice	129	88%	5%
	Queenstree Practice	8	88%	13%
	Melrose Medical Centre	0	NA	NA
	Dr Rasool	51	100%	0%
BYTES PCN	Eaglescliffe Medical Practice	10	80%	20%
	Park Lane Surgery	20	100%	0%
	Thornaby & Barwick Medical Group	12	75%	17%
	Yarm Medical Practice	440	93%	3%
North Stockton PCN	Queens Park Medical Centre	604	94%	94%
	Tennant Street Medical Practice	482	95%	3%
	Alma Street Medical Practice	292	95%	1%

*positive/negative responses <5 have been compressed

**CARE QUALITY COMMISSION (CQC) INSPECTION OUTCOMES
&
STOCKTON-ON-TEES BOROUGH COUNCIL (SBC)
PROVIDER ASSESSMENT AND MARKET MANAGEMENT SOLUTIONS
(PAMMS) ASSESSMENT REPORTS**

QUARTER 1 2025-2026

The CQC is the national inspectorate for registered health and adult care services. Inspection reports are regularly produced, and these are published on a weekly basis.

The CQC assesses and rates services as being 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'. Where providers are found to be in need of improvement or inadequate, the CQC make recommendations for improvement and / or enforcement action. Specific actions taken in each case can be found in the relevant inspection report.

Where inspections are relevant to the Borough, a summary of the outcome is circulated to all Members each month. An update from Adult Services is included which summarises the position in relation to service provision and any actions taken at that time.

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between April and June 2025 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **6** inspection result was published. Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 5 Adult Services were reported on (5 rated 'Good')
- 1 Primary Medical Care Service was reported on (1 rated 'Good')
- 0 Hospital / Other Health Care Services were reported on

A summary of each report and actions taken (correct at the time the CQC inspection report was published) is outlined below. Links to the full version of the reports, and previous ratings where applicable, are also included.

PAMMS Assessment Reports

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

- Involvement and Information
- Personalised Care and Support
- Safeguarding and Safety
- Suitability of Staffing
- Quality of Management

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **1** report published between April and June 2025 (inclusive), the overall outcome of which can be summarised as follows:

- 1 rated 'Excellent'

APPENDIX 1

ADULT SERVICES

(includes services such as care homes, care homes with nursing, and care in the home)

Provider Name	Akari Care Limited	
Service Name	Wellburn House	
Category of Care	Residential	
Address	Wellburn Road, Fairfield, Stockton-on-Tees TS19 7PP	
Ward	Fairfield	
CQC link	https://www.cqc.org.uk/location/1-327616973/reports/AP9978/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	30 th January 2025	
Date Report Published	4 th April 2025	
Date Previously Rated Report Published	5 th February 2019	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider engages well with the Local Authority. The manager is receptive to both QuAC and Transformation Teams and responds timely to any requests.		
Engagement and Support from Transformation Managers		
The manager of Wellburn House engages well with the Transformation Team, attending Provider Forums and supports staff to access training opportunities including Meds Optimisation training and Level 3 medication diploma. She has previously participated in, and completed, the Well-Led Programme.		

The Activity Co-ordinator is highly engaged with the Activity Co-ordinator Network, getting residents involved in activities with other care homes in the community, and getting residents involved in workshops and other meetings to improve activity provision across the Borough.

The manager is responsive to communications from the team and is open to visits at the home. The manager has worked in the Borough for many years and, as an experienced manager, will reach out to the team when she needs support.

Supporting Evidence and Supplementary Information

During the inspection, the CQC found that risks to people were assessed and monitored to help keep people safe. Medicines were managed safely. Staffing levels were monitored to ensure people received effective and timely care. The provider's recruitment processes minimised the risk of unsuitable staff being employed. People were safeguarded from abuse, and staff said they would raise any concerns they had. Effective infection prevention and control systems were in place.

People received fair and equal care and treatment. People's choices and needs were assessed to ensure effective support was provided, people received care based on their choices and needs, and were involved in making decisions. Staff provided information people could understand and made sure people understood their care and treatment to enable them to give informed consent. The service involved those who knew people best in best interests decisions, where people did not have capacity. People received effective support with eating and drinking.

Staff worked in effective partnership with other professionals to monitor and improve people's health and wellbeing. Staff worked hard to provide a wide range of highly engaging activities that were tailored to people's interests. Managers made sure staff received training and regular supervisions and appraisals to maintain high-quality care. Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. They undertook a wide range of checks to monitor and improve standards at the service. Leaders and staff worked in close and effective partnership with others to improve people's experiences.

The CQC received positive comments from people who lived at the service, relatives, and staff. People spoke positively about the care they received, describing staff as caring and kind. They also said the service provided lots of interesting activities to keep them physically and mentally active. People and relatives said they were involved in how the service was run and felt that their voices were heard. Staff spoke positively about the culture and values of the service.

Participated in Well Led Programme?

Yes

PAMMS Assessment – Date (Published) / Rating

17/02/2025

Good

Provider Name	Teesside Healthcare Limited	
Service Name	Churchview Nursing and Residential Home	
Category of Care	Nursing / Residential / Residential Dementia	
Address	Thompson Street, Stockton- on-Tees TS18 2NY	
Ward	Stockton Town Centre	
CQC link	https://www.cqc.org.uk/location/1-146797079/reports/AP9208/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Requires Improvement
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	7 th January 2025	
Date Report Published	23 rd April 2025	
Date Previously Rated Report Published	2 nd March 2023	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
Both the Acting Manager and the Senior Management Team within the organisation work closely and are regularly in contact with the Quality Assurance and Compliance (QuAC) Team. A small Action Plan is being completed following a recent PAMMS assessment, from which they were rated ‘Good’.		
Engagement and Support from Transformation Managers		
There has been some inconsistency with leadership historically within Churchview, but the owners and the Recruitment, Training and Development lead have maintained engagement and contact with the Transformation Team. Following the appointment of the current Manager, she has been proactive with her engagement with the team, inviting the team into the home, attending events and responding to communications in a timely and effective manner. Churchview have been consistently represented at Provider Forums and Leadership meetings. They attended the Safeguarding Adults session for care homes as part of Safeguarding Adults week. They have taken part in training opportunities, including Meds Optimisation training, and accessed the Level 3 medication Diploma, and regularly enquire about additional training that the home / group require. They regularly engage with the Employment and Training Hub and have interviewed and employed candidates from the Care		

Academy. Their Activity Co-ordinator attends the Activity Co-ordinator Networks and fully engages with other care homes, bringing residents into the community for planned events and activities alongside other local care homes. The manager and wider team are keen to engage in further development work within the home to support care provision and quality, and we will continue to support the Manager as she progresses in her role. Although the current Manager has not participated on the Well Led Programme, the Transformation Team will support the Manager with future leadership development opportunities to support their role.

Supporting Evidence and Supplementary Information

This assessment was undertaken, in part, due to receipt of concerns received around staffing, management oversight, dignity, and people's care, and to confirm actions had been taken to address the breaches of regulation noted in their last assessment. At this assessment, the service was no longer in breach of regulations.

There were some risks identified relating to equipment left in communal areas, however, immediate action was taken to rectify the issues and discuss with staff once reported to management. Otherwise, systems and processes were in place to assess risks to people and ensure they were safeguarded from avoidable harm. The provider learned from accidents and incidents to mitigate future risks. Infection prevention and control processes were in place and staff followed them.

There were enough trained and competent staff to support people and keep them safe. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff supported people in a kind, caring way and respected their decisions and choices, and they received person-centred care and care plans detailed how they wished to be supported. The home did not have a Registered Manager at the time of the inspection, but had a Manager who was overseeing the service with the support of the provider. The provider had an effective quality assurance process which included regular audits. People, relatives and staff were regularly consulted about the quality of the service through regular communication, surveys, meetings and reviews.

People reported that they were happy and felt safe living in the home and receiving support from staff. Staff listened to people, involved them in their care planning, and encouraged them to make decisions. Staff encouraged people to be as independent as possible and to reach their full potential. People advised that they knew how to complain and raise concerns about things they were not happy about.

Participated in Well Led Programme?

No

PAMMS Assessment – Date (Published) / Rating

27/01/2025

Good

Provider Name	Exemplar Health Care Limited	
Service Name	Tees Grange	
Category of Care	Complex Mental Health	
Address	375 Norton Road, Stockton-on-Tees TS20 2PJ	
Ward	Norton Central	
CQC link	https://www.cqc.org.uk/location/1-15153678799/reports/AP10413/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	18 th February – 19 th March 2025	
Date Report Published	2 nd June 2025	
Date Previously Rated Report Published	n/a	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The home engages well with Local Authority teams.		
Engagement and Support from Transformation Managers		
The Transformation Team link Tees Grange into the initiatives and training available to the care homes across Stockton-on-Tees. The Transformation Team will continue to work with Tees Grange on future opportunities.		
Tees Grange have attended Provider Forums, and Activity Co-ordinator and Leadership Networks.		

Supporting Evidence and Supplementary Information	
<p>This is the first rated CQC assessment for this newly registered service. The assessment was undertaken in response to concerns relating to the use of restraint and because the service had never been rated.</p> <p>During the assessment, the CQC found no evidence that people were at risk of harm from the concerns highlighted. People were supported and treated with dignity and respect, and involved as partners in their care. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress, using techniques to de-escalate situations when people became distressed. Records showed that care plans and risk assessments were followed, and staff discussed different scenarios with each other to help make sure they were following best practice. Staff stated they had enough time to support people and meet their immediate needs. Staff promoted people's independence, and had received mandatory training in equality, diversity and human rights to emphasise the importance of treating people as unique individuals with different and diverse needs.</p> <p>During the assessment, the CQC found that the provider had a good learning culture and people could raise concerns. Managers investigated incidents thoroughly and lessons learned were shared with the wider staff team. People were protected from harm and kept safe. Staff understood and managed risks.</p> <p>There were enough staff with the right skills, qualifications and experience. Staff received training and regular appraisals to maintain high-quality care. Staff managed medicines well.</p> <p>The management team had a clear vision of the direction and standards they wished to see at the service, and were visible and knowledgeable, helping staff develop in their roles. The management team worked hard to ensure care and support continuously improved, so people experienced a better quality of life. The management and provider were very effective in conveying their vision and values to staff, so positive outcomes were achieved for people and person-centred care was at the forefront of the support they delivered.</p>	
Participated in Well Led Programme?	No
PAMMS Assessment – Date (Published) / Rating	n/a

Provider Name	Milewood Healthcare Ltd	
Service Name	Beechwood House	
Category of Care	Learning Disability Residential Home	
Address	1 Priory Gardens, Norton, Stockton-on-Tees TS20 1BJ	
Ward	Norton Central	
CQC link	https://www.cqc.org.uk/location/1-10888442433/reports/AP8872/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Good
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	24 th March – 16 th April 2025	
Date Report Published	3 rd June 2025	
Date Previously Rated Report Published	10 th November 2022	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
Beechwood House has maintained a positive and engaging relationship with the Transformation Team, and are open to opportunities for activities, training and events. A number of staff from the care home have participated in the Well Led Programme. The Transformation Team will ensure the manager and home continue to engage.		
Supporting Evidence and Supplementary Information		
The inspection assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed people with a learning disability and autistic people respect, equality, dignity, choices, independence, and good access to local communities that most people take for granted.		

At the previous inspection, the service was found to be in breach of Regulation 11 HSCA RA Regulations 2014 'Need for consent'. At this inspection, improvements had been made, and the service was no longer in breach of regulations.

Inspectors found a culture of inclusion, equality, and respecting people's diversity. The staff embraced this approach and work diligently to embed these principles into their everyday practice. Service-users were found to be very involved in how the service was run; management and staff encouraged people to share their views, and always looked to see what improvements could be made. Staff actively supported people to develop the skills needed to live more independently and reach their full potential.

Care records clearly detailed people's needs and were written in a person-centred manner. Some people had been supported to write their own assessments and support plans. Staff knew how to provide safe care. They understood people's needs and how to manage any presenting risks.

The provider and registered manager promoted a learning culture where staff had access to a wide range of training, which equipped them with the skills and knowledge to work well with people who used the service. The inspectors were assured that the recruitment process was robust and met the requirements. Staff were seen to receive effective support, supervision and development, and worked together well to provide safe care that met people's individual needs.

The registered manager and staff followed best practice around the administration of medication for people with a learning disability and autistic people. The administration of medication was found to be safe and met people's needs, capacities, and preferences.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	06/11/2023	Good

Provider Name	Akari Care Limited	
Service Name	Piper Court	
Category of Care	Nursing / Residential	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	Hardwick & Salters Lane	
CQC link	https://www.cqc.org.uk/location/1-327573482/reports/AP10640/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Not inspected
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	3 rd April 2025	
Date Report Published	4 th June 2025	
Date Previously Rated Report Published	28 th March 2023	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider engages well with the Local Authority. The manager is receptive to all teams and responds timely to any requests and contractual performance reporting.		
Engagement and Support from Transformation Managers		
The Activity Co-ordinators and staff teams that support residents to participate in activities and events in the community engage on a high level with the Transformation Team; attending networking meetings, research events, activities in the community, and events and initiatives that support the residents to socialise with other care home residents.		
The Transformation Team will continue to engage with the leadership team.		
Supporting Evidence and Supplementary Information		
The CQC conducted this assessment to follow-up concerns relating to medicines management, staffing levels and the environment. The CQC also followed-up the breach of regulation relating to good governance identified at the last inspection.		

There had recently been a high number of medicines-related errors. These had reduced significantly due to the provider's actions. The provider had developed bespoke guidance around reporting medicines errors to provide staff with clarity about what incidents to report. Additionally, the CQC found there to be more in-depth medication audits being completed due to the current increase in medicines incidents.

The environment was safe, and records showed action was taken to address any issues identified. The home was clean and tidy throughout.

Safeguarding concerns, incidents and accidents were analysed monthly to help identify trends and learning, and were reported to the Local Authority and investigated. The CQC found that the recording of the findings from the analysis would benefit from more detail.

The provider has a structured approach to quality assurance, though some audits had not been completed consistently. The provider had identified this issue, and an action was in place to bring all audits in line by the end of April 2025.

The CQC found that there were sufficient staff to meet people's needs and new staff were recruited safely. Staff gave positive feedback to CQC about the culture in the home and the support they received from management.

People and relatives gave positive feedback about the care provided. They said staff supported people to maintain independence. Staff understood the importance of this and articulated positive examples of how they maintained independence when caring for people.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	21/10/2024	Good

PRIMARY MEDICAL CARE SERVICES

Provider Name	The Densham Surgery	
Service Name	The Densham Surgery	
Category of Care	Doctors / GPs	
Address	The Health Centre, Stockton-on-Tees TS18 1HU	
Ward	Stockton Town Centre	
CQC link	https://www.cqc.org.uk/location/1-540731286/reports/AP7375/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Requires Improvement	Good
Date of Inspection	11 th December 2024	
Date Report Published	24 th June 2025	
Date Previously Rated Report Published	4 th October 2016	
Further Information		
<p>The Densham Surgery delivers services to nearly 4,000 patients under a contract held with NHS England. The CQC assessed quality statements across ‘safe’, ‘responsive’, and ‘well-led’ key questions.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none">• SAFE: The service had a good learning culture and people could raise concerns. Managers investigated incidents thoroughly. People were protected and kept safe. Staff understood and managed risks. The facilities and equipment met the needs of people, were clean and well-maintained, and any risks mitigated.• RESPONSIVE: People were involved in decisions about their care. The service provided information people could understand. People knew how to give feedback and were confident the service took it seriously and acted on it. People received fair and equal care and treatment. The service worked to reduce health and care inequalities through training and feedback.• WELL-LED: Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. Staff understood their roles and responsibilities. However, there were still some gaps in the overview of assurance and some processes were not always effective. <p>The CQC found one breach of regulation linked to governance and has asked the provider for an Action Plan in response to the concerns found at this assessment.</p>		

People's experience of this service

- People were positive about the quality of their care.
- They felt safe and were fully involved in planning their care and understood their rights.
- People said they received high quality care from knowledgeable staff who treated them.
- They had confidence and trust in the healthcare professionals at the practice.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

None

APPENDIX 2

PAMMS ASSESSMENT REPORTS (for Adult Services commissioned by the Council)

Provider Name	Mr & Mrs J Elliott	
Service Name	Park House Rest Home	
Category of Care	Residential / Residential Dementia	
Address	2 Richmond Road, Stockton-on-Tees TS18 4DS	
Ward	Ropner	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	Excellent
Involvement & Information	Excellent	Excellent
Personalised Care / Support	Excellent	Excellent
Safeguarding & Safety	Excellent	Excellent
Suitability of Staffing	Excellent	Excellent
Quality of Management	Excellent	Good
Date of Inspection	19 th – 21 st May 2025	
Date Assessment Published	30 th June 2025	
Date Previous Assessment Published	11 th October 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The home used an electronic care plan system; a comprehensive pre-admission assessment was completed by the manager with the prospective resident and, where appropriate, family and friends. The care plans included detailed person-centred information about the resident and their choices and preferences. The detail contained in the care plan clearly evidenced input from the resident, family and care staff; residents spoken with were fully aware of the contents of their care plan and confirmed continuous involvement. Information was accurately reflected across the documents and there was evidence of regular reviews conducted with the Key Worker to ensure that the details reflected the current wishes and abilities of the resident.</p> <p>Most residents were observed to eat in the pleasant dining room; a menu was available on each table, a larger menu was on display on the wall, and pictorial menus were also available. Residents spoken with confirmed their involvement in menu planning and all commented on the 'excellent food'. A cooked breakfast was available each morning; two explicit choices plus alternatives for lunch, and lighter options at teatime. Staff were observed to notice that one resident was not enjoying her choice of meal; they discreetly offered alternatives and promptly brought a new meal. Menus were reviewed on a regular basis and were formulated by the residents with oversight from staff to ensure variety and nutritional value. Catering and care staff demonstrated an excellent knowledge of residents' dietary preferences together with their choice of portion size; a range of beverages were offered to accompany meals, including wine.</p>		

The medication room was found to be clean and tidy with medication organised per resident. Medication room and fridge temperatures were monitored, recorded and re-set daily, and were all within recommended limits. Medications had clean, clear labelling with the date of opening recorded and entries on the medication administration records matched the labelling on the medication. Medication requiring refrigeration, thickeners and topical preparations were all stored correctly. Controlled drugs were stored in an appropriate locked cupboard fixed to a solid wall. All controlled drug medications were prepared separately with a witness present and the appropriate entries made in the register. Protocols were in place for medication taken as and when required and included person-centred information. Robust medication audits were carried out by the manager and the medication 'Champion'.

Staff spoken with felt that the training received was relevant and of a good standard, comprising of online training, face-to-face training, and competency assessments. All staff at the home complete the mandatory care training regardless of their role. At the time of the assessment, compliance for mandatory was 100%. Reminders were issued to staff when refresher training was due; these were followed up by the manager. The range of training available was very comprehensive, including training around needs of individual residents and specialist training for staff who carried out 'Champion' roles. There was clear evidence of career progression, with training and qualification sourced to support this. Excellent staff retention ensured continuity of care and allowed staff to gain a good knowledge of needs and build meaningful relationships with residents and their families.

Satisfaction surveys had been completed for residents, staff, visitors and professionals within the last 12-month period. The findings were collated into a report with comments and Actions Plans, and were available to be viewed. Feedback on the quality of the service was solicited from residents as part of the Key Workers monthly review and actions documented. Feedback via carehome.co.uk was also encouraged; service-users and visitors had used this option to give feedback on the service. At the time of the assessment, there was 72 reviews all awarding five stars. The home received a 'Top 20 Award' for 2025. Monthly key performance indicators recorded falls, infections, hospital admissions, safeguarding alerts, incidents, weight loss, and pressure areas. The manager reviewed this information to identify trends, training gaps and any areas of concern.

The manager and provider were innovative in developing ways to improve the quality of care and outcomes for the residents in the home. They had a 'Champions' programme which developed staff knowledge and understanding, and had been used as a beacon for other homes developing these roles. The manager regularly shared best practice in Provider Forums and had been involved in developing courses for Health and Social Care at a local college.

The home was committed to providing the best possible care for those residents living with dementia. The Dementia Champion attends external training and disseminates learning to all the staff. The management and staff participate in the Alzheimer's Society 'Dementia Friends' programme and engaged with the staff from the Living Well with Dementia Hub to ensure that the environment was appropriate. Support for family members was also available through dementia coffee mornings and activities held during Dementia Action Week.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No areas were identified for improvement to ensure full compliance.

Level of Quality Assurance & Contract Compliance Monitoring

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority		
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The manager and the whole staff team have an ongoing, positive relationship with the Transformation Team – always keen to engage with initiatives and opportunities. The manager (and provider) has participated in the Well Led Programme, always attend Council activities, community events, Provider Forums, Leadership Networking and Activity Co-ordinator meetings. They have also started to participate in research projects.		
Current CQC Assessment - Date / Overall Rating	18/08/2018	Good

Adult Social Care and Health Select Committee

23 September 2025

SCRUTINY REVIEW OF STOCKTON-ON-TEES ADULT CARERS SUPPORT SERVICE

Summary

The first evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service will consider information from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate.

Detail

1. Further to the Committee's approval of the scope and plan for the review of Stockton-on-Tees Adult Carers Support Service at its last meeting in July 2025, the SBC Adults, Health and Wellbeing directorate was asked to provide an initial submission addressing the following:
 - Legislative requirements around this topic (Council and partners)
 - Overview of existing support service offer (including Time Out) and how this has changed over time (inc. costs)?
 - Promotion of service (including Carers' Hub) / how accessed?
 - Service capacity / usage; feedback received
 - Future plans for developing the service
2. A presentation has been prepared and is included within these meeting papers. The relevant SBC Service Manager, accompanied by the SBC Service Manager – Direct Services, is scheduled to be in attendance to provide an overview of the submission and respond to any comments / questions.
3. Ahead of this first evidence session, Members may wish to familiarise themselves with:
 - Carers UK: Key facts and figures about caring
<https://www.carersuk.org/policy-and-research/key-facts-and-figures/>
 - Carers UK: State of Caring 2024: the impact of unpaid caring on finances
<https://www.carersuk.org/reports/state-of-caring-2024-the-impact-of-unpaid-caring-on-finances/>
 - SBC: Support for Carers
<https://www.stockton.gov.uk/support-for-carers>
4. A copy of the agreed scope and plan for this review is included for information.

Name of Contact Officer: Gary Woods

Post Title: Senior Scrutiny Officer

Telephone No: 01642 526187

Email Address: gary.woods@stockton.gov.uk

This page is intentionally left blank

Stockton-on-Tees Adult Carers Support Service

Scrutiny Review



The Local Landscape

- Population of 200,000 with approx. 20,000 unpaid carers
- In-house Adult Carers Support Service with Time Out (Sitting) Service since 2018
- Close links with adult social care and other support services
- Development of support for carers and also opportunities to link into employment and training

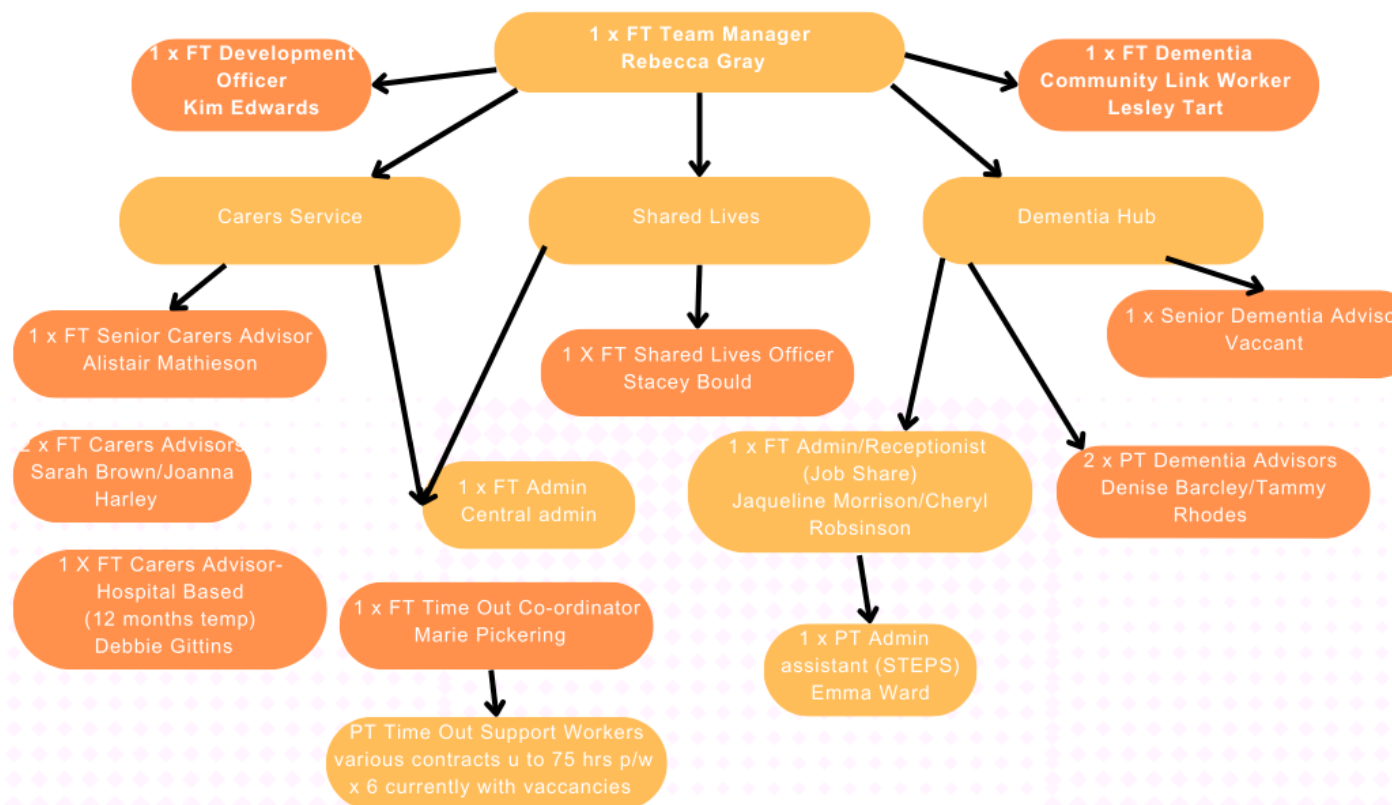


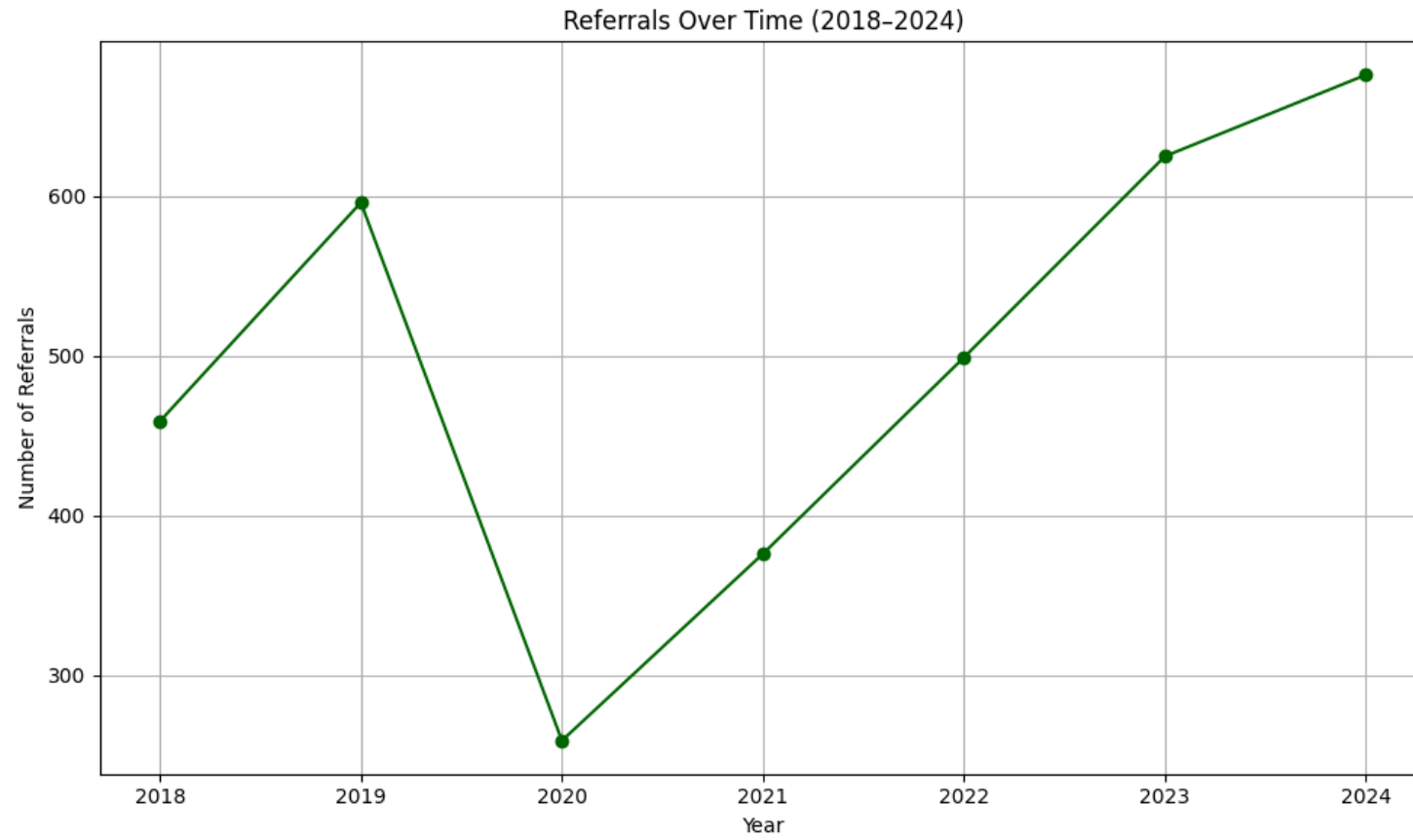
Identifying Carers

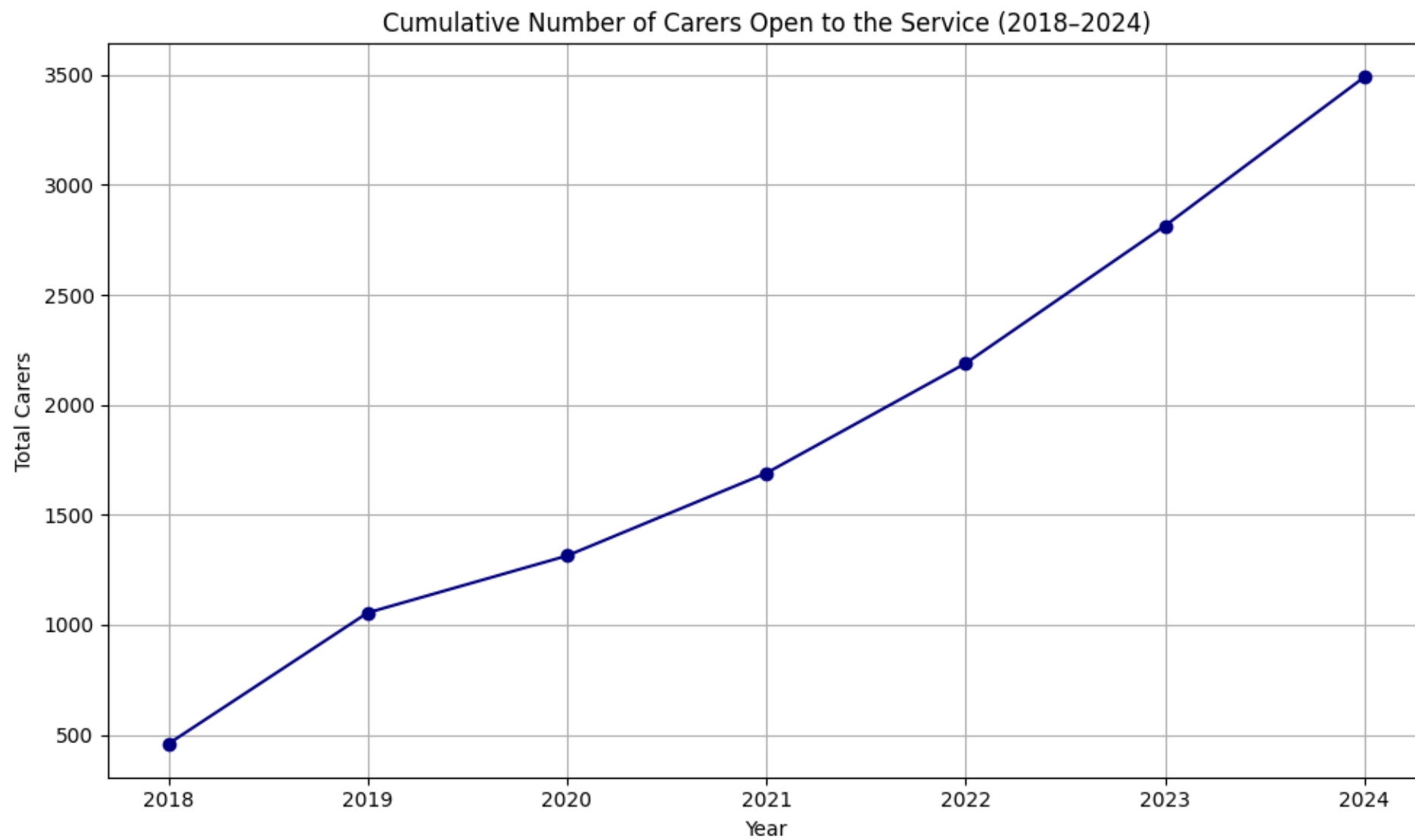
- Not everyone will identify as a carer
- We are all responsible for having the conversation and identifying those people who are in need of support
- Clients, Friends, Family, Neighbours, Colleagues
- Anyone!

Current Staffing Structure

Stockton-on-Tees Adult Carers Support Service, Livewell Dementia Hub and Shared Lives Team







Budget

24/25

Service Budget - £396,522 (includes Shared Lives Budget)

Carers Personal Budget - £495,490

23/24

Service Budget – £394, 207

Carers Personal Budget - £472,158

22/23

Service Budget - £319,109

Carers Personal Budget - £479,716

Services provided:

- Statutory carers assessments
- Person centred support planning
- Carers personal budgets
- One to one support
- Time Out Support Service
- Peer support development
- Carers education sessions
- Support for employers on request
- Welfare calls
- Hospital-Based Carers Advusor (BCF)
- Support for other organisations to increase their support for adult carers
- Online services and support
- Information and signposting
- Carers emergency card
- Newsletter and email bulletin
- Facebook, Twitter, Instagram
- Weekly/monthly peer support groups
- Drop in sessions
- Carers Connect Service

Statutory Assessment and Personal Budgets

- Assessment
- Support Planning
- Carers Personal Budgets
 - £150
 - £250
 - £350
- One off, non means tested
- Annual Reviews/Light Touch Reviews

The screenshot shows the Stockton-on-Tees Borough Council website. The header includes the council logo, navigation links for 'Our Council', 'Our People', 'Our Places', and 'Our Economy', and buttons for 'Create a My Council account' and 'Sign in to My Council'. The breadcrumb trail is 'Home > Our People > Health and Social Care > Carers' Hub'. The main heading is 'Carers' assessment'. The text states: 'As a Carer you have a legal right to a carers' assessment of your needs, support to meet those needs and access to information and advice.' Below this, it says 'The carers' assessment is a conversation to find out:' followed by a bulleted list: 'how being a carer affects you', 'what needs you may have', and 'what support may be available for you'. At the bottom, it notes 'The person you care for does not need to be receiving help from Social Care for you to have a carer's assessment.'

Carers Emergency Card

- Help to prepare for emergencies
- Contingency plans
- Making use of informal networks
- Being Prepared!



Time Out Support Service

- Up to 8 hours per month free of charge support
- Ad-hoc break from the caring role
- Employed Support Workers
- No domiciliary support
- Over 18
- In the home and community
- 9 support workers delivering up to 75 hours per week to 120 carers/service users



Mobilise

What this looks in Stockton-on-Tees-on-Tees

Engaged carers
2,068
times through actions or tools
such as our E-support
subscription

Supported carers
1,154
times with deeper
actions like our
Personalised Guide to
Caring

enabled unpaid
carers to apply for
over
£363,550
in eligible carers
allowance
support

mobilise

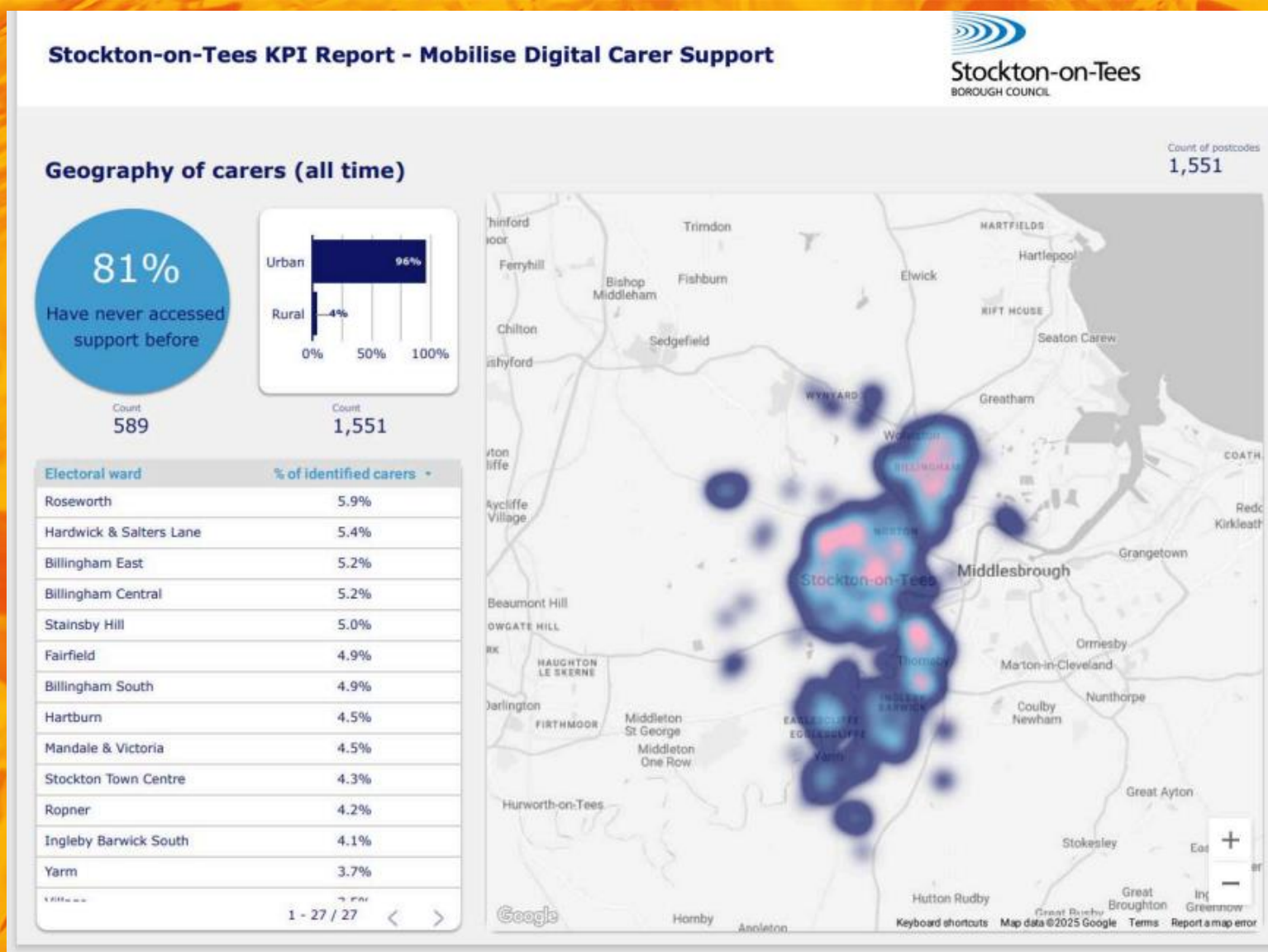
Stockton-on-Tees-on-Tees - July 2025

**Transforming how unpaid carers
access support**

Together we care and thrive



Stockton-on-Tees
BOROUGH COUNCIL



Promotion and Engaging with the Community

- Support for Carer and Cared for
- Group and Peer Support
- Help to access community
- Digital Technology & Social Media – e.g. Tea and Tech
- Wellbeing offer
- Awareness and education sessions
- Social media, posters and leaflets
- Engagement with partners



Issues Faced by Carers

- Financial Hardship
- Social Isolation
- Poor Physical and Mental health
- Stress and worry/ feelings of anger guilt and frustration
- Difficulty in accessing primary care and other universal services
- Lack of information and support
- knowing you are making a difference to someone you love can be very rewarding



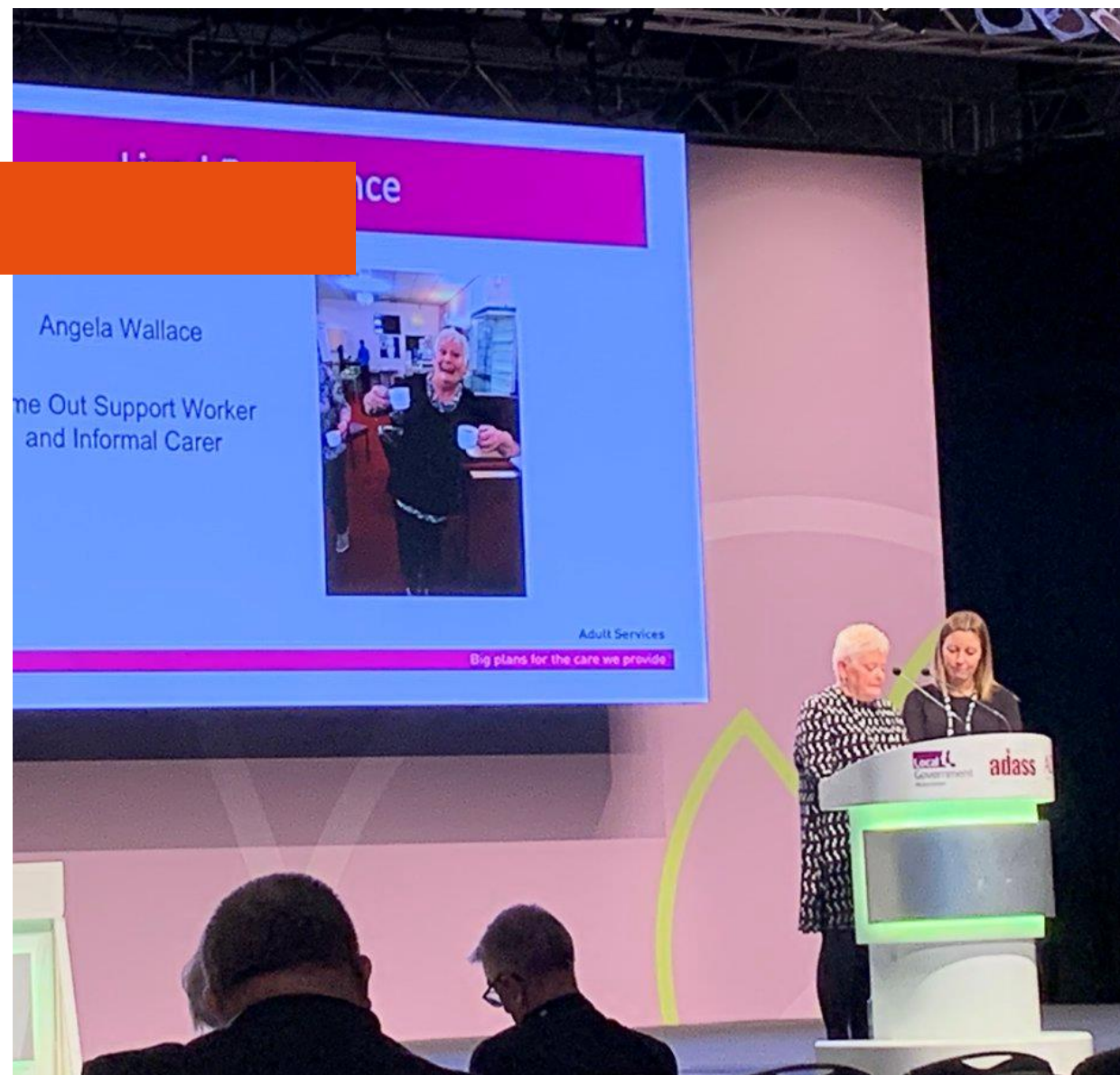
What do carers tell us they want?

- Access to Mental health support and Counselling
- Health and wellbeing support
- Information and signposting
- Regular 'check ins'
- Practical support
- Visible communications and support from senior leaders
- Flexible working arrangements
- Giving managers specific tools and guidance
- Virtual Carers Network
- Focus on outcomes rather than presence



Working Carers

1 in 5 employees is a carer
90% will be over 30 years of age
1 in 6 people will leave their employment due to the pressure of the caring role
Cost to UK economy each year of £5.3bn per year



Staff Carers Network

- Meets bi-monthly online
- Provides peer support, advice and signposting
- Is fundamental to focusing our work and how we support carers at SBC
- Plays a role in steering our plans and objectives as a service
- If you would like more information, please contact Kimberley.Edwards@stockton.gov.uk



How do we Involve Carers?

- Culture – should be warm and open
- Ask!
- Listen and Engage
- Inform and communicate
- Paint a picture
- Decision making
- Annual carers consultation
- Online and paper feedback mechanisms
- Fortnightly bulletin and newsletters



What do Carers tell us?

- “I don’t think I could do without it now”
- “...He’s like one of the family. He treats Joe as his friend and its as if they have known each other for years”
- “I hardly know how to thank you for your kindness and help today. You have lifted a burden and I no longer feel that I am on my own with this. Thank you seems so inadequate”
- “Marvellous service, can’t fault the staff and how friendly, kind and considerate they all are”
- “Having someone else visit my mum so that I can have a couple of afternoons a month to myself to focus on my own children and grandchildren and catch up with my own household tasks is an absolute lifesaver”



Contact Details

Telephone: 01642 524494

Email:

Carerssupport@stockton.gov.uk

Online Carers HUB:

<http://stocktoninformationdirectory.org>



This page is intentionally left blank

Adult Social Care and Health Select Committee
Review of Stockton-on-Tees Adult Carers Support Service
Outline Scope

Scrutiny Chair (Project Director): Cllr Marc Besford	Contact details: marc.besford@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	Contact details: gary.woods@stockton.gov.uk 01642 526187
Departmental Link Officer: Graham Lyons (SBC Service Manager)	Contact details: graham.lyons2@stockton.gov.uk
Programme Management Office Link: Francesca Magog (SBC Project Manager)	Contact details: francesca.magog@stockton.gov.uk

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Stockton-on-Tees Plan 2024-2028 priorities:

- *Priority 2: Healthy & Resilient Communities:* We recognise the invaluable role that carers play to support their loved ones in communities, and we will ensure they receive the support they need to maintain their own independence and wellbeing.

The Carers Support Service has also had some initial involvement with the transitions programme as part of the Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) initiative.

What are the main issues and overall aim of this review?

The Care Act 2014 gave carers the same legal right to assessment and support as the person they care for. The most recent Census 2021 found that there were 5.8 million unpaid carers in the UK (an estimate of over 20,000 of those living within Stockton-on-Tees), with 1.7 million of these people providing 50 or more hours of care per week.

In 2019, Carers UK revealed that one in seven people within employment were also in a significant caring role, and that 2.6 million had quit their job to care. This created a significant cost to the UK economy from both the loss to the labour market, the cost of recruiting and training, and the impact on benefits claims. Elsewhere, it has been reported that carers were more than twice as likely to suffer from poor physical and mental health (as well as financial hardship) than their non-caring counterparts, with one third of people in a caring role report feeling often or always lonely ([Carers UK: State of Caring 2024](#)).

Carers play a substantial and vital role in meeting social care needs. The cost of replacement care locally for Stockton-on-Tees has previously been estimated to be around £464 million annually ([Stockton JSNA: Carers](#)). From an early intervention and prevention perspective,

addressing the needs of carers enables SBC to delay or possibly avert the need for complex and costly social care interventions, and by sustaining carers within their caring role, the stability of local adult health and social care services is supported. Identifying and providing support to these individuals is not just mandated by the Care Act 2014 but a sound economic and socially responsible decision (which may also prevent carers themselves needing services in their own right). By providing information, advice and support to carers we are able to ensure they promote their own wellbeing, prevent carer breakdown, and establish resilient communities.

The local Adult Carers Support Service was brought in-house to SBC in January 2018 and works with adults who are providing informal care and support for adults across the Borough. Since then, the service has developed significantly, with over 5,000 referrals during this time. As of June 2025, it was working with 3,200 unpaid carers within Stockton-on-Tees, offering ongoing advice, information and support alongside statutory carers assessments, support planning, carers personal budgets, and time-out support. SBC are also supporting nearly 2,000 carers with a direct payment which amounts to a projected spend of £550,000 for this provision in this financial year.

Whilst this offer is considered to be effective, it would be of benefit for the service to be scrutinised to provide assurance around its current delivery. It is also hoped that this review will help highlight any gaps in the service and, in turn, help shape future developments for local provision.

The Committee will undertake the following key lines of enquiry:

What support does the local Adult Carers Support Service offer / provide? How is it resourced (funded and staffed) and what does it cost per annum (including changes over time)? How did the pre-2018 arrangements differ from the current offer (what prompted it being brought in-house)?

How is the service promoted and how do individuals access it? Are there any restrictions (e.g. is it time-limited) and have there been any reports of barriers in receiving help?

How many individuals does the service support and what types of support do individuals receive? How has this changed over time, and what are the predicted future demands on the service (i.e. is it sustainable)?

How does the 'Time Out' service work?

How does the Council and its partners identify individuals who may be eligible for support? Is this effective / consistent?

Is feedback on the service sought from carers – if so, how / how often? What are those receiving support saying about their experience of the service and what plans are in place to develop the offer further?

What are the benefits to being a registered carer? How are these being promoted across the Borough?

What considerations are given to young carers transitioning into the adult carers service? How is this managed, communicated and promoted?

Who will the Committee be trying to influence as part of its work?

Council, Cabinet, carers (existing and potentially new) and service-users.

Expected duration of review and key milestones: 5 months (report to Cabinet in February 2026)	
What information do we need? Existing information (background information, existing reports, legislation, central government documents, etc.): <ul style="list-style-type: none"> • SBC Adults, Health & Wellbeing: Self-Assessment (for CQC inspection undertaken in 2024) • SBC Support for Carers: https://www.stockton.gov.uk/support-for-carers • SBC Adult Carers Service – Specification • SBC Adult Carers Service – Team Structure 	
<i>Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)</i>	<i>What specific areas do we want them to cover when they give evidence?</i>
SBC Adults, Health & Wellbeing	<ul style="list-style-type: none"> ➤ Overview of existing support service offer and how this has changed over time (inc. costs) ➤ Promotion of service (inc. Carers' Hub) ➤ Service capacity / usage; feedback received ➤ Young carers transitioning into adult service
NHS North East and North Cumbria Integrated Care Board	<ul style="list-style-type: none"> ➤ Strategic oversight of support for adult carers
North Tees and Hartlepool NHS Foundation Trust	<ul style="list-style-type: none"> ➤ Identifying carers and signposting to support ➤ Patient and Carer Experience Council (PCEC)
Carers consultation and feedback mechanisms	<ul style="list-style-type: none"> ➤ Views on current offer / areas for improvement
Eastern Ravens	<ul style="list-style-type: none"> ➤ Young carers transitioning into adult services
Care Quality Commission (CQC)	<ul style="list-style-type: none"> ➤ Final report following inspection of SBC adult social care services
Mobilise	<ul style="list-style-type: none"> ➤ Identifying carers from hard-to-reach areas
Other Local Authorities	<ul style="list-style-type: none"> ➤ Initiatives to support carers
How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey) Committee meetings, reports, research, case studies, site visits (TBC).	
How will key partners and the public be involved in the review? Committee meetings, information submissions.	

How will the review help the Council meet the Public Sector Equality Duty?

The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

Stockton Joint Strategic Needs Assessment (JSNA): Carers: Recognising carers and the contribution they make to society is important for raising their profile and identifying better ways of helping them to help others. Historically the needs of carers have been overlooked. Whilst this situation is improving, many carers remain socially excluded, suffer from caring-related ill-health and, once they have ceased caring, find themselves in a difficult economic position, often with little or no pension provision. This can lead to the carers needing to access health and social care services for themselves and may impair their ability to continue providing care to the cared for person.

Note: Carers will be acknowledged within the refreshed SBC Adult Social Care Strategy.

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

- Primary: To understand the impact of the carers service on promoting the wellbeing and needs of unpaid carers. Identifying where the service is reaching its objective and where future focus needs to be concentrated to improve service delivery and satisfaction for carers
- Secondary: To understand and identify where partnership working can be improved to promote the rights and needs of carers, ensuring they are being treated as expert partners and identified for support when required.

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	May 2025	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	01.07.25	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	22.07.25	Select Committee
Publicity of Review	Determine whether Communications Plan needed	TBC	Link Officer, Scrutiny Officer
Obtaining Evidence	SBC Adults, Health & Wellbeing	23.09.25	Select Committee
	NENC ICB NTHFT	21.10.25	
	Eastern Ravens Consultation Feedback Mobilise	18.11.25	
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	16.12.25	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	January 2026	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	TBC	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	20.01.26	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	[17.03.26]	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	12.02.26	Cabinet / Approving Body

This page is intentionally left blank

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2025-2026

Date (4.30pm unless stated)	Topic	Attendance
22 April 2025	Review of Reablement Service <ul style="list-style-type: none"> (Draft) Final Report Monitoring: Progress Update – Care at Home Regional / Tees Valley Health Scrutiny Update Health and Wellbeing Board: Forward Plan & Previous Minutes (Sep, Oct & Nov 24)	Cllr Pauline Beall / Angela Connor / Rob Papworth Martin Skipsey / Rob Papworth
20 May	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 Norton Medical Centre: Response to latest CQC inspection Health and Wellbeing Board: Forward Plan & Previous Minutes (Jan & Feb 25)	Beth Swanson / Deepak Dwarakanath / Rugare Musekiwa / Venkat Kanakala / Diane Palmer / Ruth Dalton Dr Julie Neary / Susan Hood / Rebecca Warden
17 June	PAMMS Annual Report (Care Homes): 2024-2025 CQC / PAMMS Quarterly Update: Q4 2024-2025 Regional / Tees Valley Health Scrutiny Update	Darren Boyd Darren Boyd / Susan Taylor
22 July	Tees Valley Care and Health Innovation Zone SBC Adult Social Care Strategy Refresh Review of Adult Carers Support Service <ul style="list-style-type: none"> (Draft) Scope and Project Plan 	Geraldine Brown / Chris Renahan Angela Connor / Rob Papworth Graham Lyons
19 September (9.00am) (informal)	Review of Reablement Service <ul style="list-style-type: none"> SBC Adults, Health & Wellbeing: Final Report of Peopletoo 	Cllr Pauline Beall / Angela Connor / Rob Papworth
23 September	Healthwatch Stockton-on-Tees: Annual Report 2024-2025 Monitoring: Progress Update – Access to GPs and Primary Medical Care CQC / PAMMS Quarterly Update: Q1 2025-2026 Review of Adult Carers Support Service <ul style="list-style-type: none"> SBC Adults, Health & Wellbeing 	Natasha Douglas Sarah Bowman-Abouna / Emma Joyeux Darren Boyd / Lisa Mussett Graham Lyons / Rebecca Gray
21 October	SBC Director of Public Health: Annual Report 2024-2025	Sarah Bowman-Abouna

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2025-2026

Date (4.30pm unless stated)	Topic	Attendance
	Review of Adult Carers Support Service <ul style="list-style-type: none"> TBC Review of Reablement Service (TBC) Care and Health Winter Planning Update (TBC) Making it Real Board – Update (TBC) Regional / Tees Valley Health Scrutiny Update Health and Wellbeing Board: Forward Plan, Previous Minutes (Mar, Apr & Jul 25) & Revised Terms of Reference	
18 November	Review of Adult Carers Support Service <ul style="list-style-type: none"> TBC CQC / PAMMS Quarterly Update: Q2 2025-2026	
16 December	Review of Adult Carers Support Service <ul style="list-style-type: none"> TBC Stockton-on-Tees Independent Complaints Advocacy: Annual Report	Philip Kerr
20 January 2026	Review of Adult Carers Support Service <ul style="list-style-type: none"> TBC Regional / Tees Valley Health Scrutiny Update	
17 February	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2024-2025 (TBC) Review of Adult Carers Support Service <ul style="list-style-type: none"> TBC CQC / PAMMS Quarterly Update: Q3 2025-2026	
17 March		

2025-2026 Scrutiny Reviews

- Adult Carers Support Service
- Adult Education and Skills

Monitoring Items

- Access to GPs and Primary Medical Care (Progress Update) – Sep 25

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2025-2026

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports

- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Care and Health Winter Planning – Update
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

Other Reports (as required)

- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)

This page is intentionally left blank