

Date:

Tuesday 18 November 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 - 18)

To approve the minutes of the last meeting held on
21 October 2025.
5. **CQC / PAMMS Inspection Results – Quarterly Summary
(Q2 2025-2026)** (Pages 19 - 58)
6. **Scrutiny Review of Stockton-on-Tees Adult Carers Support
Service** (Pages 59 - 98)

To consider information in relation to this scrutiny topic from:
 - Eastern Ravens
 - Mobilise
7. **SBC Director of Public Health Annual Report 2024-2025** (Pages 99 - 114)
8. **Health and Wellbeing Board – Previous Minutes (March,
April & July 2025) & Updated Terms of Reference** (Pages 115 - 134)
9. **Chair's Update and Select Committee Work Programme
2025-2026** (Pages 135 - 138)

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

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Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

Entry

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



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

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

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

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

The allocated assembly point for the Council Chamber is: D2

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



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

When the Alarm sounds:

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

5. await further instructions.

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

Toilets

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

Water Cooler

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

Microphones

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

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Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 21 October 2025.

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

Officers: Sarah Bowman-Abouna, Angela Connor, Graham Lyons, Natalie Shaw (A,H&W); Gary Woods (CS)

Also in attendance: Cllr Pauline Beall (SBC Cabinet Member for Health and Adult Social Care); Paula Swindale (NHS North East and North Cumbria Integrated Care Board); Melanie Cabbage, Victoria Cardona (North Tees and Hartlepool NHS Foundation Trust)

Apologies: None

ASCH/38/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/39/25 Declarations of Interest

There were no interests declared.

ASCH/40/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 23 September 2025. Attention was drawn to the following:

- Minutes: Referencing the circulation of information on the membership (and respective Chairs) for each of the new working groups associated with the Tees Valley Care and Health Innovation Zone following the Committee meeting in July 2025, Members noted recent correspondence from the SBC Chief Executive alluding to further updates around this initiative, and queried how the Committee would be kept aware of ongoing developments.

AGREED that the minutes of the meeting on 23 September 2025 be approved as a correct record and signed by the Chair.

ASCH/41/25 Scrutiny Review of Stockton-on-Tees Adult Carers Support Service

The second evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service featured contributions from the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and North Tees and Hartlepool NHS Foundation Trust (NTHFT).

NHS NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

Responding to the Committee's lines of enquiry, a report was presented by the NENC ICB Head of Commissioning, Community & UEC containing the following:

- The NHS, under the Health and Care Act 2022, was legally required to involve unpaid carers in decisions about the care and treatment of the individuals they supported. This included participation in the planning and delivery of care, as well as in discharge planning from hospital settings.

The current NHS long-term plan highlighted best practice in identifying carers and providing them with appropriate support (including encouragement to record whether someone was a carer in their GP record). For primary care (General Practice), the Care Quality Commission (CQC), as part of its inspection framework, looked at how effectively carers were supported (including involving people in decisions about their care and that this was responsive and personalised to their needs).

- Whilst NENC ICB did not have any direct responsibilities in this area (there was no ICB strategy as such, as it did not have direct responsibility for the commissioning of services), it could demonstrate collaborative work at a local level with Local Authority and 'system' partners to support the adult carers agenda.

The ICB Local Delivery Teams worked in collaboration with Local Authorities in the development of Better Care Fund (BCF) plans, which specifically included reflections on, and services for, carers. These plans were developed based on local need across each Local Authority and the ICB collaborated to support the design of these plans. The ICB was a member of each Health and Wellbeing Board, plus it held Place Sub-Committees where there was the ability to discuss health and social care challenges and opportunities (acting as a forum for partnership working).

- Locally, the NENC ICB / ICP Joint Strategy specified a key programme aim of 'working to identify and support more people who are providing unpaid care within the region'. This was a challenge as some individuals often did not see themselves as a carer / fulfilling a caring role.
- Looking ahead, carers, and their role across health, would be picked up in emerging Neighbourhood Health Plans which were being led by Local Authorities. The ICB would again collaborate and contribute towards these plans, and had a requirement to pull together a population health improvement plan which would reflect local Neighbourhood Health priorities amongst a range of other ICB priority areas. For now, from a NENC ICB perspective, it was felt that Stockton-on-Tees did a superb job around the whole carers' agenda.

Reflecting on the report, the Committee considered the influence of the NENC ICB in relation to those providing unpaid care and wondered whether the organisation was somewhat detached from patients / carers. Members were reminded that the ICB did not commission carer services, nor did it have a regulatory capacity. However, it was able to promote / encourage the promotion of carers (e.g. noticeboard displays in general practices) and did work collaboratively with operational teams to ensure clinical pathways included considerations around carers.

Noting the 'We Care You Care' link within the covering report for this item (which highlighted Newlands Medical Centre in Middlesbrough achieving carer-friendly status), the Committee queried if any data existed for primary care services within the Borough which demonstrated how many carers had been identified (as a proportion of its patient list) by a particular practice. This would be followed up with relevant personnel after the meeting.

NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST

The NTHFT Head of Patient Flow, supported by the NTHFT Associate Director of Nursing Experience & Involvement, gave a presentation which addressed several lines of enquiry it had received from the Committee. This included:

- What roles / responsibilities in relation to adult carers?: Under the Care Act 2014 (England), NTHFT had specific responsibilities in supporting the identification of adult carers when providing short-term treatment to patients (i.e. people who provided unpaid care to someone with identified care needs). These were met through communication with / involvement of carers at every stage of the journey (with the patients' consent), recognising carers as partners in care, and through education and training (e.g. moving and handling / medication administration). Discharge planning (a line had been added to the 'assessment of need' document to recognise carers) and supporting carers within the hospital environment (e.g. signposting / referral for further assistance (including to the Adult Carers Support Service), meal vouchers, John's Campaign) were also important features.

A 'Carers Charter' (visible in the main University Hospital of North Tees entrance) had also been developed by the University Hospitals Tees (partnership between NTHFT and neighbours South Tees Hospitals NHS Foundation Trust) to demonstrate its commitment to carers of all ages – this was being reinforced with staff and patients.

- How does the Trust identify carers?: This was achieved via the nursing admission process, involvement / discussion in discharge planning, and during inpatient care episodes. However, as noted earlier in this meeting, people did not always recognise themselves as carers, and the Trust needed to keep asking this throughout contact with services as an individual's situation may change.
- How aware are Trust staff of the local Adult Carers Support Service offer?: Awareness of the local offer was aided / promoted through the Integrated Discharge Team, as well as the Frailty front-of-house service and staff operating within the Trust's elderly care wards.
- Feedback regarding Stockton Carers service: Positive feedback from the Home First Team, the Discharge Clinical Care Co-ordinator, and the Frailty Co-ordinator was relayed. It was noted that, for some individuals, the local carers service had prevented additional care packages from having to be implemented.
- Working with SBC with regards the local carers support offer – how does this operate; is this effective; is there anything that could strengthen current arrangements?: Partnership working included carer identification and liaison, the supply and promotion of information / advice / guidance, education and training for hospital teams (staff forums, team meetings, preceptorships), and transition and discharge support (involving regular liaison with team leads). Trust staff had given

positive feedback about existing arrangements with SBC, and some had benefitted personally from the local service (recognising that they needed to look after themselves in order to carry out their own role). Moving forward, continuous education around the local offer was required, as was a need to think about how the Trust's community services / teams were targeted in relation to carers, particularly given the number of people involved in a caring role was likely to continue increasing.

- What are the implications for NTHFT of the new 10-Year Health Plan for England in relation to support for carers? What plans are / will have to be in place to fulfil any obligations?: The new '*Fit for the Future: 10-Year Health Plan for England*' advocated stronger NHS support for unpaid carers, although there were no specific targets. From a local standpoint, future planning would be undertaken across the University Hospital Tees footprint (as opposed to an individual Trust perspective), with promotion of the Carers Charter, input from those with lived experience, and a tightening-up on the identification of carers to be developed. Assurance was given that the NTHFT Director of Nursing was well sighted on carers-related issues.
- Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be?): Continued promotion across all health and care services, including primary care, to promote the identification of carers and signposting to available support.

The Committee began its response by focusing on the Carers Charter and the need to embed this across the Trust (particularly given carers knew much more about the person they cared for than professionals). NTHFT officers gave assurance that this was promoted widely via the Trust's various communications mechanisms and was highlighted as part of staff inductions. It was intended for the charter to also be included within future workforce training.

Continuing with the communications theme, the Committee was pleased to hear that the Trust was listening to carers and expressed interest in seeing any public-facing literature that NTHFT was using to raise the profile of carers within hospital settings. To maintain staff awareness of the help available for local carers, Members also suggested increased presence from Adult Carers Support Service personnel on wards.

NTHFT was asked how it would go about incorporating lived experience into its carers-related work. Members heard that a Patient Involvement Facilitator was working across University Hospitals Tees, and that an 'Involvement Bank' was giving patients and carers an opportunity to contribute to the future development of services. 'Experience of Care' meetings (involving local Healthwatch) also enabled input and reflection from patients and carers.

SCOPE AND PROJECT PLAN

The next evidence-gathering session would focus on submissions from both Eastern Ravens and Mobilise, along with further feedback from carers on their views / experiences of the current offer and any areas for improvement. Members were also reminded of the intended forthcoming visit to the LiveWell Dementia Hub (date / time to be confirmed following this meeting).

AGREED that information provided by the NHS North East and North Cumbria Integrated Care Board and North Tees and Hartlepool NHS Foundation Trust for the Committee's Scrutiny Review of Stockton-on-Tees Adult Carers Support Service be noted.

ASCH/42/25 Scrutiny Review of Reablement Service

Following the Committee's decision in April 2025 to defer approval of its final report on the Scrutiny Review of Reablement Service until it had received the full findings of the Peopletoo (external consultants) report on local reablement provision, as well as the outcome of the late-2024 Care Quality Commission (CQC) inspection of Stockton-on-Tees Borough Council (SBC) adult social care services, consideration was given to the updated draft document. Specific attention was drawn to the following:

- SBC Powering Our Future (POF) Developments (paragraphs 4.68 to 4.73): An additional sub-section had been added to reflect discussions at the informal session held in September 2025 where the full findings of the Peopletoo report were relayed to the Committee.
- Conclusion (paragraph 1.21 & 5.14): Amended to acknowledge receipt of the full Peopletoo findings, with added commentary on performance monitoring and potential financial benefits as a result of their work / proposals.
- Recommendations: There were no proposed changes to the recommendations (those within the original draft final report that was presented to the Committee in April 2025 remained).

Discussion ensued on the report's recommendations and the actions that would need to follow. Members commented on the role of the Health and Wellbeing Board in relation to the local offer, the need for the public to be aware of local contacts for reablement provision, and the potential benefits from increased voluntary, community and social enterprise (VCSE) sector involvement. It was also suggested, and subsequently agreed, that recommendation 5b (*Regarding the future local reablement offer, SBC confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this*) should include a reference to staff training so assurance could be sought around previously highlighted staff turnover / training gaps.

The Committee approved the draft final report, subject to the minor amendment to recommendation 5b, which would now be presented to SBC Cabinet.

AGREED that the Scrutiny Review of Reablement Service final report, incorporating the identified amendment, be approved for submission to Cabinet.

ASCH/43/25 SBC Adult Social Care Strategy 2026-2030

Consideration was given to the proposed content of the Stockton-on-Tees Borough Council (SBC) Adult Social Care Strategy 2026-2030.

Following the engagement exercise with local communities undertaken by the National Development Team for Inclusion (NDTi) to identify what was important to consider in relation to future provision (which was reported to the Committee in July 2025), and further work through the Making it Real Board (MIRB), the Council had completed a

draft of the new strategy for engagement with key stakeholders and partners in October / November 2025. Presented by the SBC Assurance and Co-Production Manager, and supported by the SBC Cabinet Member for Health and Adult Social Care and the SBC Assistant Director – Adult Social Care, content included:

- Adult Social Care Context (how the strategy sits alongside local, regional and national policy)
- Our Borough (what do we know about living in Stockton-on-Tees for those people who need care and support)
- Priority 1: Working with People
- Priority 2: Providing Support
- Priority 3: Keeping People Safe
- Priority 4: Leadership

Whilst it was acknowledged that the NDTi engagement exercise did not result in a high response rate, the commitment to co-produce this document, as well as the need to ensure value within it for local people, was emphasised. The proposed strategy featured key headings which aligned with the Care Quality Commission (CQC) assessment framework (with the stated priorities agreed by the MIRB), and it was noted that the language in the final version would be easy to understand, with the format including more visual graphics and a glossary. A British Sign Language (BSL) video to accompany the launch was also being considered.

Thanking officers for bringing the draft content back to the Committee promptly following the previous discussions in July 2025, Members stressed the importance of a robust communications plan to ensure this was a live document which could be seen by the public – it should also help shape future services, and allow the Council (and, where relevant, its partners) to be held to account for the delivery of the local offer. In response to a Committee query, it was confirmed that the final version was expected to be available in early-2026 and would be shared with the Committee once approved.

AGREED that the draft Adult Social Care Strategy 2026-2030 be noted.

ASCH/44/25 Care and Health Winter Planning 2025-2026

Ahead of the forthcoming winter period, the Committee considered and responded to the Stockton-on-Tees Health and Wellbeing Board's '*Care and Health Winter Planning Update*' report.

Presented by the Stockton-on-Tees Borough Council (SBC) Director of Public Health, Members were reminded that the Board had responsibility for seeking assurance on health protection, and that this report supported the Board in this duty. The Board would consider the report, with a view to ratifying it, at its meeting on 29 October 2025. As in previous years, the report was being presented to the Committee for information and discussion ahead of the Board meeting later this month, and contained the following:

- Winter Planning
- Integration
- Infectious Disease Surveillance
- COVID, flu and vaccinations
- Health protection work with key settings
- Local health protection response

- Adult social care support
 - Demand and capacity management
 - Ensure adult social care teams have sufficient staff and access to care capacity to continue supporting people to live independently in their own homes wherever possible in line with Care Act 2014 principles
 - Ensure a home first approach
 - Monitor the impact of winter on local people and the social care workforce
- Housing
- Supporting our communities
 - Information and advice
 - Food support
 - Community Transport
 - Community Spaces (previously known as Warm Spaces)
- Consultation and Engagement
- Next Steps

Attention was drawn to several parts of the report, beginning with the oversight of NHS planning and co-ordination of partners by the Tees Valley Local A&E Delivery Board (LAEDB) which was intending to share a comprehensive overview of winter planning arrangements with the wider system in November 2025. Other key entities included the Cleveland Local Resilience Forum (LRF) which enabled wider system resilience as needed, the UK Health Security Agency (UKHSA) which maintained the national monitoring system for Influenza, RSV (Respiratory Syncytial Virus) and COVID-19, and the Tees Valley Vaccination Board which continued to have oversight of the flu and COVID vaccination programmes and reported into the regional Integrated Care Board (ICB) Immunisation Board.

From an adult social care perspective, SBC monitored the care market to understand capacity and quality pressures to ensure it could meet its statutory duties. All commissioned providers were contractually required to submit winter contingency plans by 31 October each year and the Council would continue to monitor compliance and use these plans to manage pressures over the period.

In terms of supporting the community, the annual Winter Health Conference was held earlier this month, nine weekly 'Warm Welcome' sessions took place across the Borough to address social isolation and loneliness, and the launch of the Multibank in November 2024 had seen over 400,000 items distributed to the Local Authority area. A range of information and advice was also available, including regular features in Stockton News (promoting support services for this time of year) and a 'Winter Wellbeing' webpage.

Welcoming the update, the Committee focused its response on vaccinations. Expressing concern about instances of public confusion caused by changes to the qualifying age-ranges for this year's vaccination roll-out, Members relayed incidents of people turning up to a site expecting to receive both the flu and COVID jab but finding out one was not available / provided. A discrepancy with one of the local practices (Queens Park Medical Centre) with regard the stated flu / COVID offer within the report was also noted, as were issues raised by some around having to pay a parking charge (including the challenges of trying to pay via an app) when trying to get to / near a site providing vaccinations. The SBC Director of Public Health stated that the Council worked with the ICB to relay core vaccination messages to the public, and would follow-up with ICB colleagues to check what communications were issued around this year's offer. In terms of the list of local practices providing flu and / or

COVID vaccines, this was extracted from a main database and would be checked to see if it required updating.

Staying with the theme of vaccinations, the Committee highlighted additional uncertainty around the need for a second shingles jab as some people had reported only receiving one dose whilst others had been given two. The SBC Director of Public Health offered to seek clarity on the required protections against shingles and gave assurance that there were no significant gaps across the Borough regarding the overarching vaccination offer. In other vaccine-related developments, it was also noted that data was not yet available for the occupational health flu and COVID-19 vaccination programmes within NHS Trusts and primary care, though this could likely be provided in the future if required.

Praising the range of work evidenced within the ‘Supporting our communities’ section of the report, the Committee asked if this update was being presented to SBC Cabinet after consideration by the Health and Wellbeing Board – it was confirmed that this was indeed the intention. Members also commended the Council’s OneCall service for assisting vulnerable people with sources of heat.

AGREED that the ‘*Care and Health Winter Planning Update*’ report, and the subsequent Committee comments in relation to its content, be noted.

ASCH/45/25 Chair’s Update and Select Committee Work Programme 2025-2026

CHAIR’S UPDATE

The Chair had no further updates.

Members drew attention to reported, and personally experienced, discharge issues in relation to Nuffield Health Tees Hospital in Norton, with concerns expressed about a lack of pre-hospital and pre-discharge checks. The Stockton-on-Tees Borough Council (SBC) Assistant Director – Adult Social Care agreed to follow this up with the local Community Integrated Assessment Team (CIAT) Manager.

WORK PROGRAMME 2025-2026

Consideration was given to the Committee’s current work programme. The next meeting was due to take place on 18 November 2025, with anticipated items including the SBC Director of Public Health Annual Report 2024-2025, the latest CQC / PAMMS quarterly inspections update, and the next evidence-gathering session for the ongoing Scrutiny Review of Stockton-on-Tees Adult Carers Support Service.

AGREED that the Chair’s Update and Adult Social Care and Health Select Committee Work Programme 2025-2026 be noted.

Chair:

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

QUARTER 2 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 July and September 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, **4** inspection results were 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:

- 3 Adult Services were reported on (1 rated 'Good'; 2 rated 'Requires Improvement')
- 1 Primary Medical Care Service was reported on (1 not rated)
- 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 **9** reports published between July and September 2025 (inclusive), the overall outcomes of which can be summarised as follows:

- 8 rated 'Good'
- 1 rated 'Requires Improvement'

APPENDIX 1

ADULT SERVICES

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

Provider Name	T.L. Care Limited	
Service Name	Mandale Care Home	
Category of Care	Residential / Residential Dementia	
Address	136 Acklam Road, Thornaby, Stockton-on-Tees TS17 7JR	
Ward	Mandale & Victoria	
CQC link	https://www.cqc.org.uk/location/1-146749347/reports/AP12578/overall	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Not inspected
Caring	Not inspected	Not inspected
Responsive	Not inspected	Not inspected
Well-Led	Requires Improvement	Requires Improvement
Date of Inspection	1 st – 16 th May 2025	
Date Report Published	31 st July 2025	
Date Previously Rated Report Published	27 th January 2025	
Breach Number and Title		
Regulation 17: Good Governance		
Level of Quality Assurance & Contract Compliance		
Level 3 – Major Concerns (Enhanced Monitoring)		
This is due to the home being removed from the Responding to and Addressing Serious Concerns Protocol on 9 July 2025.		
Level of Engagement with the Authority		
The provider engages well with the Quality Assurance & Compliance (QuAC) Officer, with any requests responded to in a timely manner.		
Engagement and Support from Transformation Managers		
Mandale House always engage with the Transformation Team, getting involved in activities, workshops and training, and most recently being interested in research in care homes. The Manager attends networking and other meetings with peers across Stockton.		

The Manager joined Cohort 6 of the Well Led Programme but was only able to complete 50% of the programme. The Transformation Team will continue to support the care home and identify where further support and training can be provided.

Supporting Evidence and Supplementary Information

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. At the last inspection in December 2024, the service was rated overall 'Good'.

There was not always robust record-keeping in place to provide assurances that all health and safety checks were being carried out effectively or regularly. Gaps were found in several areas, including environment safety, required maintenance checks, domestic and kitchen cleaning, checks of people's mobility equipment, and care records. Communal areas and bathroom cleaning had improved since the last assessment, however, there were gaps in cleaning records and the cleaning schedules were not sufficiently detailed to maintain standards. Cleaning records for the kitchen had gaps and the fridges were not cleaned to an acceptable standard.

Staff recruitment was carried out safely and robust checks on new staff were in place. During the visit, the inspectors observed adequate numbers of staff available to support people and meet their needs effectively. Staff were trained in safeguarding awareness, and were able to share examples and understood how to keep people safe, and how to spot and raise any concerns.

The provider did not always work well with people to understand and manage risks. Risks were not always identified at the service due to gaps in record-keeping. A 'Resident of the day' programme was in place to support individuals in a more person-centred way, identify any risks in their care, or changes in their needs. This was not always carried out effectively by the staff team or Registered Manager.

Medication was not looked at during the visit.

The provider did not have clear systems of accountability for oversight and good governance. They did not act on the best information about risk, performance and outcomes, or share this securely with others when appropriate. The Registered Manager and providers' oversight and auditing processes were not effective. They failed to identify the issues found at this assessment regarding gaps in records and shortfalls which placed people at risk of harm. This meant they were unable to ensure effective governance of the service.

The provider had inclusive leaders at all levels who understood the context in which they delivered care, treatment and support, and embodied the culture and values of their workforce and organisation. Leaders had the skills, knowledge, experience and credibility to lead effectively. They did so with integrity, openness and honesty. Staff received equality and diversity training, and the staff team was made up of people of many different backgrounds and cultures. Staff had regular team meetings and one-to-ones that were meaningful and felt that they were valued and felt supported in their work.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	27/02/2025	Good

Provider Name	T.L. Care Limited	
Service Name	Ingleby Care Home	
Category of Care	Residential / Residential Dementia	
Address	Lamb Lane, Ingleby Barwick, Stockton-on-Tees TS17 0QP	
Ward	Ingleby Barwick South	
CQC link	https://www.cqc.org.uk/location/1-146749395/reports/AP9135/overall	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Requires Improvement
Safe	Requires Improvement	Requires Improvement
Effective	Good	Requires Improvement
Caring	Good	Requires Improvement
Responsive	Requires Improvement	Requires Improvement
Well-Led	Requires Improvement	Inadequate
Date of Inspection	2 nd – 30 th June 2025	
Date Report Published	7 th August 2025	
Date Previously Rated Report Published	29 th November 2024	
Breach Number and Title		
Regulation 17: Good Governance		
Level of Quality Assurance & Contract Compliance		
Level 3 – Major Concerns (Enhanced Monitoring)		
This is due to CQC breaches and to monitor and support the new regional and home managers.		
Level of Engagement with the Authority		
The provider engages well with the Quality Assurance & Compliance (QuAC) Officer, with any requests responded to in a timely manner.		
Engagement and Support from Transformation Managers		
The Transformation Team have kept regular contact with Ingleby, especially through manager changes, to maintain engagement and support. Visits have been conducted and discussion of opportunities and initiatives to support their quality improvement. This engagement will continue.		
Supporting Evidence and Supplementary Information		
In the report published in November 2024, the following breaches were found:		
<ul style="list-style-type: none">Regulation 9: Person-Centred CareRegulation 12: Safe Care and Treatment		

- Regulation 17: Good Governance
- Regulation 20: Duty of Candour

Whilst sufficient improvements had been made to meet three of the breaches, there remained a breach in relation to good governance as the provider had not made sufficient progress in relation to assessing, monitoring and improving the quality of the service. This related to maintaining accurate and complete records for people, and ensuring staff received appropriate support and appraisal. There had not been a Registered Manager in post since December 2023. Since then, there had been several managers involved in the running of the home, including peripatetic home managers and regional managers, none of whom registered with the Commission which was a condition of the providers registration. This was being addressed with the provider outside of the inspection process.

People and their legal representatives were not included in the care planning process. Inconsistencies in care records and risk assessments meant the monitoring of care was not robust. One person was living with epilepsy yet there was no care plan or risk assessment in place. Safety checks of the premises and equipment were completed. The provider had identified some issues with window restrictors and had ordered new window restrictors; however, the incorrect restrictors had been received. The provider confirmed during the inspection the correct window restrictors were now in place. The home was clean and tidy. Task-orientated schedules were in place for cleaning, including the cleaning of specialist equipment. Personal protective equipment was appropriately worn and staff understood procedures for safe donning and doffing.

Improvements had been made in relation to the recording of people's food and fluid intake. However, records of people's fluid intake showed it was low and there was limited evidence action had been taken in relation to this. Staff worked well together and involved other healthcare professionals as needed, acting upon their guidance and advice. The provider supported people to manage their health and wellbeing to maximise their independence, choice and control. Staff supported people to live healthier lives and, where possible, reduce their future needs for care and support. The monitoring of people's health care needs had improved since the last inspection. District nursing teams were positive about the staff and said, *'Skin integrity is on the ball. Referrals are made when required; while they are waiting for us to come out, they start protocols. That's the sign of a good home.'*

The staff treated people as individuals and made sure people's care, support and treatment met their needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds, and protected characteristics. Staff knew people well and understood their preferences and how they wanted and needed to be supported. Activities for people had improved and time was spent with people who remained in their rooms. However, there was a reliance on the Activities Co-ordinator for activities, and they did not work weekends or evenings. There continued to be shortfalls in relation to the delivery of staff supervision and annual appraisals. The Interim Manager explained they would all be completed by the end of June 2025. However, this process needed to be embedded and consistently implemented.

Care records had improved. However, they still lacked personalised detail, for example, in relation to people's histories, preferences and support strategies if people were distressed or anxious. Care records were electronic but not yet accessible for people. There was no evidence people were involved in the reviewing of their care plans. The provider did not always make it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. People were not always supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.

The provider did not have a clear shared vision, strategy and culture which was based on transparency, equity, equality and human rights, diversity and inclusion, and engagement. They

did not always understand the challenges and the needs of people and their communities. Changes in management meant leadership was not consistent or robust. Staff commented that there were too many managers involved, and they needed a permanent manager in post. People told us they did not know who the manager of the home was. Audits were evidence-based, and there was space within the audits to record comments on the evidence used to assess the quality of the service, but this was not always documented. Some audits had clear Action Plans, with the roles of the people responsible and target dates; others did not.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	17/03/2025	Requires Improvement

Provider Name	T.L. Care Limited	
Service Name	The Beeches Care Home	
Category of Care	Residential / Residential Dementia	
Address	Green Lane, Newtown, Stockton-on-Tees TS19 0FH	
Ward	Newtown	
CQC link	https://www.cqc.org.uk/location/1-146749363/reports/AP14231/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	15 th July – 18 th August 2025	
Date Report Published	24 th September 2025	
Date Previously Rated Report Published	13 th October 2022	
Breach Number and Title		
n/a		
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		
The care home engages fully with the Transformation Team and have always been open to working together on opportunities and initiatives. The Activity Co-ordinator attends all the networking meetings and events in the community alongside other local care homes, and the home have started to participate in research projects. The Transformation Manager will continue to work with the care home to maintain quality and look at new projects to take part in.		
Supporting Evidence and Supplementary Information		
The CQC found that care records confirmed that people had access to a range of health and social care professionals when needed. This included district nurses, the community matron, dieticians, GPs, and dentists. Assessments undertaken by professionals were documented in individual files and, where needed, a care plan was put in place.		

People were safe from harm and abuse. Safeguarding processes were in place to record and act if abuse was suspected. Any safeguarding concerns were reported appropriately to the Local Authority. Staff demonstrated a clear understanding of the different types of abuse and their responsibilities. Residents and relatives confirmed that staff treated people well and people felt safe at the service.

Risk assessments were in place and contained person-centred information. Further development was needed for one person who had diabetes. They did not have a risk assessment informing staff of action to take if their blood glucose level was too low or too high. The Registered Manager confirmed that they would take immediate action to address this.

The provider made sure that medicines and treatments were safe and met people's needs, capacities, and preferences. Staff involved people in planning, including when changes happened. Medicine administration records and medicine care plans provided information to ensure people received their medicines safely as prescribed. Staff responsible for administering medicines were trained to manage medicines safely.

People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity. Care records were reviewed regularly. Where people were at risk of losing too much weight, their weight was regularly monitored and action taken if needed. Care plans were person-centred and supported staff to provide the right care to people.

The Registered Manager ensured staff understood people's needs and preferences and put the right processes in place to support people and staff. People confirmed that staff got to know them and supported them as they needed. One person said, *'All the staff are just wonderful. They know everything about me and cater for all my needs.'*

The Registered Manager had worked hard to ensure improvements were made in areas highlighted at the last inspection. They ensured staff were supported to keep up-to-date with developments in best practice to ensure they were providing good quality care. Staff surveys had been completed in May 2025 and, although responses were few, staff were very positive. They felt listened to in meetings and commented there was a friendly atmosphere at work. Where the scoring of some questions indicated a shortfall, action had been taken to address this.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	16/01/2025	Good

PRIMARY MEDICAL CARE SERVICES

Provider Name	Dr. James Robson	
Service Name	Identity Dental Care	
Category of Care	Dentists	
Address	78 Wolviston Road, Billingham, Stockton-on-Tees TS22 5JF	
Ward	Billingham West	
CQC link	https://www.cqc.org.uk/location/1-196169482/reports/AP11965/overall	
	New CQC Rating	Previous CQC Rating
Overall	n/a	n/a
Safe	Regulations met	n/a
Effective	Regulations met	n/a
Caring	Regulations met	n/a
Responsive	Regulations met	n/a
Well-Led	Regulations met	n/a
Date of Inspection	21 st August 2025	
Date Report Published	16 th September 2025	
Date Previously Rated Report Published	16 th February 2013	
Further Information		
<p>Identity Dental Care is in Billingham and provides private dental care and treatment for adults and children. At the time of the CQCs inspection, there was a total of six staff employed at the practice, of which there was one dentist, three dental nurses, one dental hygienist, and the practice manager.</p> <p>The CQC gathered feedback from staff and spoke to a range of staff during its announced on-site inspection, including one dentist, two dental nurses, one dental hygienist, and the practice manager. Two weeks before its inspection, the CQC asked the practice to encourage patients to share their views of the service with the CQC. Feedback was received from one patient. On the day of the inspection, the CQC spoke with and saw patient feedback from a further seven patients.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none">• The CQC found the practice had met regulations.• The practice had effective systems to identify and manage risks, including infection prevention and control.• Staff had the skills, knowledge and experience to carry out their roles.• Recruitment procedures reflected current legislation and there was effective leadership and a culture of continuous improvement.• Staff provided care and treatment in line with current guidance. They treated patients with dignity and respect and ensured access to care, support, and treatment when required.		

People's experience of this service

- Patient feedback provided a positive view of the dental team and care provided by the practice. Comments included, *'Exceptional service from friendly staff. [name] and the team at Identity take time to get to know their patients and are always considerate and helpful with their care and support. As a family, we know we're in good hands and each one of us feels that we have a unique support plan in place with Identity'*.
- Patients commented positively about the standards of cleanliness.
- Patients felt able to book appointments within an acceptable timescale for their needs and said they had enough time during their appointment without feeling rushed.
- Patients stated they were given clear information to help them make an informed choice about their treatment and any associated costs. They were involved in decisions about their care. *'Always receive outstanding service at Identity. Staff are understanding and explain all treatments etc thoroughly. Very happy with the service I receive'*.
- Patients stated that when they were prescribed medicines, sufficient information was given. *'Advice is great and if suggestions don't quite work alternatives are suggested'*.
- Patients stated that they were supported to maintain their oral health and were provided with appropriate information and resources.
- The practice shared patient feedback with the team. The CQC was told this was reviewed and where suggestions had been made, appropriate action would be taken.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

None

APPENDIX 2

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

Provider Name	Oxbridge Care Limited	
Service Name	Windsor Court Residential Home	
Category of Care	Residential	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	Ropner	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	16 th & 17 th June 2025	
Date Assessment Published	1 st July 2025	
Date Previous Assessment Published	16 th August 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were completed to a good standard; they were person-centred, with good detail on resident likes, dislikes and preferences. There was good evidence of consideration of the resident's preferences and good detail was given on specific needs, level of independence, and behavioural triggers. Resident and family involvement was evidenced in care plans. Care plans and risk assessments were reviewed regularly, and there was also evidence of plans being updated timely where changes were necessary. An accessible format form was seen in place detailing resident preferences on how staff should communicate with residents. Life histories and 'about me' information was in place.</p> <p>There was a good activities timetable in place; the home is part of the Local Authority activities group and takes part in the monthly Elm Tree Social Club shared timetable. Risk assessments were in place for each activity, evidenced as being renewed annually. Activity logs were kept for each activity that takes place with specific resident information on what they can take part in and their preferences involvement. Monthly logs were kept of all activities that take place, including family visits and events. Activities were varied and included singers, walks to the park, quiz games, armchair exercises, and garden parties with families.</p> <p>Throughout the assessment, staff were observed asking for consent from residents often. Time was given to residents to respond, and staff were patient, though also well-versed, in reading non-verbal cues. Staff spoke to residents throughout delivering care, explaining what they were</p>		

doing, what they would do next, and checking they were okay. Residents spoke of how polite staff were, how kind they were, and how they always knocked on bedroom doors and checked on them.

Staff had training on Mental Capacity Act, safeguarding, and Deprivation of Liberty, which was refreshed annually. Staff were able to give explanations for each, and their purpose. Infection control practices around the home were good; staff explained the processes the home had in place to prevent the spread of infection, good hand hygiene practices were seen, and staff wore suitable personal protective equipment and were bare below the elbow with hair tied back.

Medication observations were completed to a good standard. The medication room and medication trolley were both locked when not in use. The medication room was found to be clean, tidy and well organised, and medications were stored suitably. Medication Administration Records had no gaps or missed signatures and were completed using the correct administration codes. Front covers and protocols for medications taken as and when required were both in place to a good standard. Care plans explained how residents preferred to take medications if they could do this for themselves or preferred support. Medication audits were completed monthly, and competencies were completed in line with contractual requirements.

The home had adapted to be dementia-friendly; clear signposting with consideration to residents with dementia was used, and all staff had completed the Dementia Friends accreditation. Bedrooms were personalised with items from home.

The home was well-kept, clean and tidy. Appropriate environment risk assessments were in place, were seen to be reviewed annually, and all were in date at the time of assessment. A range of robust internal audits took place regularly, with evidence of good managerial oversight. All appropriate servicing certification was in date at time of assessment. Staff supervisions were seen to be completed bi-monthly alongside an annual appraisal. Staff said management were supportive and felt there was an improvement in management listening to feedback. Regular staff and resident and family meetings took place, as well as annual staff and resident surveys, and the home evidenced a good feedback structure.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No areas of improvement were identified in this assessment.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority. The manager is responsive to both Quality Assurance & Compliance (QuAC) Officer and other Local Authority teams.

Engagement and Support from Transformation Managers

Windsor Court engages fully with the Transformation Team in all aspects of the opportunities and initiatives presented. They attend all Provider Forums, Leadership Networks, activity meetings, and training opportunities. They have started to engage in research projects alongside other Stockton care homes with National Institute of Health and Care Research (NIHR), and support other care home managers through peer workshops.

Current CQC Assessment - Date / Overall Rating

05/10/2018

Good

Provider Name	Gradestone Limited	
Service Name	Roseworth Lodge Care Home	
Category of Care	Residential / Residential Dementia / Nursing	
Address	Redhill Road, Stockton-on-Tees TS19 9BY	
Ward	Roseworth	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Good
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Requires Improvement
Date of Inspection	12 th – 14 th May 2025 & 24 th June 2025	
Date Assessment Published	7 th July 2025	
Date Previous Assessment Published	22 nd August 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be person-centred and included information such as life history and what was important to the person. Information was seen to be consistent from assessments through to the care planning stage. Both residents and relatives confirmed that the home communicated well with relatives to ensure they were kept up-to-date with their loved one's presentation. Visitors were welcomed into the home at any time and residents accessed the community with the Activity Co-ordinators and family. Visitors were seen to be offered food and drink to join their loved one when visiting during mealtimes. Observation and discussion confirmed that residents were treated with dignity and respect, and privacy was respected. A relative described the home as 'one big family' and commended the staff for their kindness.</p> <p>Resident / relative involvement in care planning was clearly recorded in care plans. Care plans documented individuals' preferences, strengths and weaknesses. Dietary likes and dislikes / allergies or other nutritional needs were recorded in assessment and care plan documentation. Family and friend links were regularly referenced in care plans, including where certain people were preferred to be consulted about decisions (both when formal and informal processes in place) or simply in reference to a person's importance in the resident's life.</p> <p>Capacity assessments were seen to be in place and recorded those involved in the decision-making, with care plans referencing how to support individuals in decision-making and respecting choice. DoLS were scanned onto the system and corresponding care plans / records were in place. Staff were observed to seek appropriate levels of consent when interacting with residents. Residents were given choices and treated with respect when making decisions. Staff were familiar with residents' preferences for things such as drinks, but were noted to confirm this with residents before serving.</p> <p>Several needs assessments were on file and with associated care plans where required. Daily records were seen to be written respectfully, however, were variable in detail; while most were seen to contain the specifics of meals eaten and support delivered, some used only the generic</p>		

pre-set options on the electronic care planning system. Overall records were of good quality, however, there were areas such as fluid charts, repositioning logs and oral care which were seen to be lacking.

Observation of staff interaction demonstrated that residents were safe and their needs were being met in a timely manner. Residents appeared settled and well cared for. Those spoken with confirmed they felt safe and well looked after, and relatives confirmed the same of their loved ones. They confirmed they were informed if there were any concerns and kept up-to-date where necessary.

Medication rounds were seen to be carried out in a safe and person-centred manner, with good hand hygiene observed. Medication trolleys and rooms were clean, tidy and secure, and appropriate record-keeping seen.

The home was seen to be clean, tidy and free from malodour. The kitchen was clean and tidy, and food had date of opening / use by recorded. Staff were seen to follow appropriate practices in relation to infection prevention and control, and food hygiene.

The premises was seen to be safe, with fire escapes and corridors free from hazard blockage. The home had been awarded their dementia-friendly accreditation, and this work identified some areas in which they could improve upon their dementia-friendly environment (which are being actioned). Equipment was seen to be stored appropriately, and appropriate service certification was in place, including LOLER testing, fire safety, fixed wiring, gas servicing, etc., with the required regular checks seen to be conducted.

The appropriate recruitment documents were noted within staff files, including evidence of right to work checks (including visa documentation) and references which had been verified. A DBS matrix was in place, and all were seen to be up-to-date, with the contractual three-yearly updates scheduled; this included visiting professionals. A matrix was also in place for monitoring of nursing pins and all were seen to be in date, with the pins recorded appropriately.

A dependency tool was in place and the staffing levels were noted to exceed that which was required per this calculation. Rotas evidenced appropriate staff knowledge / skill mix per shift across all roles (nurses, seniors and care staff, domestic, maintenance and kitchen). Staff advised that plenty of training was available, including refresher training, and this allowed them to carry out their role safely, alongside 'hands on' experience in the role. A training matrix was reviewed which identified training compliance to be at 96%.

There was evidence that the provider continually gathered and evaluated information about the quality of services delivered which included satisfaction surveys, meetings for staff, residents and relatives / visitors, monitoring of complaints / compliments and analysis of accidents / incidents and several audits. A range of audits were conducted by both departmental staff (kitchen, maintenance, domestic) and the managerial staff. The managerial audits included a specific review of the departmental staff audits. The audits were noted to identify where gaps had occurred and recorded follow-up actions taken, giving assurance of managerial oversight and a responsive approach.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An Action Plan will be created to address the one area identified as 'requiring improvement', as well as areas which were overall 'good' but with recommendations made for improvement. This will be monitored closely by their Quality Assurance and Compliance (QuAC) Officer to ensure completion within the imposed timeframes.

Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider is responsive to requests from and liaises closely with their QuAC Officer. Performance Dashboard submissions are made in a timely fashion, and queries are responded to promptly.		
Engagement and Support from Transformation Managers		
Engagement with the offered peer support networks, including Leadership Network and Activity Network, are limited, however, the care home support the residents to attend community events that are led by the Transformation Team and other community partners, and respond to communications. The Transformation Team will be working with the manager to improve routine engagement and support, and look for new opportunities to participate in.		
Current CQC Assessment - Date / Overall Rating	14/07/2023	Good

Provider Name	Akari Care Limited	
Service Name	Ayresome Court	
Category of Care	Nursing Residential	
Address	Green Lane, Yarm, Stockton-on-Tees TS15 9EH	
Ward	Yarm	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Excellent	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Excellent
Quality of Management	Good	Good
Date of Inspection	27 th – 29 th May 2025	
Date Assessment Published	18 th July 2025	
Date Previous Assessment Published	26 th June 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans viewed were seen to be person-centred with very good detail on the residents likes, dislikes and preferences. There were very good instructions given on how to care for the resident, how they liked things to be done, and behaviours they may or may not present depending on their feelings. Resident-preferred names were used throughout. ‘Resident of the Day’ meetings were used every month to engage residents and their families in their care planning, with a champion in place to ensure this was completed. All paperwork was in accessible formats and pictorial signage was used around the home.</p> <p>Residents spoke very highly of the staff who supported them and were very happy and appreciative of the care team. Observations saw staff encouraging residents to be independent and promoting choices. Staff were observed patiently allowing time for residents to respond. All staff had completed the Dementia Friends accreditation and had utilised resources well. Residents confirmed feedback was sought routinely. Activity and mealtime feedback was taken, surveys were completed annually, and resident meetings were scheduled bi-monthly.</p> <p>There was a varied activities calendar each month, and one-to-one time for those who could not, or choose not to, leave their room was also considered. Families and friends visited frequently and were also observed joining in with mealtimes and activities. Families had recently taken part in Dementia Friends training with staff. All the above points contributed to the ‘Excellent’ rating in the ‘Involvement and Information’ domain.</p> <p>Care plans had good evidence throughout of how independent each resident was, and what they were and were not able to do for themselves for each task; how to support and encourage residents to remain independent was also detailed. Care plans were reviewed monthly, and those viewed were seen to be reviewed timely, with evidence of updates made when needed. Keyworkers were clearly identified, and consideration for keyworker allocations included relationships built between residents and staff.</p>		

Daily notes, handover logs, and personal care logs all made note of consent. Daily notes and handover logs for support given also encouraged staff to log levels of independence. Daily notes and handover logs were seen to be completed timely and daily, though staff did not always utilise the free type fields to add information additional to the pre-populated dropdown fields, to allow for more consistent and personalised notes.

Staff were confident in both Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act, and could explain how these impacted on care delivery. Staff were fully able to explain safeguarding and whistleblowing practices. Observations in relation to Infection Prevention Control practices were of a very high standard and all staff seen were bare below the elbow. Health and Safety certification and audits were all in date at the time of assessment. Home and environment risk assessments were in place and reviewed monthly.

The medication room and nurses' station were clean and tidy; both the medication trolley and room were locked and secured appropriately. Medication rounds were good, with both Nurses and Seniors knowing residents and their medications well; rounds were carried out in a safe and person-centred manner with good hand and trolley hygiene practices observed. Medication Administration Records were completed to a good standard. Staff were found to be appropriately trained. Staff competencies were completed in line with contractual requirements.

Safer recruitment practices were evidenced; all staff files included signed copies of job descriptions and contracts of employment, and completed comprehensive inductions in line with Skills for Care and the Care Certificate. Training completion was at 99% at the time of assessment, and this was a mix of face-to-face and online learning. At the time of assessment, some supervisions and appraisals from the previous year were not available, though the Manager had brought these back in line with contractual requirements.

The Manager kept a clear and concise filing system of audits, incident logs, and service certifications. Staff meetings took place bi-monthly, and meeting feedback forms were collected following each meeting for feedback on how supportive and inclusive meetings were. Staff feedback on management was good, and they reported feeling supported. Staff said they would not feel nervous to raise concerns as this was encouraged. Resident and family feedback was also positive; no residents spoken with had raised a complaint previously, but spoke of the Manager visiting them frequently to check-in.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An Action Plan was in progress to address the one area of improvement found. This will be monitored by the Quality Assurance and Compliance (QuAC) Officer for compliance.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority, responsive to both QuAC and Transformation Teams, and engages well with forums, initiatives and training that is offered. Monthly reporting is submitted timely.

Engagement and Support from Transformation Managers

Ayresome Court engage regularly and positively with the Transformation Team – attending Provider Forums, peer meetings, training and workshops. The Activities team are involved in the Activity Co-ordinator Network and staff bring residents along to events and opportunities in

the community. The care home has been involved in previous research studies and are engaging in current studies with local researchers in the North East.

Current CQC Assessment - Date / Overall Rating	26/02/2020	Good
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Provider Name	Anchor Hanover Group	
Service Name	Millbeck	
Category of Care	Residential	
Address	High Street, Norton, Stockton-on-Tees TS20 1DQ	
Ward	Norton Central	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	7 th July 2025	
Date Assessment Published	21 st July 2025	
Date Previous Assessment Published	26 th September 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be personalised and detailed personal information. Every resident had a front page with picture, room number, and do not attempt cardiopulmonary resuscitation decisions. The status of Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards was displayed on the front page. The care plan provided an overview, including risks to be mindful of, preferences for conversation topics, a medical summary, a summary of care needs, necessary equipment, and contact details.</p> <p>Each resident had an 'About Me' section which outlined what was important to them, the people who were significant in their lives, how to best communicate with the resident, and their personal do's and don'ts. Live updates of care were updated as the day progressed, displaying an amber colour if overdue and turning green once completed. Care plans could not display signatures from residents or their families because they were electronic; however, any discussions with residents or families were seen to be recorded in the monthly reviews.</p> <p>Discussions with residents revealed a high level of satisfaction and a feeling of support within the home. They mentioned that the staff were approachable and helpful in every regard. Importantly, even when residents had their doors open, staff always knocked prior to entering. Observations validated that the wellbeing of residents was a top priority, with all individuals seeming to be well looked after. Residents conveyed that their personal rooms contained all the essentials they required.</p> <p>Care plans included associated risk assessments, and residents had personal evacuation plans in place. Food and fluid intake charts were filled out throughout the day, noting the offerings and the amounts consumed. A health passport containing all relevant information could be generated from the care planning system. Care plans and risk assessments were reviewed monthly.</p>		

Residents spoken to felt that they would be happy to raise a complaint if needed and would speak to the staff. The Manager was noted for maintaining an open-door policy for residents to discuss issues. The residents interviewed had not needed to lodge a complaint but believed they would receive support if it became necessary. Staff reported feeling able to report issues of poor performance or risks to people and felt they would be supported by management if they did so. They were all aware of whistleblowing and advised of the posters displayed in the home with direction on how to do this.

A variety of suitable audits were conducted by the Manager and Deputy Manager. The quality assurance process was supported by the Regional Support Manager. Daily fire safety checks were carried out, including the checking of escape routes, fire warning systems, emergency lighting, and firefighting equipment. The Manager contained a matrix for scheduled maintenance services and checks.

None of the residents interviewed were aware of whether they had been involved in a safeguarding process. However, when asked, they confirmed feeling safe and satisfied within the home. Staff were able to give examples of different types of abuse and described how they would act upon them. Staff were aware of safeguarding and whistleblowing policies and knew where to access current versions. They were aware of external agencies to whom they could report concerns.

The medication room was clean, tidy and secure. Controlled drugs were stored in locked cupboards and medications were stored per resident. Trolleys were secured in a locked medication room and trolleys were secured to the wall.

Fire exits were free from obstruction, signage was clear, and fire extinguishers were seen around the home. Staff were identifiable by both ID badges and uniforms. The premises was well kept both internally and externally. Access to the home was secure and passcodes on keypads were used for access between ground and first floor. Staff were observed using moving and handling equipment, ensuring to obtain direct consent from the residents prior to use. They communicated the process to the residents, patiently waiting for their response and interpreting their cues.

The home was designed to be dementia-friendly. It was not a specialised dementia care facility, yet it featured various colour-coded handrails, bedroom doors, and bathroom signage. The upper floor included themed areas such as a beach-themed ice cream area and a 'chatty bench.' The home was collaborating with the Council's Community Link Worker to enhance its surroundings for individuals living with dementia. They had finalised and submitted documentation for the Local Authority's dementia-friendly guide, which was set for an annual review.

The medication policy was established and current, incorporating both home remedies and covert medications. Staff competencies were fulfilled in accordance with the Stockton-on-Tees Borough Council contract, occurring at least every six months. Evidence was documented in the care plan of the provider, which supported the resident in receiving annual health checks and medication reviews.

The home utilised electronic medication administration records. Administration records were observed to be complete, with no gaps; if any gaps occurred, the electronic system alerted the staff. The Manager conducted regular audits, which included checks of Medication Administration Records and controlled drug counts. Comments and actions taken were documented appropriately.

The staff files were examined and found to include the necessary employment verifications, such as Disclosure and Barring Service certification with renewals occurring every three years, and an annual declaration was submitted each year. It was noted that references had not been verbally

<p>verified; this matter was discussed with the Manager, and it will be addressed moving forward. Residents were observed to be engaged in the recruitment process; one staff member's file contained a set of interview notes indicating that a resident participated in the interview. However, there were no recorded comments from the resident to convey their thoughts and feelings regarding the interview.</p> <p>The online training and development system had a number of pre-set induction programmes dependent on the role the person was undertaking. The initial induction for care assistants included the care certificate. Induction programme content included policies and procedures, and a mixture of face-to-face courses and eLearning.</p> <p>A supervision matrix had been established that identified when an individual was on probation, undergoing induction into their role, or on maternity leave. Dates for supervisions were noted to have a specified due date. Staff members were observed to receive supervision on a bi-monthly basis. Appraisals were conducted on an annual basis.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an Action Plan for all questions assessed as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this for progress through contractual visits.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
Level of Engagement with the Authority		
<p>The provider has a good relationship with the QuAC Officer and responds to requests for information in a timely manner.</p>		
Engagement and Support from Transformation Managers		
<p>Millbeck's Manager and wider staff team engage with the Transformation Team with regard to Provider Forums, activities and training, and communicate regularly with the team. The Transformation Team will continue to work with the Manager to start looking at further opportunities, such as participation in care home research and other projects, pilots and initiatives.</p>		
Current CQC Assessment - Date / Overall Rating	13/12/2018	Good

Provider Name	HC-One Limited	
Service Name	Highfield (Stockton)	
Category of Care	Residential / Residential Dementia	
Address	Highfield Care Centre, The Meadowings, Yarm, Stockton-on-Tees TS15 9XH	
Ward	Yarm	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	11 th – 13 th August 2025	
Date Assessment Published	1 st September 2025	
Date Previous Assessment Published	28 th January 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The home had recently transitioned to an electronic care planning system; consequently, the care plans were still a work in progress. However, the care plans that were reviewed appeared to be person-centred, containing concise information regarding the residents' likes, dislikes and preferences. Instructions were provided on how to care for each resident, detailing their preferred methods of care and the behaviours they may exhibit based on their emotional state. The names of the residents were consistently used, along with their preferred names.</p> <p>Throughout the assessment, numerous positive examples of the relationships between residents and staff were noted, showcasing how residents were treated with dignity, respect and kindness. Observations indicated that staff actively encouraged residents to maintain their independence; they always knocked before entering, whether doors were open or closed, and were often heard introducing themselves and engaging in friendly conversations with residents. These observations affirmed that the wellbeing of residents was a primary focus, with all individuals appearing to be well cared for.</p> <p>The manager performs comprehensive audits and carefully documents every action in the Home Improvement Plan, all of which were finalised with signatures upon completion.</p> <p>Recent fire safety checks had been conducted, encompassing fire alarms, heat detectors, emergency lighting, and firefighting equipment. A fire risk assessment was completed in September 2024 and was due for review in September 2025. There was documentation available for conducted fire drills.</p> <p>To ensure all maintenance services and checks were organised, the manager kept a detailed matrix. There was also evidence of Legionella risk assessments and water temperature</p>		

checks. Maintenance audits for mattress inspections were seen to be recorded, along with checks for window restrictors.

The fire exits were kept clear and unobstructed, marked with clear signage, and fire extinguishers were conveniently located throughout the building. Staff could be easily identified by their ID badges and uniforms. The facility was well-kept, both inside and outside, and access was secured with passcodes.

During observation, staff were observed using moving and handling equipment. They made sure to obtain direct consent from the residents before using it. Moreover, they communicated the process clearly with the residents, patiently waiting for their responses and interpreting their cues effectively.

The home incorporates dementia-friendly design features, such as coloured handrails, distinct bedroom doors, and clear bathroom signage. The manager was presently engaged in finalising the Stockton Dementia Friendly Care Home Guide and recognised that it was a component of the Local Authority contract. Throughout the assessment, numerous staff members were noted participating in the Local Authority Dementia Friends training, with an additional training date scheduled for the remaining staff.

The medication policy was established and current, incorporating both home remedies and covert medications. Staff competencies were fulfilled in accordance with the SBC contract, occurring at least every six months. Evidence was documented in the care plan of the provider, which supported the resident in receiving annual health checks and medication reviews. The home utilised electronic MAR charts. All prescribed medications were listed on the MAR charts and were entered through the pharmacy. Upon receipt, the MARs were verified against medication labels, and a second staff member checks them, with both staff members signing or initialling the MAR chart. Administration records were observed to be complete, with no gaps; if any gaps occurred, the electronic system alerted the staff. The administration of PRN and variable dose medications was thoroughly documented, with protocols for PRN and variable doses being current and in place. The manager conducted regular audits, which included checks of MAR and controlled drug counts. Comments and actions taken were documented appropriately. The medication room was maintained in a clean, tidy and secure condition. Controlled Drugs (CDS) were stored in locked cupboards. Medications were stored per resident.

Upon reviewing the staff files, it was confirmed that all essential employment checks, including DBS certification, were duly completed. The files featured a wealth of information, including application forms detailing full employment histories, responses to interview questions, two written references, job descriptions, contracts of employment, and staff health checks. Furthermore, there was clear evidence of each staff member's right to work in the UK. It was noted that references had not been verbally verified; this matter was discussed with the manager, and it would be addressed moving forward.

New employees participate in an induction process that begins off-site and lasts for three or five days depending on job role. This was followed by an on-site induction period of 12 weeks. Throughout the induction, all staff members were required to complete their training. After that, a shadowing period would occur before the employee transitioned to working independently. Additionally, all mandatory training sessions must be completed.

It was confirmed that all staff have had a recent supervision. Additionally, every staff member received an appraisal within the past year.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No areas were identified that were 'Requires Improvement.'

Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the Quality Assurance and Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The Transformation Team remain in regular contact with Highfield to keep them updated with training, networking, workshops, activities, research, and other opportunities. The manager has engaged in the training opportunities and some networking, and aims to become more active with other initiatives, including the Activity Co-ordinator Network. The Transformation Team will continue to engage with the leadership team at Highfield.		
Current CQC Assessment - Date / Overall Rating	10/12/2022	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	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	18 th – 20 th August 2025	
Date Assessment Published	4 th September 2025	
Date Previous Assessment Published	21 st October 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans viewed were inclusive and non-discriminatory, and were structured in a way to preserve the wellbeing of the resident. Front pages had a good life history profile of the resident, which included their goal, though this was not always evidenced of being acted on. Care plans were written with the resident in mind and had good detail of preferences, abilities and level of independence, behaviour triggers, and likes and dislikes.</p> <p>Residents spoke of how happy they were in the home, that they liked the staff, and that they felt settled. Residents particularly liked how staff came and spoke to them and were respectful and polite. Observations throughout the assessment on moving around the home evidenced good relationships and familiarity between staff and residents. Through observation, staff were seen to respect preferences, took time to offer choices, and were overheard considering residents’ usual routines.</p> <p>Though there was evidence of resident and family involvement in initial care plan creation, this was not followed through into monthly reviews. Care plans and risk assessments were being reviewed monthly in line with contractual requirements, however, monthly review notes had limited quality, with frequent examples found of notes being vague and generic. A ‘Resident of the Day’ meeting structure was used by the home, but there was limited evidence of this being utilised by staff and lacked quality detail when completed. Daily notes were seen to be added throughout the day and were sometimes personalised, but not always, lacking further detail at times.</p> <p>The home environment was tidy, free from clutter, and fresh smelling. It was noted that communal areas could do with a cosmetic upgrade, and plans had been put in place to begin this process. Bedrooms were personalised with items from home. Dementia appropriate adaptations were seen throughout, including pictorial signage, adaptive equipment, and coloured handrails and toilet seats. The home had not yet started their Dementia Friends accreditation.</p>		

Evidence was seen of regular maintenance and safety audits and testing; all audit books were seen to be completed weekly / monthly as required. Appropriate noting was seen for entries not completed, or problems found, with notes being updated and signed off once corrected. Additional audits were completed by the home manager, regional manager, and the Akari Quality Team.

Good infection prevention and food hygiene practices were observed throughout the assessment, including correct use of Personal Protective Equipment, disposal methods, and handwashing. Staff were all seen to be bare below the elbow. There was an Infection Prevention Control (IPC) display in the main corridor, and this named the allocated IPC champions for the home in line with contractual requirements.

Medication rounds observed were completed to a good standard; high standards of hand hygiene were used, and a good level of interaction was witnessed. The staff member knew the residents, the medication, and how they took it, but still cross-referenced this with the Medication Administration Record before administration. Storage of medications, the medication trolley, and the medications room were all appropriate and seen to be locked when not in use. On observation, the trolley was well organised by resident; medication room and fridge temperatures were recorded daily, and medication labels matched the Medication Administration Record with clear labelling. Correct codes were used for most Medication Administration Records viewed; instances of non-administration were minimal. PRNs were noted with the time. Controlled drugs were signed by two members of staff. Staff competencies were viewed and were in line with contractual requirements. There was evidence seen of both the manager and regional manager completing regular medication audits.

Staff confirmed they received annual refresher training, and were well versed in the Mental Capacity Act, Deprivation of Liberty, and safeguarding. Staff all carried Mental Capacity Act cards, along with identifying displays in corridors, and gave good examples of how they put this into practice. All staff, regardless of role, knew of the purpose of Deprivation of Liberty and that they must be aware of any applicable conditions. Staff all knew of safeguarding practices, how to raise concerns of abuse should they need to, and where to locate the whistleblowing policy.

Staffing levels at the time of the assessment were good, and staffing visibility around the home was to a good level. There had recently been an uptake in new staff; all were evidenced to have taken part in a comprehensive induction and probation, which included use of the Care Certificate. Supervisions were not being completed consistently in line with contract at the time of assessment, though all staff had recently had an annual appraisal. At the time of assessment, training completion was at 94%.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan is being created by the provider to address any areas of improvement found. This will be monitored through reviews and contract visits by the Quality Assurance and Compliance (QuAC) Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority. The manager is responsive to both QuAC, Transformation, and Medicines Optimisation Teams.

Engagement and Support from Transformation Managers		
Piper Court engages on a high level with regards to networking and training. The Activity Co-ordinators attend network meetings, have participated in workshops and training, and bring residents into the community for events. The home has previously taken part in some research projects, and this will be encouraged further with the new leadership team.		
Current CQC Assessment - Date / Overall Rating	04/06/2025	Good

Provider Name	Methodist Homes	
Service Name	Reuben Manor	
Category of Care	Residential / Dementia Residential	
Address	654-656 Yarm Road, Eaglescliffe, Stockton-on-Tees TS16 0DP	
Ward	Eaglescliffe East	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Requires Improvement	Excellent
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	4 th – 6 th August 2025	
Date Assessment Published	5 th September 2025	
Date Previous Assessment Published	14 th August 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>At the time of the assessment, the Registered Manager was on long-term absence from work.</p> <p>On the whole, care plans were seen to be person-centred containing pertinent details, however, there was some evidence seen of copying and pasting which resulted in two care plans containing incorrect names. Care plans detailed what people could do on good and bad days, and detailed where an individual would require encouragement / support to maintain independence or to engage in care tasks. Care plans evidenced involvement with the resident and / or representatives in pre-assessment documentation and reviews.</p> <p>Assessments and risk assessments were mostly seen to be in place, though improvement was required to ensure welfare was protected. All residents were seen to have a Personal Emergency Evacuation Plan (PEEP), however, there had not been consideration given to assessments and care planning to ensure that a resident who regularly left the home continued to safely receive the care and support required, and the care plan for a resident who had a modified diet did not contain adequate detail and was contradictory to the information displayed on the landing page of the electronic system. Assessments and care plans were seen to have been reviewed monthly, and where a change in need occurred.</p> <p>Staff were observed to support residents in a non-discriminatory manner, promoting dignity and respect by asking for consent before providing care and support, knocking on bedroom doors before entering, using people’s names when talking to them, offering choices, etc.</p> <p>Families were observed to visit the home during the assessment; families and friends were supported to take residents out of the home to access the community. Pets were also seen to be welcomed into the home. The home had a number of communal areas in which families could access when visiting their loves ones, including a coffee shop. The home had a toy box and equipment to support families visiting with young children. The service-user guide</p>		

referenced family being able to visit at any time and also had meals with their family member. The home also provided dementia training for families, with dates available on a monthly basis. The home also had volunteers to spend time with residents and support activities. The home was also in the process of working with local voluntary agency to organise an event to set up information stalls for residents and families.

The home had two Activity Co-ordinators. The home produced a week activity booklet that was provided to residents and available in communal areas. The activity booklet included details of the activities planned for the week, with at least two activities per day (am and pm), and also two options of activities. Activities for the week of assessment included a range of in-house and community activities such as daily news and catch-up, quiz, pub visit, bingo, music therapy, chaplain visit, church service, sew n so, sign along, church friendship group and coffee morning, love to move. The activity booklet also contained puzzles and quizzes for residents to complete if they wished. The activity plans for the day were available in a number of areas of the home (i.e. each floor / unit and foyer area) which provided information to visiting family and friends. Activity information was available on display stands in text format. The activity booklet contained images / pictures that supported the activity.

The home encouraged and supported residents to provide feedback in a number of ways such as resident meetings and resident surveys, with suggestion boxes available on each unit and on the reception desk. The most recent residents survey showed an overall satisfaction score of 92% for residents and 89% for family and friends. A poster was also displayed advising the home had a score of 9.8/10 for the reviews in July.

Safer recruitment practice was seen to be in place for the homes staff, with all staff files seen to contain application forms, interview notes, references with evidence of verbal verification checks, right to work and DBS certification with barred list check. Disclosure and Barring risk assessments were seen to be in place where required for positive Disclosure and Barring Service checks and Disclosure and Barring Certificates were renewed every three years. Appropriate checks were in place for visiting professionals such as hairdresser and podiatrist.

The home used two agency staff to cover staff shortages in the home when required, although an agency file was in place which contained agency profile, induction and any competency assessments. Agency profiles were seen to contain Disclosure and Barring certificate date and certificate number; one of the agency profiles contained the level of Disclosure and Barring Service and if Barred list check was included, however, the other did not. One of the agency staff files viewed did not have the profile from the agency. There was no evidence of the home having undertaken their own due diligence, for example obtaining a copy of the Disclosure and Barring Service certificate or Right to Work check.

Staff confirmed they had received appropriate induction at the start of their employment and received regular training, supervision and annual appraisal, however, the frequency of supervision and appraisal were found to not be in line with contractual requirements. At the time of the assessment, overall staff training compliance was 86%.

Staff administering medication confirmed they were qualified to Level 3 and received six-monthly medication competency assessments (as contractually required).

The home environment was seen to be clean and tidy. The décor of the home and furniture was of a good standard. The dementia unit was dementia-friendly, including appropriate signage for bathrooms, memory boxes outside of bedrooms, coloured toilet seats, coloured crockery, sensory area and activity room. Bathrooms were clean and tidy and free from any products. Laundry room was seen to be well organised, with different basket for each room. Appropriate industrial equipment was in place. Laundry and kitchen areas were key coded to prevent authorised access. The kitchen was last inspected on 9 April 2025 and

maintained its five-star food hygiene rating. Local Authority Annual Infection Protection Control (IPC) Audit was seen to be complete and shared with the IPC nurse; audit feedback was 100%. The home had not yet completed the Dementia Care Home Guide, however, has a dementia lead within the company and a dementia-friendly approach with use of contrasting colours and wellbeing related items throughout, including memory boxes displayed outside of bedrooms.

The medication room was clean and tidy and secure. Controlled drugs were stored in separate controlled drug cupboards. On the whole, room and fridge temperatures were seen to be recorded daily, however, a few days were missing. A Medicines Management Policy was in place, in date and was seen to contain information relating to covert medication and homely remedies. Staff medication competency assessments were in place in line with contractual requirements. Front covers were seen to be in place for Medication Administration Record (MAR) charts, with photographs, allergy status and how the resident liked to take their medication. MAR charts were seen to contain all prescribed medication and reference other records such as Topical Medication Administration Record (TMAR). Instructions on MAR charts were seen to match pharmacy labels and, on the whole, MAR charts were seen to be double-signed, however, one resident's MAR chart viewed only had one signature. Pro re nata (PRN) protocols were seen to be in place. Regular managers audit on controlled drugs. The medication management contributed towards the decline from 'Excellent' to 'Requires Improvement' in the 'Safeguarding and Safety' domain.

Although the home had a range of risk assessments in place, control measures were found not to be followed, for example a heated roller grill did not contain any warning signage, cleaning products accessible unlocked in cupboard, and maintenance equipment left unattended in a corridor. Some service certification documentation was also found to be out-of-date. This contributed towards the decline from 'Excellent' to 'Requires Improvement' in the 'Safeguarding and Safety' domain.

The home undertook a range of audits, with an audit schedule in place; most audits were seen to be completed at the required frequency, however, some gaps were found.

Records were found not to be held securely; during the assessment, all three nurse stations were found to be unlocked and unattended, with one having an open laptop logged onto the electronic care plan system, and all having open or unlocked cabinets which contained confidential information (for example, Do Not Attempt Resuscitation).

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address all individual questions identified as requiring improvement – the Action Plan will be monitored through reviews and contract visits by the Quality Assurance and Compliance (QuAC) Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good relationship with the QuAC Officer and responds to requests for information in a timely manner.

Engagement and Support from Transformation Managers

Although Reuben Manor have low engagement with the Transformation Team, the leadership team in the home do acknowledge emails and calls, and responds when necessary. The Activity

Co-ordinator attends the activity networks, has been involved in previous training and workshops, and also brings residents to events in the community. The Transformation Team will continue to link in with the care home around opportunities and initiatives to improve engagement from the care home manager and deputy.		
Current CQC Assessment - Date / Overall Rating	17/12/2020	Good

Provider Name	Stockton Care Limited	
Service Name	Primrose Court Nursing Home	
Category of Care	Nursing Dementia / Complex Mental Health	
Address	South Road, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	18 th – 20 th August 2025	
Date Assessment Published	17 th September 2025	
Date Previous Assessment Published	30 th October 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were person-centred and written in a respectful manner, were reviewed monthly at minimum, and were seen to have been reviewed in response to changes in need or to incorporate new information provided by professionals. They clearly documented the individual approaches required for each resident, as well as information relating to what was important to the person such as family and life history. Regular assessments were noted to take place and Personal Emergency Evacuation Plans (PEEP) were seen to contain accurate information and were also reviewed regularly. Information gathered within these assessments was included in care plans and escalation of concerns to other professionals was evidenced. Daily notes were person-centred and contained good detail, including food and fluid records, and an overview of the individuals' presentation that day.</p> <p>Observation and discussion confirmed that residents are treated individually, and their privacy and dignity respected. Residents, where able, had access to manage the security of their bedrooms independently, and bedrooms were well personalised. Unwise decisions were supported appropriately, and residents' wellbeing appeared to be well maintained. Those spoken with confirmed they felt they / their loved ones were safe and well looked after. Staff were aware of the different types of possible abuse and were able to explain possible changes in an individuals' behaviour as a result of abuse, and how they would handle this.</p> <p>Staff were noted to follow appropriate practice in relation to food hygiene and infection prevention and control, with hand washing undertaken and PPE worn. They were rated 5 (very good) following a food hygiene assessment conducted by the Food Standards Agency in February 2025. Menus were seen to be healthy and balanced, and residents were seen to be offered choice over meals and portion sizes, and supported with personal requests.</p> <p>Staff files contained records largely consistent with appropriate recruitment checks, including right to work documents and references, and files contained completed induction checklists which covered policies and procedures as well as training, including the care certificate, and</p>		

required sign off by the inducting officer. Appraisals took place annually and supervisions bi-monthly, as per contract. There was a matrix in place for the year with the pre-planned schedule, which was seen to match the completed records on file. A training matrix was in place and identified training compliance to be at 100%.

Medicines were stored securely and appropriately in lockable medicine cabinets, stored in locked medication rooms. Controlled drugs were stored in separate, locked cabinets within the medication rooms. A medication policy was in place and reviewed recently in June 2025; the policy included homely and covert medications. Medication competencies were being conducted annually at minimum (in line with NICE guidance), though SBC contract requires them to be undertaken six-monthly. A monthly medication audit was being conducted using the NECS (North of England Care System Support) Medicine Optimisation Teams' template, and their most recent audit score was 86.5%. Medication documentation, for example front covers, Medication Administration Records (MAR) charts were being completed appropriately. There were a number of occasions where the special instructions on medication labels (for example, do not consume grapefruit) did not match the MAR chart, and on discussing this with the manager, they advised this was something they were already remedying with their new pharmacy supplier following a recent change.

The home was well equipped taking into consideration the needs of their residents, promoting independence and enrichment, and the associated risks considered. There was a dementia-friendly environment with appropriate use of décor and orientation signage throughout. The home had completed the Dementia Friendly Care Home Guide, as required as part of their contract. The premises was secure with corridors and doorways free from obstruction. Equipment was seen to be in good condition and appropriate servicing certification noted to be in date and on file. Safeguarding information was displayed within the home and contained contact details for the regional Local Authorities.

There was a 'managers monthly audit' file in place which contained an index outlining the area of audit and frequency; the audits covered several areas and were seen to be done at the required frequency, or more often. The home's maintenance, domestic and kitchen audits were completed using Acticare books which contained a section for completion by the manager to evidence oversight; however, the provider had developed a separate, more in-depth, audit of these which were completed monthly. The audits reviewed appeared mostly to have been conducted robustly, with areas of improvement identified and recorded, along with follow-up actions such as repair work or staff supervisions recorded, though the 'weekly' tasks in the domestic and kitchen books did not appear to be completed on a weekly basis and this had not been identified. Discussion with staff informed that these tasks were being undertaken at intervals set by the home rather than following the template of the book, and recommendation was given to review this to ensure that the recording template reflected the planned schedules.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address minor areas identified for improvement to ensure full compliance which will be monitored by the Quality Assurance and Compliance (QuAC) Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider is responsive to requests from the Local Authority and liaises closely with their QuAC Officer. Performance Dashboard submissions are made in a timely manner, and queries

are responded to promptly. There have been some recent changes in management, and the QuAC and Transformation Manager are supporting with this.		
Engagement and Support from Transformation Managers		
<p>The care home engages with the Transformation Team across a number of initiatives. Although the current acting manager has not participated in the Well Led Programme, the care home has collectively engaged with a number of other opportunities over the last year, including the Activity Co-ordinator Network and training. The care home brings residents into the community for events hosted by Stockton-on-Tees Borough Council and other care homes in the Borough.</p> <p>The Transformation Team will link in with the care home managers to discuss leadership development opportunities and peer support networking to ensure ongoing consistency in practices across the service.</p>		
Current CQC Assessment - Date / Overall Rating	04/07/2023	Good

Provider Name	Teesside Healthcare Limited	
Service Name	Churchview Nursing and Residential Home	
Category of Care	Nursing / Dementia Nursing / Residential	
Address	Thompson Street, Stockton-on-Tees TS18 2NY	
Ward	Stockton Town Centre	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	8 th – 10 th September 2025	
Date Assessment Published	23 rd September 2025	
Date Previous Assessment Published	27 th January 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans contained information on how the individuals wanted to receive their care which evidenced their involvement in care planning, and this was reflected in daily notes. The online care planning system had two sections to gather life history and detail on what was important to the individual, 'who I am' and 'about me', which were often lacking in detail or incomplete. This was identified during the last assessment and improvements made had not been sustained. Assessments were seen to contain conflicting information, and information was not always transposed into care plans appropriately (for example, several medical diagnoses were noted to have been captured in some assessments but not others). Daily notes were mostly seen to be of good standard, with detailed food and fluid records, and professional visits / escalation of concerns to professionals recorded.</p> <p>The audit trail on the online care planning system showed that monthly reviews were being recorded, however, the review notes here were often copy and pasted from previous reviews, with the document itself not appearing to have been reviewed (for example, not updated with change in need, or errors not identified and corrected). There were also occasions whereby the review note contained information that should have been added into the care plan itself. Again, this was identified during the last assessment and improvements not sustained. A key worker system was in place but not being utilised effectively as residents and relatives were often unaware of who their allocated workers were.</p> <p>Safe care delivery was observed, and those spoken with reported feeling safe and well cared for in the home. There were no reports of involvement in safeguarding concerns, but all spoken with reported feeling able to raise any concerns with staff / management should they need to. Observation and discussion confirmed that residents were treated with dignity and respect, and their privacy was maintained. Choice was seen to be offered and decisions respected, with gentle guidance / encouragement if needed. An activities schedule was displayed, and activities were observed such as 1:1 activities, quizzes, outings, and pet therapy with the resident rabbit.</p>		

Appropriate food hygiene practices were observed and a Food Standards Agency inspection done in June 2024 was rated 5 - 'very good'. Residents and relatives confirmed there was access to food and drink outside of mealtimes.

Staff files were mostly seen to contain the required checks and paperwork (for example, a photograph of the individual, right to work checks and references, which were both noted to have been signed and dated to confirm the original document had been seen or the reference verified by phone). Some minor amendments to the process were made during the assessment as a result of feedback given. Staff supervisions and appraisals were seen to be conducted at the intervals set out within the contract.

Medication rooms and trolleys were clean and tidy, and storage was seen mostly to be safe and appropriate. Controlled drugs were stored appropriately, and records were seen to be completed, with only a small number of instances whereby a second signature was missing. Overall, medicines were being safely stored and administered, with appropriate records in place. Medication competencies were carried out six-monthly, in line with contract. A monthly medication audit was being conducted using the NECS Medicine Optimisation Teams' template, all of which scored above the 85% threshold set by Meds Ops. Their most recent audit in August was undertaken by the Meds Op Team themselves and was scored at 89%.

The premises was noted to be secure with entry / exit via keypad and doors appropriately locked. Fire escapes and corridors were free from obstruction and staff were identifiable by uniform and some wore identification badges. The home had completed the Dementia Friendly Care Home Guide (as per contract) and had a dementia-friendly environment, but continues to work to improve this. Equipment was seen to be in good condition and appropriate servicing certification noted to be in date and on file.

The homes maintenance, domestic and kitchen audits were completed using Acticare books which contain a section for completion by the manager to evidence oversight; this is completed alongside a separate, more in-depth, monthly audit of each book which had been devised by the provider, as well as several other regular audits.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan for all areas identified that require improvement. The QuAC Officer will monitor progress against this to ensure the expected standard has been achieved. It is noted that improvements made following the assessment in December 2024 have not been adequately sustained, and there will therefore be an additional focus on these areas and the provider will be required to evidence a plan for sustained improvement and oversight of the same.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

There have been further managerial changes within the home which are being supported by the Operational Director and ongoing oversight of this by the QuAC Team. Despite the changes in management, engagement continues to be positive, with timely submissions of information such as monthly performance dashboards.

Engagement and Support from Transformation Managers		
<p>The care home engages with the Transformation Team across a number of initiatives including the Activity Co-ordinator Network and training, such as meds optimisation. The care home brings residents into the community for events and engages with local activities.</p> <p>The Transformation Team will continue to engage with the care home to promote other opportunities, such as leadership development, networking and research projects.</p>		
Current CQC Assessment - Date / Overall Rating	23/04/2025	Good

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

Summary

The third evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service will feature contributions from Eastern Ravens and Mobilise.

Detail

1. Recognising the Borough's young carers and the importance of their transition into adult support services, **Eastern Ravens** was approached for a response to the following:

- *What duties exist in relation to young carers transitioning into an adult carer service? Are these being met locally?*
- *What links exist between Eastern Ravens and the Stockton-on-Tees Adult Carers Support Service? How does the former promote / raise awareness of the latter?*
- *What are the principal challenges for young carers that would need considering / addressing once they transition into the adult carer service? What support would make the biggest difference to them?*
- *Has any feedback been received from former young carers on their early experiences of the adult carer service?*
- *Any views on key areas of future focus relating to this scrutiny topic from your perspective (e.g. existing challenges that need to be addressed)?*

A presentation has been submitted in advance and is included within these meeting papers. The organisation's Trust Manager is scheduled to be in attendance to give an overview of the information provided and respond to any comments / questions.

2. **Mobilise** is an online business led by carers, for carers, which provides weekly digests of carers' top tips, community support and a space to connect with people in similar positions. It has been working with Stockton-on-Tees Borough Council (SBC) since 2024 to provide a range of free online services to support local carers, and was therefore asked to respond to the following:

- *Brief overview of what Mobilise does.*
- *How Mobilise is involved with SBC, how long this arrangement has been in place, and what has been achieved thus far.*
- *In terms of the partnership between Mobilise and SBC, what future plans exist (including how carers from hard-to-reach areas will be identified)?*
- *Any views on key areas of future focus relating to this scrutiny topic from your perspective (e.g. existing challenges that need to be addressed)?*

A presentation has been prepared and is included within these meeting papers. The respective Account Manager is scheduled to be in attendance to provide an overview of the submission and respond to any comments / questions.

3. Ahead of this latest evidence session, Members may wish to familiarise themselves with:

- **The Children's Society:** Young carers' transition to adulthood – a pathway for all practitioners (revised 2023)
https://www.childrenssociety.org.uk/sites/default/files/2023-12/MCB315_Young-Carers-Pathway_Linked.pdf
- **Carers Trust:** Developing young adult carer services – a practical guide (2024)
<https://carers.org/downloads/good-practice-guideddeveloping-young-adult-carer-services--a-practical-guidehr.pdf>
- **South Tyneside Young Carers:** Carers in Transition
<https://www.southtynesideyoungcarers.org/young-carers-in-transition-16-24/>
- **Association of Directors of Adult Social Services (ADASS):** Young Adult Carer Support Service (2024)
https://www.adass.org.uk/campaign_articles/young-adult-carer-support-service/
- **Mobilise:** Caring for a family member or friend in Stockton-on-Tees?
<https://support.mobiliseonline.co.uk/stockton-on-tees>

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

Young Carers Transitions

Eastern Ravens Trust

Tel: 07761 073130

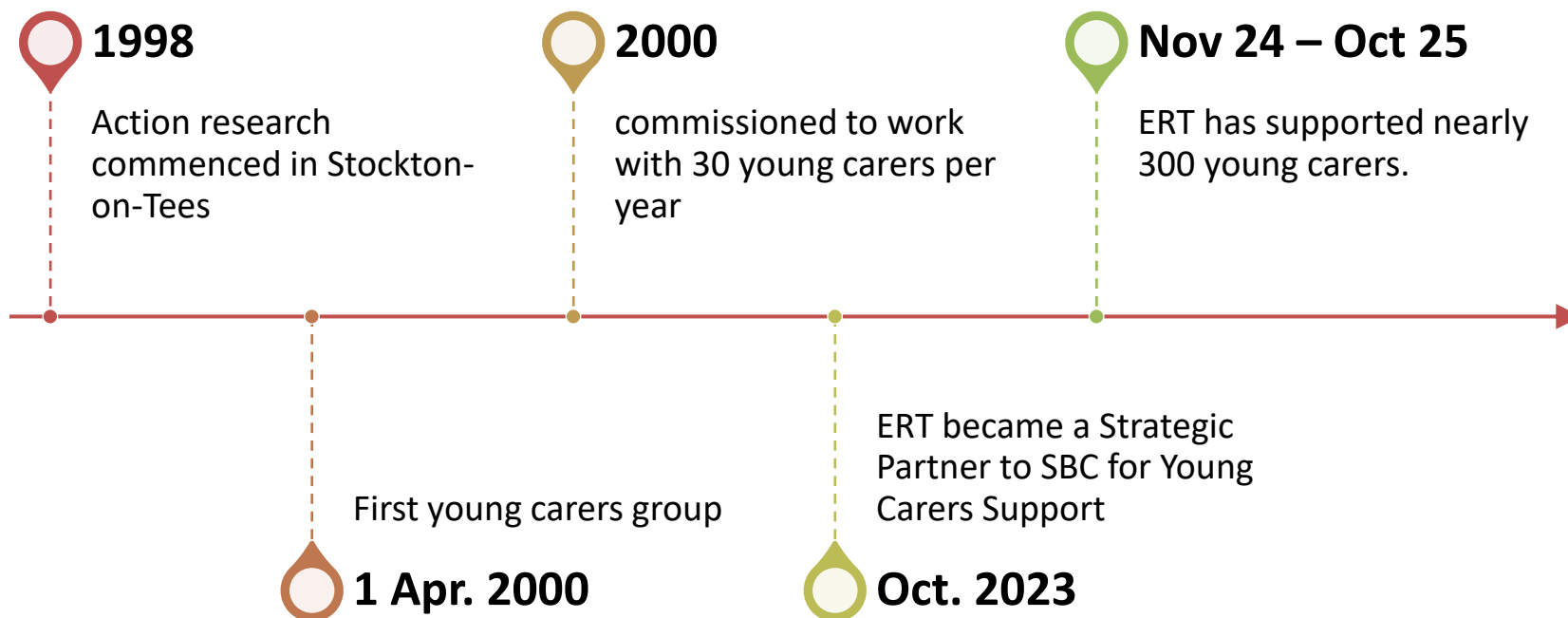
Email: info@easternravenstrust.org



EASTERN RAVENS

*"Supporting Children, Young People
& Families for over 50 years"*

Eastern Ravens Trust Supporting Young Carers



Young Carers Definition

The term 'Young Carer' includes children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

Stockton-on-Tees

Context Unpaid Care

- 2021 Census: 1500 young carers **under the age of 25**
- Under 19 hours per week: 725
- 20 - 49 hours per week: 350
- 50 hour or more per week: 175

Reasons for Caring Roles

- Physical Illness
- Physical Disability
- Mental Health Illness
- Sensory/Hearing Loss
- Alcohol/Drug Dependency
- Learning Difficulty
- Multiple Caring Roles

What do Young Carers do?

- Practical tasks such as cooking, housework, shopping
- Emotional support
- Giving/reminding about medication
- Managing the family budget, collecting benefits, banking
- Looking after younger siblings
- Interpreting
- Collecting prescriptions, accompanying to medical appointments
- Physical care such as lifting, transferring
- Personal care such as dressing, washing, toileting.

Education:

Reduced attendance, lateness, struggling to cope within lessons & completing homework, worry, not having the correct uniform, lower attainment; decreased future life chances.

Social:

Loneliness & isolation; victim of bullying; increased risk of criminal exploitation and child sexual exploitation.

Wellbeing:

Poor mental health; worry, stress & anxiety; lack of sleep; reduced time for exercise; shame; challenging behaviour.

Physical Health:

Physical injury; illness; developmental delay; lack of opportunities for exercise & healthy eating.

Impacts of Caring

Current Service Provision

- Age 5 – 18
- Referral/Young Carers Needs Assessment
- Flexible & Bespoke
- Whole Family Working
- Respite Breaks
- School Holiday Programmes
- 1-2-1 Support
- Signposting/Referrals
- Building Capacity/Awareness Raising
- Ravens Retreat

Young Carers Transitions

The 2014 Care Act placed a duty on local authorities to provide young carers with a 'Transition Assessment' before they turn 18.

This duty was delegated to ERT in the service specification in 2023.

Our Transition Assessments are conversations with young carers to obtain their views, wishes and feelings.

Stockton Adult Carers Service & Stockton Young Carers Service

- Initial Whole Family Assessment
- Transition Discussion
- Signposting/Referral
- Targeted Awareness Raising Initiatives e.g. Adult Social Care, Newly Qualified Social Workers
- Joint Events e.g. Carers Week
- Information Sharing
- Hospital Based Advisor
- E-learning.

Young Carers Feedback

“Adult carer support sessions are during the day”

“Support needs to be age appropriate”

“Tailored to older people”

“I didn’t know there was an Adult Carers Service”

“I struggle with change”

“It’s harder to explain my situation to someone I don’t know”

“No sense of belonging”

“What I need at 18 is not the same as what 40-year-old needs”

“I’d feel awkward telling a stranger my story”

“It’s my choice”

The Future

- Dedicated young adult carers service age 18 – 25.
- Same Key Worker.
- Open to all irrespective of caring for a sibling or an adult over 18.
- Social opportunities at appropriate times.
- Dedicated projects e.g. managing money, cooking on a budget.
- Wellbeing support.
- Identifying unknown young adult carers.

Questions?



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mobilise

Stockton-on-Tees - Scrutiny 2025

Transforming how unpaid carers access support

Together we care and thrive



Stockton-on-Tees
BOROUGH COUNCIL

About Mobilise

We help councils engage unpaid carers earlier and more effectively – preventing, reducing, and delaying the need for intensive adult social care.

How:

- Digital innovation – AI tools, targeted web ads, and a 24/7 online peer community
- Scalable, light-touch support – information, advice, and guidance available anytime
- Human connection – lived-experience carer support team for one-to-one help

Why it matters:

- Scalable and cost-effective
- Complements existing services
- Reaches and identifies ‘hidden’ carers
- Addresses CQC priorities
- Supports the NHS plan for community-focused preventative carer support

Core Principles:

Focus on
upstream
prevention



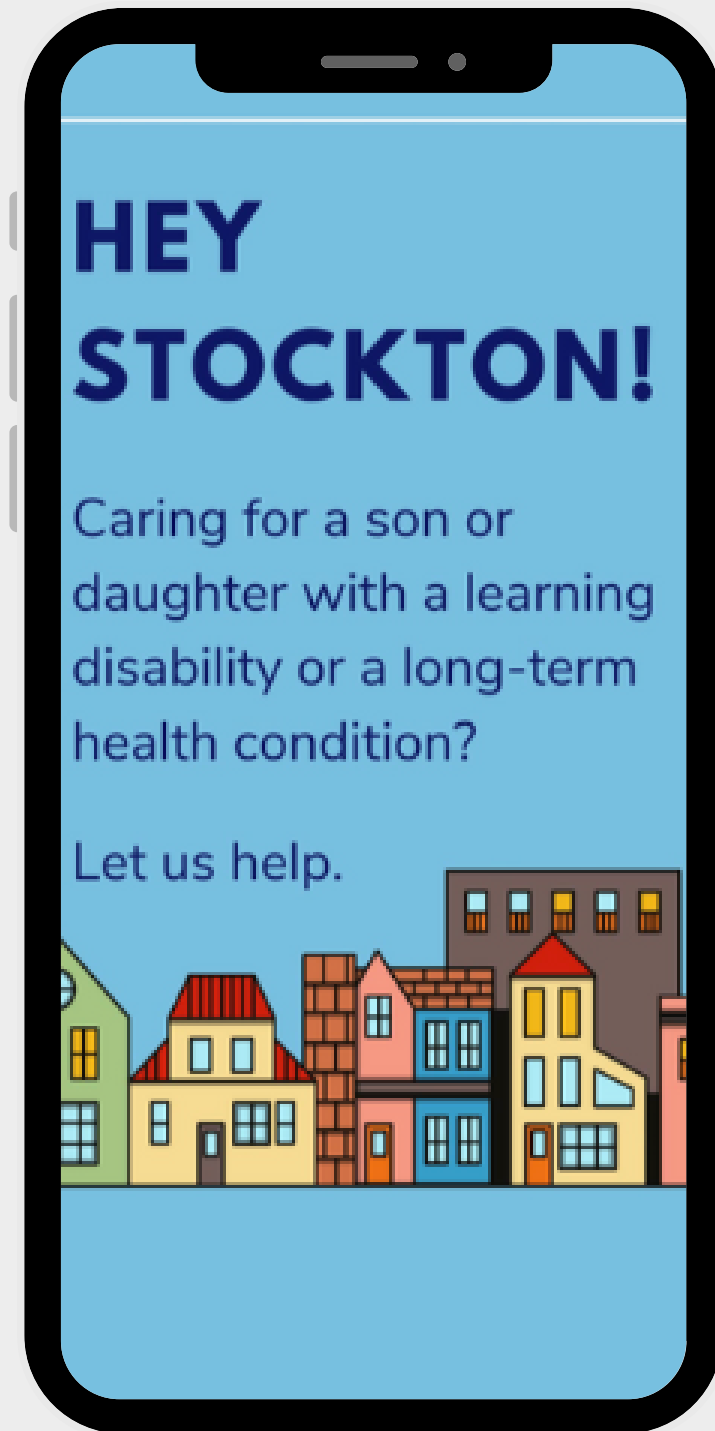
Technology to
bring people
together



Mobilise the
knowledge,
wisdom &
expertise of carers



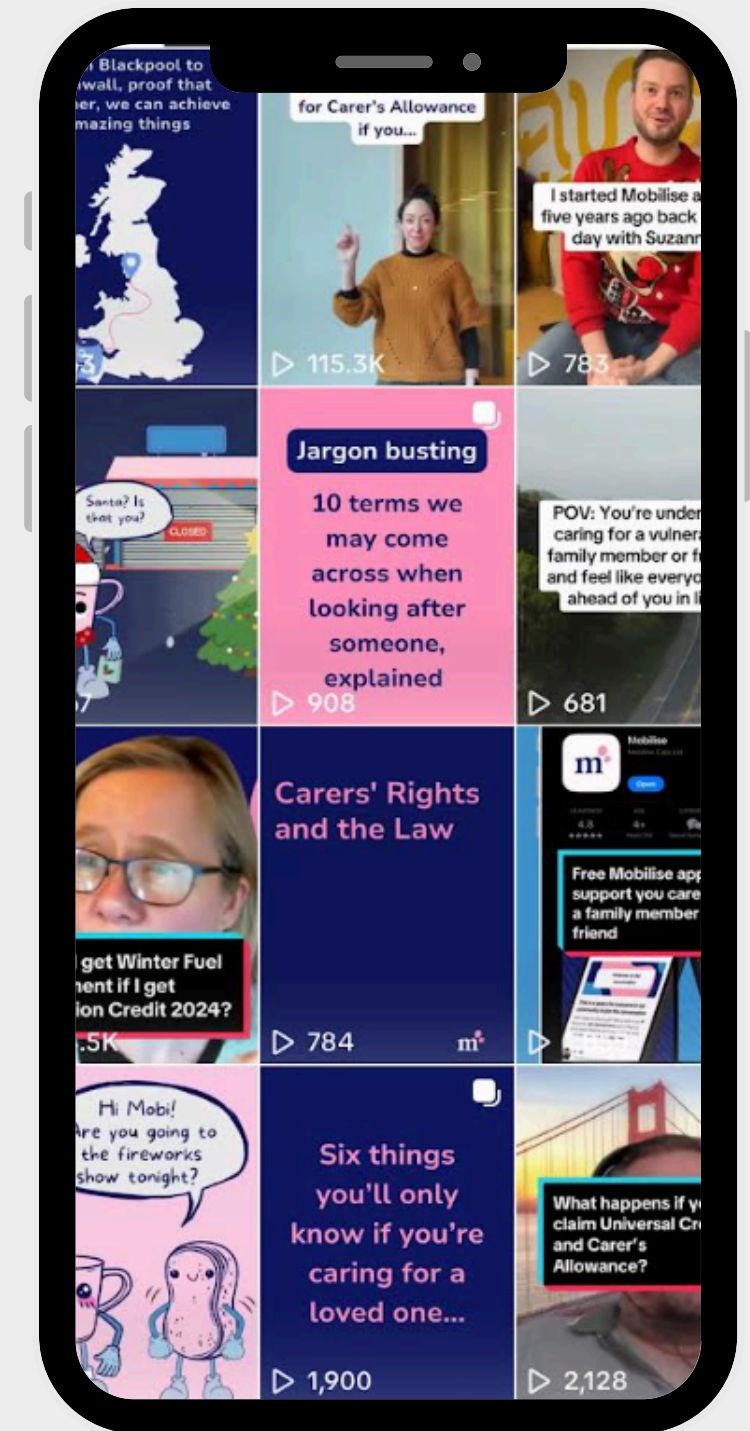
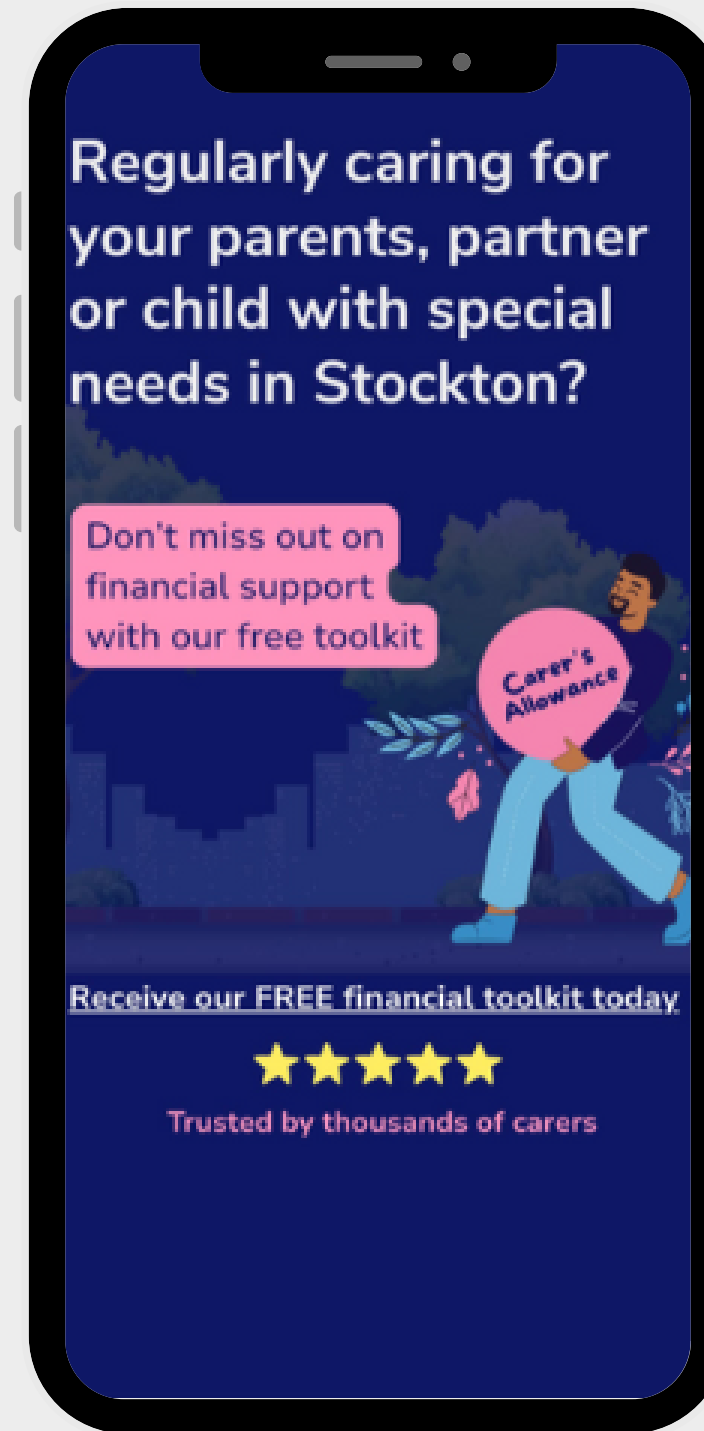
Identification and initial engagement



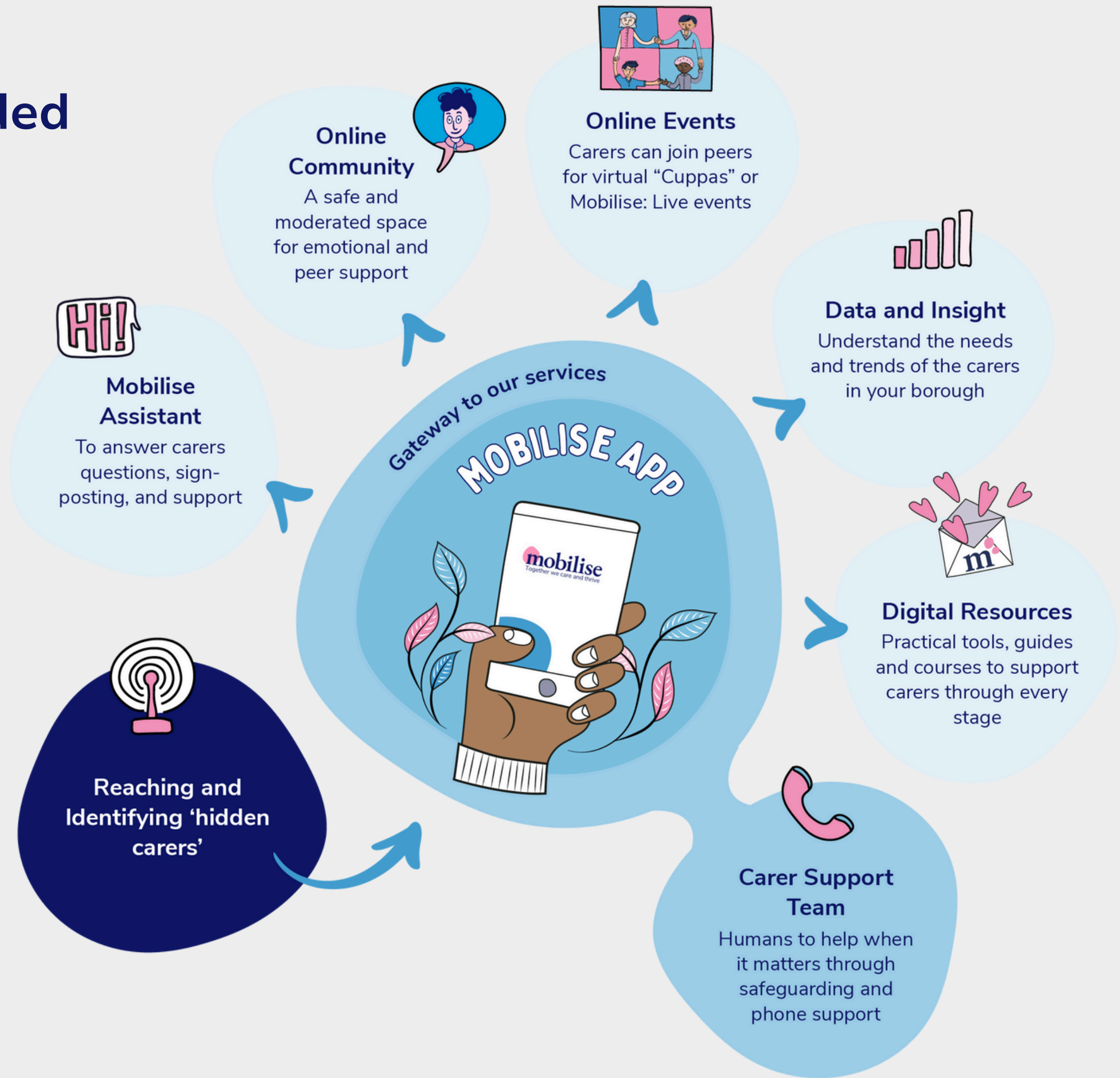
Social advert: Facebook
Carers sign up to our Personalised Guide to Caring

Display advert - Google
Covering a range of caring topics.

Search advert - Google
Carers use our Carer's Allowance Tool



What's included



Mobilise and ARF

North East and North Cumbria Mobilise Digital Carer Service was developed through ARF funding to address the gap in accessible and proactive support for unpaid carers. Many carers across the 13 local authorities reported limited knowledge of available services, with **81% having never accessed support for their caring role before.**

The project aimed to:

- Increase identification of unpaid carers, including young working age carers
- Provide easily accessible digital resources to support carers outside of traditional working hours
- Improve carers' access to financial support and emotional wellbeing resources
- Reduced pressure on commissioned and crisis services

Mobilise and the North East

Nov 2022 - Mar 2024

Successful pilots were executed across 4 local authorities in the North East (Durham, Northumberland, South Tyneside and Middlesbrough).

Apr 2024 -Mar 2026

Directors of 13 Local Authorities committed to a strategic digital carer service through a partnership with Mobilise and £990k of Accelerating Reform Funding

This was a two-year regional initiative for identification and support of unreached carers across the ICB region, with a view to business as usual sustainability post ARF

The NE ADASS councils supported by Mobilise will exceed targets and reach over 150,000 carers with 30,000+ new carers registered by March 2026.

So far in Stockton:

Engaged carers

2,667

times through actions or tools
such as our E-support
subscription

Supported carers

1,507

times with deeper
actions like our
Personalised Guide to
Caring

enabled unpaid
carers to apply for
over

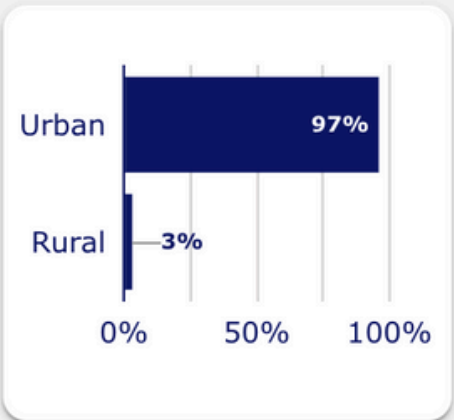
£502,116

in eligible carers
allowance
support

Geography of carers (all time)



Count
676

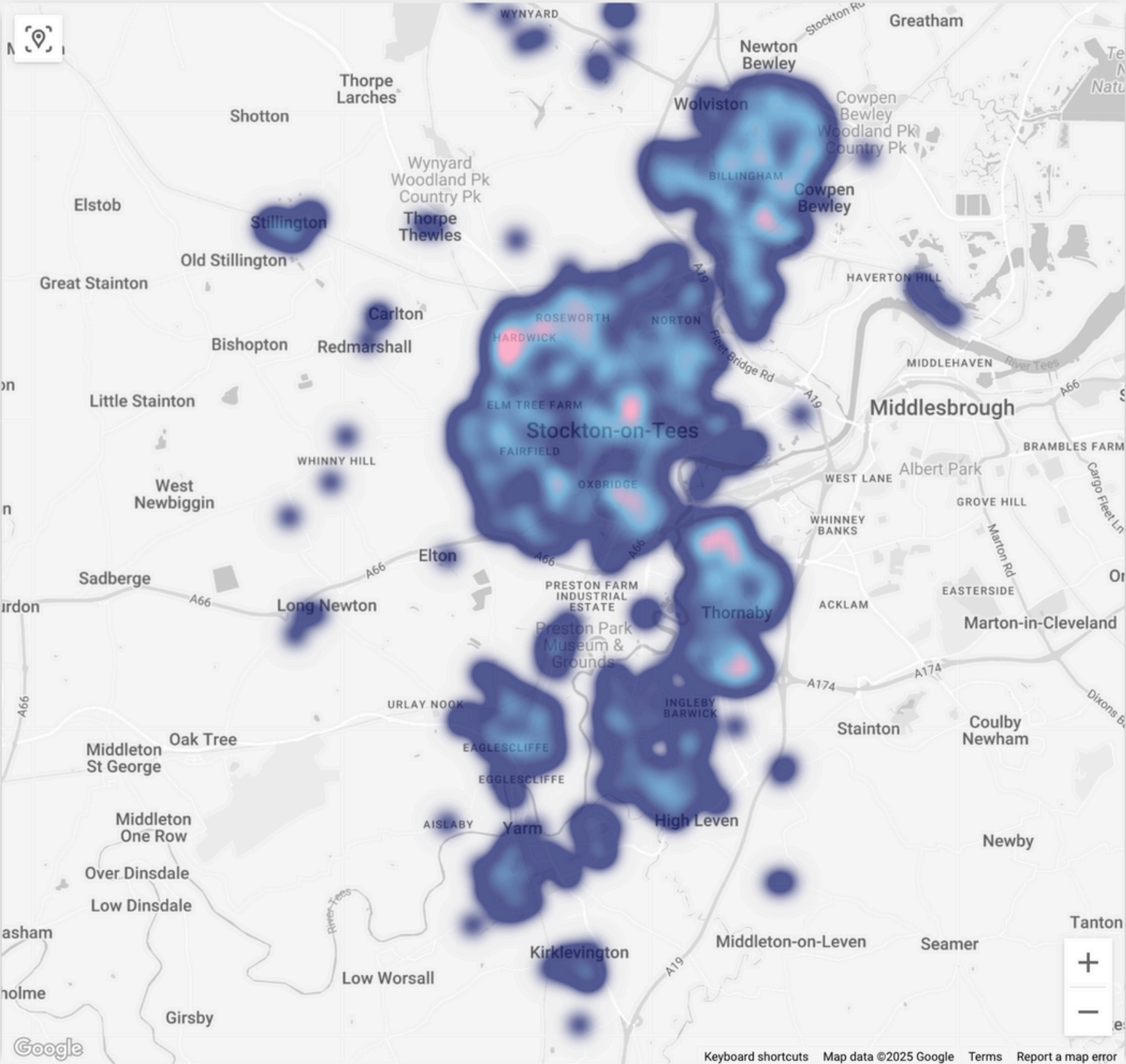


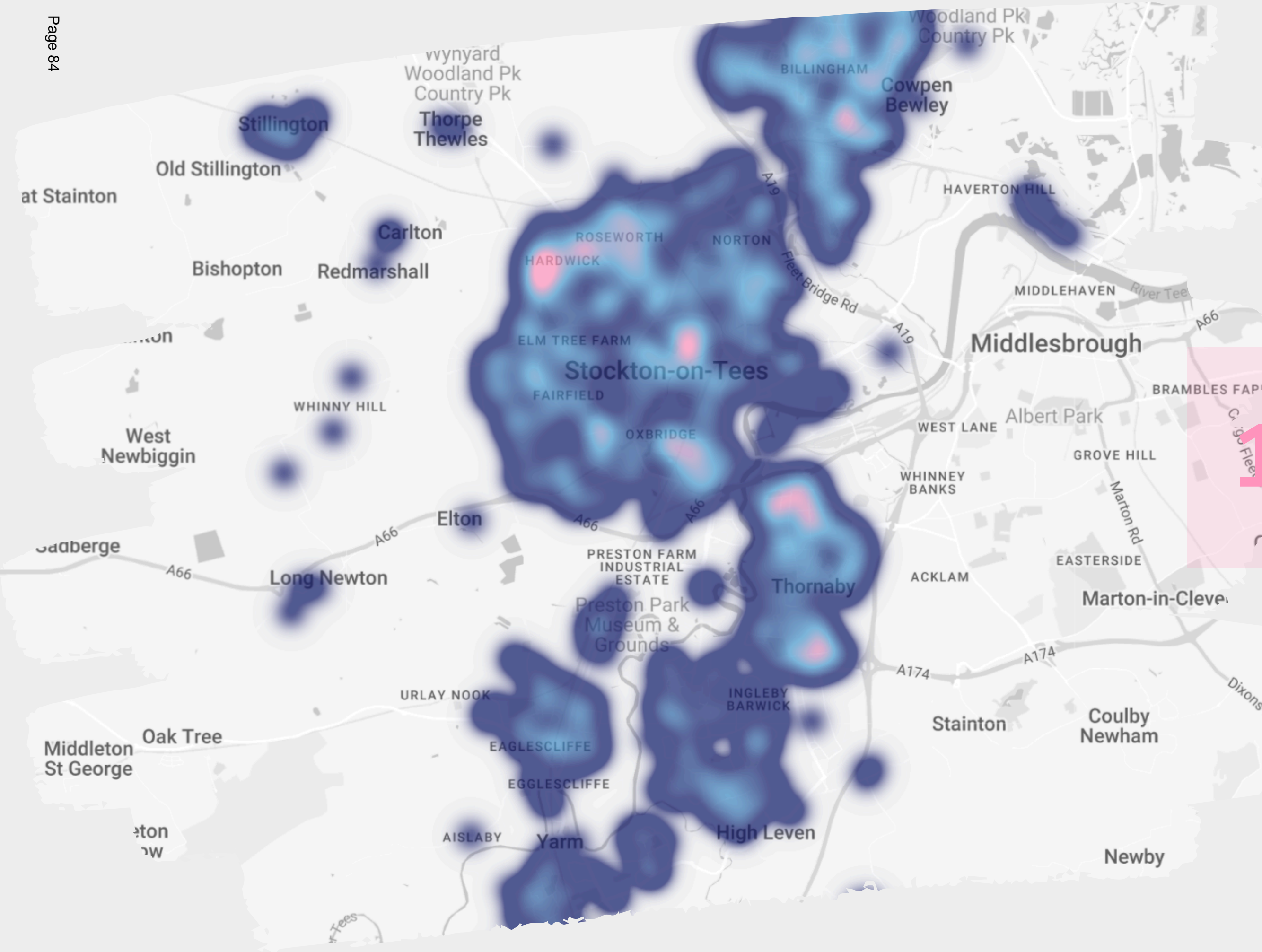
Count
1,780

Electoral ward	% of identified carers
Roseworth	5.9%
Hardwick & Salters Lane	5.5%
Billingham East	5.4%
Billingham Central	5.1%
Stainsby Hill	4.8%
Billingham South	4.8%
Hartburn	4.7%
Fairfield	4.7%
Mandale & Victoria	4.5%
Ropner	4.2%
Ingleby Barwick South	4.0%
Stockton Town Centre	3.9%
Billingham North	3.8%
Villane	3.7%

1 - 27 / 27

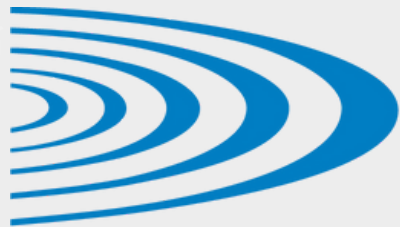
Count of postcodes
1,780





In just over a year we've engaged & mapped

1,780 Carer Postcodes across Stockton-on-Tees



Stockton-on-Tees
BOROUGH COUNCIL

In Stockton-on-Tees we know:

64%

Outside of
working
hours

79%

care for over 35
hours a week

82%

haven't accessed
support before

66%

are working age

29%

of our users are
male.

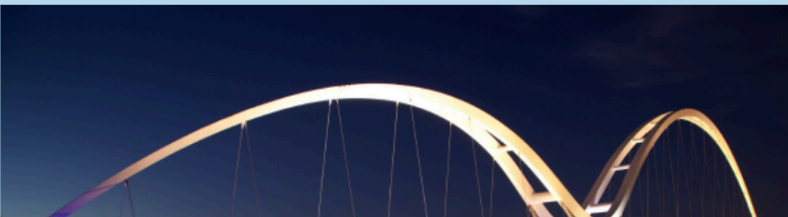
Signposting to Local Support to Carers

Stockton local information start here

Pop the kettle on and browse through everything we can access in Stockton

- Click on a link to find out more:
- 👉 [Local carer support services in Stockton](#)
 - 👉 [Request a Carer's Assessment in Stockton](#)
 - 👉 [More help from Stockton Council](#)
 - 👉 [Everything else in Stockton](#)
 - +
 - 👉 [Book a call, join a cuppa and more, Mobilise services for everyone caring in Stockton](#)
 - 👤 Is there something missing - tell other carers in the [Stockton conversation space](#)
 - 💡 Top tip from others who are caring - let your GP practice know about your caring role by simply asking for a [Carer's Assessment](#) Registration form at the reception. This will flag you as a carer on your record.

Caring for a family member or friend in Stockton-on-Tees?



If you look after someone regularly, perhaps a parent, partner, child, sibling, or neighbour or friend, we're here to support you in your caring role.

We work with [Stockton-on-Tees Council](#) to provide a range of free online services to support you, in addition to what is already on offer.

Events and local support in Stockton-on-Tees

See what's coming up next locally:

- 👉 Drop by Stockton-on-Tees [weekly support session](#) every Thursday between 9:30 am - 4:00 pm at the Wellbeing Hub for advice, info, and a friendly chat. They're here for you!
- ★ [Check out Stockton's Carers Hub](#) for advice and information when caring. Alternatively, we can call on **01642 524494**.
- 👉 [Stockton-on-Tees Adult Carers' Support Service](#) supports those of us living across Stockton-on-Tees including information and advice, local activities, peer support groups, and much more.
- 🛠️ [Access our free online tools](#) to help with caring, including support calls with our friendly carer support team and financial checker tools.
- 📅 Find out "how" and "why" to [register as a carer here](#).

Help for you in Stockton-on-Tees

Feedback in the Region



"I wish technology was this good when I went through my darkest days"

-Olivia, caring in Gateshead

"It's a wonderful thing, everything is just a click or two away...and I hope we've made it clear it's emotional support we get"

-Phil, carer from Sunderland



Jacqui Kaid, Strategic Carers Liaison Officer (South Tyneside):

"Mobilise worked collaboratively with our existing carers support service provider, ensuring their services complemented existing support and enhanced our carers offer rather than replace it in any way.

Mobilise is actively referring people who may require additional support into the face-to-face carers support service."

Future in Stockton-on-Tees

Currently the future of Mobilise with the North East ICB region is being discussed at Director, Commissioner and Carers Lead level within each Local Authority. This has been facilitated by North East ADASS.

We have presented a discounted model to each Local Authority based on population size for consideration.

Mobilise is committed to working closely with adult social care teams to ensure that carers are informed and empowered to choose the support they need at the right time.

Using paid digital marketing techniques we've been able to register nearly 2,000 carers in 18 months, using carer led data to target carers at home.

Over the past 18 months we've provided detailed insights and impact from real carers across Stockton-on-Tees.

Existing Challenges to be Considered

Early Identification and Digital Reach

A key challenge remains identifying carers earlier in their journey, particularly those who don't self-identify or who are balancing work, family and caring responsibilities. Mobilise's digital platform and online community could play a valuable role in complementing the council's work, helping to reach hidden carers through flexible, accessible channels. Early identification allows for lighter-touch, preventative support before carers reach crisis.

Evidence, Impact and Co-Production

Mobilise would welcome opportunities to collaborate on measuring outcomes for carers, not only in terms of service uptake but also wellbeing, confidence and sustainability in caring roles. Using a co-production approach (involving carers in shaping what "good" looks like) ensures that future developments in Stockton's carers offer remain meaningful and data-informed.

Existing Challenges to be Considered

Blended Approach

Developing a hybrid offer focuses on intervention and prevention, balancing digital accessibility with in-person intensity where needed. Some carers benefit most from structured, face-to-face interventions, particularly those in crisis or with complex caring situations, while others feel empowered through community, peer learning and having access to knowledge they can control. Mobilise's national experience shows that a blended model enhances choice, increases reach, and promotes self-sustaining carer networks.

Supporting Working Carers

With one in seven employees juggling work and care, there's a need to support carers in less traditional ways. Mobilise's 24/7 digital carers service could support Stockton's ambitions to help carers remain in work. This is particularly important given the local economic cost of carers leaving employment.

Summary

Since May 2024, Mobilise has supported 1,780 unpaid carers in Stockton with with 4,174 actions, 82% who had not accessed support before. This has been done through paid media advertisement to allow carers to receive 24/7 digital support.

In Stockton we've seen 1,780 individual carers register with us, 64% using Mobilise outside of working hours.

We're working closely with ASC to create a seamless transition of the carers most in need, giving carers the choice to access more formal in person support.

Currently the contract is set to end April 2026, conversations are underway internally at Stockton-on-Tees, and as a wider North East Consort.

We celebrate the successes in partnership with ASC, and endeavour to support the councils strategic priorities around unpaid carers.

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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 Mobilise	18.11.25	
	Consultation feedback Other approaches External scrutiny of ASC	16.12.25	
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	20.01.26	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	February 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	17.02.26	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	12.03.26	Cabinet / Approving Body

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Adult Social Care and Health Select Committee

18 November 2025

SBC DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024-2025

Summary

The Committee is requested to consider the Stockton-on-Tees Borough Council (SBC) Director of Public Health Annual Report 2024-2025.

Detail

1. Under the Health and Social Care Act (2012), the Director of Public Health has a duty to prepare an independent annual report. The Local Authority's duty is to publish it (see <https://www.gov.uk/government/publications/role-of-the-director-of-public-health-in-local-authorities/directors-of-public-health-in-local-government-roles-responsibilities-and-context>).
2. The *SBC Director of Public Health Annual Report 2025* outlines the opportunity to bring work on healthy communities and healthy places together, to improve health and wellbeing and address inequalities. The report highlights existing examples of good practice and proposes actions that support delivery of the Health and Wellbeing Strategy and the Stockton-on-Tees Plan, as well as aligning with Powering Our Future.
3. The report sits with the Health and Wellbeing Board and will be considered by SBC Cabinet.
4. The SBC Director of Public Health is scheduled to be in attendance to present the report which is included within these meeting papers.
5. Members are reminded of the discussion points raised when the last SBC Director of Public Health Annual Report (2023-2024) was presented in June 2024 – these (along with the Annual Report 2023-2024) can be found at the following link (see item ASCH/13/24):

<https://moderngov.stockton.gov.uk/ieListDocuments.aspx?CId=1140&MId=4403&Ver=4>

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Building Healthy Communities – connecting people and place

Director of Public Health Report 2025

Key messages

- Communities are the heart of places – both geographic places and the places where people feel ‘at home’ with others they identify themselves with (which can be many things)
- If we start with communities and build flexible approaches and systems, we are more likely to have meaningful partnerships with communities, understand what is important to them, develop joint solution to meet people’s needs and get better outcomes for all our communities (addressing inequality)
- How do we do this? Through a framework that builds collective aims, enablers and resourced plans, that links working with communities, to developing local places and neighbourhood approaches
- This needs to be about more than our ‘service offer’, rather it needs to use a system-wide approach, building on evidence, intelligence and partnerships and maximising the opportunity for health creation
- There are examples of local work that we can build on to help us with our approach; and a self-assessment tool to support us with where to start
- The report identifies suggested actions to take the work forward. It also reviews progress on the actions identified in last year’s report

Introduction

This year’s report looks at how we put working with local communities at the heart of work to shape healthy places, to help local people to thrive.

It is clear that people’s experience of health and wellbeing is affected by both the physical places and neighbourhoods they live in and the relationships and communities they identify with. In fact, places are shaped by communities – how people interact, how they use the space around them, the agency and ownership they feel about where they live, work and play. As we will know from our own lives, people often do not just identify themselves as part of a community in their neighbourhood – they may feel more part of communities (often more than one) that are not based on geography. For example, other parents with children of the same age, other people who share the same faith, or others who experience disability. This means that communities are central to how we develop and regenerate physical places (neighbourhoods, parks, housing). Community-centred development helps ensure improved health and wellbeing outcomes through responding to local views and needs, greater community ownership and make the best use of local facilities and assets. More than that, as the Council implements ambitious plans for the borough together with local people and partners, there is an opportunity to focus on health creation – proactively creating the conditions, wherever we can, to enable people to have the best health and wellbeing, rather than mitigating the impact of poor health.

This report sets out some recommended actions to help connect people and place to improve health and wellbeing, building on some of the great existing strengths in the borough. I hope you find it useful.

1. Progressing work on health inequalities

Last year's Director of Public Health Annual Report¹ proposed a systematic approach to addressing health inequalities and actions to put this in place. This approach was adopted by the Council and discussed with wider partners (**Appendix 1**). It sets out proposed action across services, the community and civic bodies. Much work is underway and progress against the report's recommendations is captured in **Appendix 2**. We will continue to deliver on this and the work agreed through the Health and Wellbeing Strategy² and Stockton-on-Tees Plan³ to address these challenges.

2. Community-centred places

Health and wellbeing is created and driven by a range of linked factors that link people, the communities they identify with and the place they live. These factors range from the homes people live in and the access they have to good, stable work; to the air they breathe, the opportunity they have for education, the impact of trauma and family relationships on their lives and the impact of smoking, alcohol, diet, exercise and genetic influences⁴.

We know that the diverse communities in Stockton-on-Tees experience these factors unequally – inequity (unfair differences) persist which lead to differences in health and wellbeing outcomes across communities in the borough. This is true across the country, however we know inequality is particularly stark in Stockton-on-Tees. The interface between people and the places and communities they live in, is key to understanding and helping to address this (**Appendix 3**).

This report describes some of the approaches that are helpful in understanding and bringing together community and place, to improve health and wellbeing for all our diverse communities as articulated in the Health and Wellbeing Strategy² and the Stockton-on-Tees Plan³. The report also shines a light on some examples of work to build on.

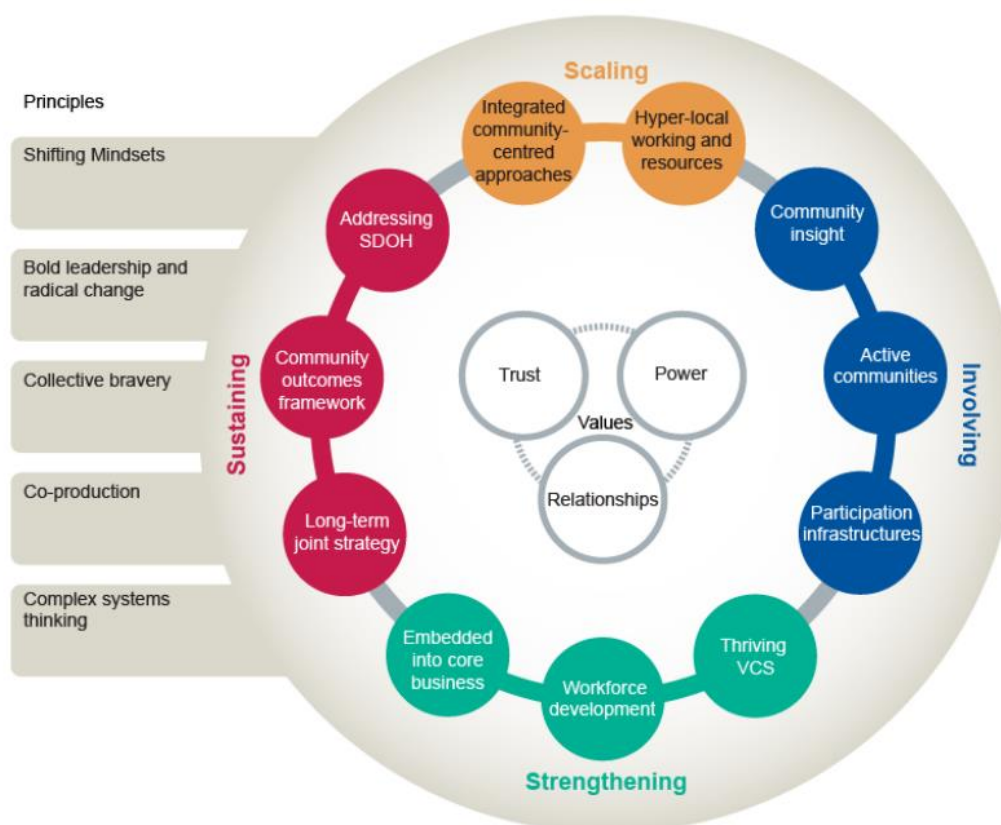
As a health and wellbeing system, we will need to develop our strategy, approach and plans based on what our diverse communities tell us and maximise their strengths – this will look different in different parts of our borough and communities are often not associated with a geographical place or location. While it often makes sense to start with a geographical area or neighbourhood, it is then important to layer on the other factors that influence how communities identify and define themselves – and of course no community or individual is defined by one thing. These factors such as age, gender, ethnicity, disability, cultural influences and more, are the things that combine to shape (and sometimes limit) the opportunity local people have to be healthy and happy.

In the context of the health challenges and inequality faced by local people, it feels even more important to make a meaningful shift to proactively *design in* opportunities for better health and wellbeing as far as possible when local places are shaped, as well as adapting existing local places to maximise health and wellbeing and mitigate poor health outcomes.

Through the Council's Powering our Future transformation programme, national implementation or pilot programmes and other work across partners in the health and wellbeing system, we are already progressing some of this work. There is the opportunity to build on this further, bringing together work with communities and on healthy place through a community-centred public health approach.

3. A community-centred public health approach – examples in Stockton-on-Tees

To embed work on healthy places and communities and address inequity, a whole-system approach across partners and communities is helpful. This recognises the central role of trust, relationships and managing power dynamics in effective working and change (Public Health England, 2020)⁶:



SDOH = social determinants of health

Scaling up - involves adapting and rolling out a flexible, effective approach to working across a wide range of partners (integrated community-centred approaches), rather than applying a standard model everywhere e.g. the national Neighbourhood Health Implementation Programme.

**National Neighbourhood Health
Implementation Programme**



**Introduction to
the NNHIP in
Stockton-on-Tees**

Neighbourhood Health is central to the Government's 10 Year Plan ambition to shift care from hospitals to community, analogue processes to digital and moving focus from caring for sickness to preventing ill health.

Stockton-on-Tees has been successful as one of the 43 areas in phase 1 of the government's Neighbourhood Health Implementation Programme.

This is to trial a new way of working, focused on people with 3 or more long term conditions and starting in the Stockton town centre and Portrack area. In-line with the NHS 10 Year Plan, the aim is to move support closer to communities; refocus from treatment to prevention; and trial digital innovation in supporting health and wellbeing.

The Council, NHS and partners are working closely, beginning to develop the approach, with community voice at its heart. The approach will include maximising the strengths and relationships in communities, through to joining up delivery of care and support across organisations in a more coordinated way to improve the experience of local people.

As learning emerges from the phase 1 work, it will help inform ways of working in other neighbourhoods and with other groups of people across the borough.

Involving – e.g. Active Stockton Place Partnership. This year the Council's public health and sport and active life teams have worked in close partnership with local community representatives, Tees Valley Sport and Sport England to carry out insights work. The conversations focused on 5 areas of the borough and particularly focused on hearing from specific communities e.g. people with disabilities, people from different ethnic backgrounds, and young people with support in place who are moving into adulthood (transitions).

The work highlighted the importance of time and an open approach, to build trust. There was an emphasis on listening and responding to what was important from the communities' perspectives rather than approaching the discussions with a set agenda. The insights spoke about wide-ranging issues that impact on wellbeing, from access to green space to perceptions of safety. A range of participating partners and Council colleagues, including the Chief Executive and Leader of the Council, gathered to hear the findings which will be used to inform the next steps of work with Sport England, but will also inform wider work including on neighbourhood health and the Pride in Place neighbourhood trailblazer recently announced in the borough. There is the opportunity to embed the learning from the work in the Council's and partners' approaches to working with communities.



Community insights feedback session, Summer 2025

Strengthening – peer advocacy pilot. Some individuals in the borough experience severe and multiple disadvantage that affects their health, wellbeing, housing, ability to work, relationships, etc. – they can also find it difficult to access support. Often these complexities stem from previous trauma or difficult family relationships and the research points to an approach that centres on building relationship, trust and is consistent. Public health commissioned Recovery Connections (funded through Integrated Care Board inequalities money) to trial a peer advocacy approach, based on evidence and with evaluation by Teesside University built in. Peer advocates with lived experience met with individuals identified by the adults safeguarding team and worked with individuals to understand what is important to them – for example seeing their children, being able to work, or restarting a hobby or interest they previously enjoyed. The individuals developed goals as a result and begun working towards these with the support of the peer advocate. In 2024/25, 27 individuals engaged fully with a peer advocate; 44% co-produced goals and 83% are in regular contact with their peer advocate following this. The initiative is underpinning the Council-wide work on complex lives and will inform the neighbourhood health work.

Outcomes to-date include:

- Improved wellbeing (self-reported)
- Engaging with support and treatment (medical, dental etc.) available
- Reduction in / abstinence from substances
- Supported to gain and maintain tenancy
- Undertaking volunteering



Sustaining – health and planning. Recognising the impact of the built and natural environment on health and wellbeing, public health explored how health could be better embedded into Council planning processes, based on research evidence and case studies from other councils. As a result, a Health Impact Assessment (HIAs) tool was developed and implemented, to be completed by developers and aiming to ensure that health and wellbeing are considered early in decision-making. HIAs are especially valuable for assessing impacts on vulnerable or disadvantaged groups. A focus on health is also being built into the new Local Plan as it is developed.

The Health and Wellbeing Board will be undertaking a deep dive in the coming months, to understand how to maximise the impact of access to healthy food and the food environment. This builds on existing good work across the Council, voluntary and community sector and learning from regional public health and wider partners including the Good Food Local initiative.

Group Case Study – Grow Your Own



Name; Willows Youth Club
Age; 5 - 8
Site Location; The Willows

Growing Knowledge & Skills; When asked, only a few had done some gardening with their parents/grandparents but all were really keen to get started and very involved. They all helped fill the starter pots ready for seeding and each session they were keen to see how it developed. Watering the plants was a keen activity but equally they found fun in weeding too.

They had excess plants/seedlings to grow at home, about a third said they would take them home. They've enjoyed harvesting the crops

Quotes;

"I can't wait to do more cooking and gardening"

What did you enjoy?

- "Desserts" "Different foods"

- "I loved it all"

Cooking Knowledge & Skills; We started with a vegetable curry, as we wanted to maximise the veg choice and make it a flavour a lot would relate to. They got involved in all the veg preparation, we used carrots, courgettes, onions, sweet potato, peppers and chopped tomatoes. We did buy individual herbs and spices to show them off individually and explain other ways they could be used but we also had a standard curry spice pot to show the list of spices that go into the ready-made mix. To the surprise of the Youth Club Staff, every child had a taste and about 90% took a portion home.



The Grow Your Own initiative (delivered by Groundworks, funded by public health)

Health creation

The community-centred public health approach to healthy communities and healthy place, also fits with the concept of health creation - 'the enhancement of health and wellbeing that occurs when individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives and immediate environment' (The Health Creation Alliance, 2017⁷). This sense of health creation is also linked to the NHS 10 Year Plan, and has five key features: listening and responding, truth-telling, strengths-focus, self-organising and power-shifting (**Appendix 4**).

Existing local work with grassroots community groups and community representatives forms a good foundation for creating health, one example being the community wellbeing champions – a network of 138 individuals and organisations across the borough working to improve health and wellbeing and working in partnership with public health (who commission Pioneering Care Partnership as the coordinating organisation).

Warm food, warm hands, warm hearts (Wellington Sq. shopping centre, March 2025):



Different organisations came together supported by the champions and Catalyst, giving out free essentials, serving hot drinks and having a chat with different communities around Stockton town centre.

4. Next steps - Implementing a community-centred public health approach

Some principles are proposed to take this community-centred approach forward, bringing together communities and places⁶. This includes building trusting relationships with communities; co-producing solutions with communities based on new conversations with people about health and place; and identifying and promoting protective factors that help keep communities healthy.

While good work is underway, this is a big and complex issue and Public Health England proposed some first steps in its report including community insights and strengthening local partnerships (**Appendix 5**). In addition, a diagnostic checklist is available to help areas determine how well they are

enabling communities to take part in place-based approaches to reducing health inequalities⁸. A first suggested step is for the Council to complete this self-assessment working with partners.

Community cohesion

Community cohesion can impact on the approach partners will need to take to work with communities on health and wellbeing.

Community cohesion can be defined as communities or places that⁹:

- offer a common vision and a sense of belonging for all
- positively value diversity
- provide equal opportunities to people from different backgrounds and
- provide an environment where strong and positive relationships can be developed between people from different backgrounds in the workplace, in schools and within neighbourhoods

Research evidence shows that community cohesion is important for population health and wellbeing, affecting issues such as trust; perception of crime and safety; using outside spaces to be active; social isolation and loneliness and mental wellbeing; reduced violence; greater civic participation, and greater community resilience in preparation for emergencies.¹⁰

Currently, there are challenges to social and community cohesion internationally and nationally and in public discourse. We are fortunate to have a wealth of community organisations and assets across the borough. There is the opportunity to explore whether specific approaches to supporting community cohesion would be helpful, working across communities and partners and potentially neighbouring local authority areas. Examples include:

- Restorative community work: used across a range of areas including criminal justice, social care, education and also wider work with communities.¹¹
- Inter-generational work¹²: building on existing examples (e.g. Tees Active Care Home Legends¹³), to help build feelings of safety and promote mutual understanding and respect; and to explore e.g. the potential for inter-generational approaches to housing.

5. Actions – supporting community-centred healthy places

A community-centred public health approach can be used to help bring together developing health places and healthy communities, in a way that proactively promotes and builds in good health and wellbeing as set out in the Health and Wellbeing Strategy and the Stockton-on-Tees Plan. The following actions are proposed, to apply this in Stockton-on-Tees and build on the good work already underway. The actions fit well with the themes and commitments across the Health and Wellbeing Strategy, particularly the theme 'Everyone lives in healthy and sustainable places and communities', which covers commitments on neighbourhood design, food environment, community safety, community resilience, social isolation and loneliness, co-production and inequalities.

Actions

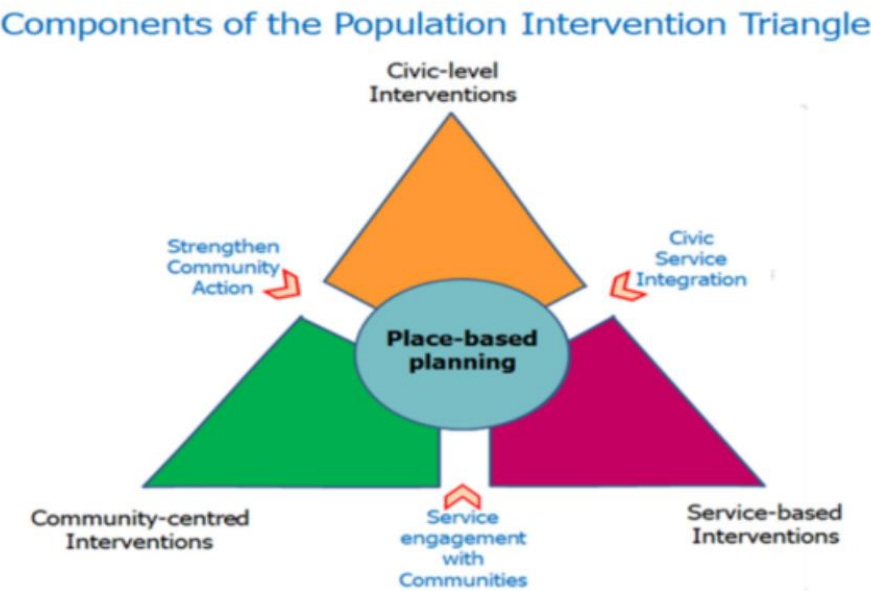
- Move towards a 'health creation' approach, identifying proactive approaches to building or designing in good health and wellbeing wherever possible – in policy, practice and commissioning
- Use the community-centred public health approach to inform thinking and next steps on working with communities, neighbourhoods and places
- Review our position against the recommendations in the LGA's guide: *Empowering healthy places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods*¹⁵
- Run LGA-facilitated Health in All Policies sessions for Council officers, Members and potentially wider system partners, to inform adopting this approach
- Build in improving health and addressing inequality as a core primary objective of the new Local Plan
- Identify key actions and issues arising from health impact assessment tool for developers and evaluate its implementation to inform future practice
- Health and Wellbeing Board to undertake a deep dive specifically on the food environment, in the context of the factors that shape places, to understand how levers can be maximised
- Build on existing insights work with communities e.g. Sport England and the learning from this approach
- Feed insights into organisation / system-wide bank of information, to be used for a range of purposes. Proactively identify key pieces of work to use the insights e/g. trailblazer Pride in Place and neighbourhood health implementation programme
- Respond to issues communities raise through simple, quick actions and potentially small pots of seed-funding, supporting and empowering community groups to take action
- The Council as a convenor (where appropriate) and enabler - Build or support development of a community partnership / forum, led by the community, with the purpose of connecting community connectors as a network, supporting community capacity building
- Develop a network of community connectors further by enabling conversations at places where people meet, led by those within the community
- Consider infrastructure support needed to facilitate the network of community connectors lead by the community (systems, venues, funding)
- Create a small, shared funding pot across the health and wellbeing system, to support community activity on an agreed set of key issues identified and owned by the community. Connect the action on these priorities, into the activity across the Council and wider system to maximise their impact
- Trial community ownership of spaces e.g. parks, neighbourhood assets
- Work with the community and VCSE on a framework for community collaboration, to enable VCSE / community grassroots organisations to work together, to deliver on key issues and priorities (in place of a traditional commissioning approach) e.g. Community Tool Box framework¹⁴.
- Consider further actions that build and cement relationships across the system to integrate the community sector as equal partners e.g. Devon ICS has a mentoring programme that pairs leaders in statutory organisations with leaders in the VCSE.
- Explore potential opportunity for restorative and / or intergenerational approaches to support community cohesion and learning from other areas on this; and explore the role of the Council and other partners in this approach

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Appendices

Appendix 1: Population Intervention Triangle



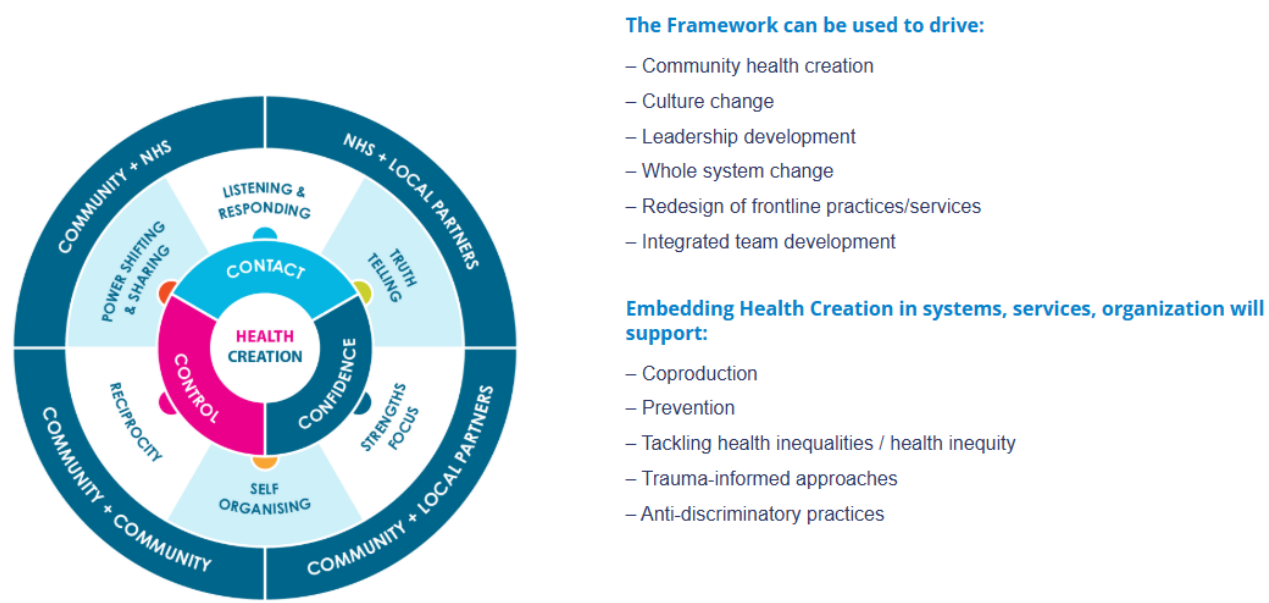
Appendix 2: Progress against 2024 DPH Report recommendations

TABLE TO BE INSERTED.

Appendix 3: Spatial planning for local healthy places (Association of Directors of Public Health, 2025)⁵



Appendix 4: Model for health creation⁴ (<https://thehealthcreationalliance.org/health-creation/>)



10 Recommendations for health creation are included in the New NHS Alliance manifesto 2017⁴.

Appendix 5: Implementing a community-centred public health approach - Where to start?⁸

- undertaking insight work with communities, especially with those who are seldom heard – this helps provide a strong understanding of people's health and wellbeing, as well as their priorities and solutions
- recognising and building on what is already going on, using methods such as local asset mapping
- strengthening local partnerships at a strategic level to build a shared vision
- producing a clear and compelling case for change linked to improving community health outcomes
- gaining senior buy-in and identifying champions to drive that change
- accepting that re-orienting how things are done is a messy, complex process that takes time and requires flexible approaches
- taking small steps and using small amounts of funding to get going and develop trusting relationships with communities

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HEALTH & WELLBEING BOARD

A meeting of Health & Wellbeing Board was held on Wednesday 26 March 2025.

Present: Cllr Robert Cook (Chair), Cllr Lisa Evans (Vice-Chair), Cllr Pauline Beall, Cllr Diane Clarke OBE, Cllr Sufi Mubeen, Cllr Stephen Richardson, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Sarah Bowman-Abouna, Peter Smith and Dr. Deepak Dwarakanath.

Officers: John Devine, Yvonne Cheung, Joanne Linton.

Also in attendance:

Apologies: Cllr Steve Nelson, Cllr Dan Fagan, Cllr Nigel Cooke, Carolyn Nice, Majella McCarthy, Fiona Adamson, Jonathan Slade Peter Smith, Matt Storey, Lucy Owens.

HWB/1/24 Evacuation Procedure

The Evacuation Procedure was noted.

HWB/2/24 Declarations of interest

There were no declarations of interest.

HWB/3/24 Minutes

The Minutes of the previous meeting held 26th February 2025 were agreed as a true record.

HWB/4/24 Stockton on Tees Better Care Fund Q3 2024/2025

Officers presented to members the update report on the submission of the quarter 3 report to NHS England on 14/02/2025. The aim of the report was to inform members of the progress, activities and expenditures in Q3.

Officers confirmed that the four national conditions had been met. The four conditions were:

- Have a jointly agreed plan
- Implementing BCF objective 1: Enabling people to stay well, safe and independent at home for longer.
- Implementing BCF objective 2: Providing the right care in the right place at the right time.
- Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

Officers also highlighted the Avoidable admissions section of the report, which had not been met was due to the period covered by the report and available data. A change

of the discharge scheme was also discussed in the capacity and demand function section of the report.

Members and Officers discussed their own experience around avoidable admissions, and how it needs to be recognised that hospital admission was not always the best option for certain cohorts. Members also talked about their experience of virtual wards and the success they had witnessed.

Members agreed to note the report.

HWB/5/24 Pharmaceutical Needs Assessment

Members were presented with an update on the Pharmaceutical Needs Assessment. The detail of the update was as follows:

Pharmacy Closures and Applications – Four pharmacies had closed in Stockton on Tees, reducing the number of pharmacies from 39 to 35. (Rowlands Billingham, Boots Thornaby and Sainsburys (Elm Tree), Distant Selling Premises in Stockton South Locality Preston Farm Industrial Estate – closed without notice).

An application had been approved on appeal by NHS Resolution to reopen a pharmacy in Elm Tree. It had until 4th September 2025 to open.

An application for a new pharmacy in S1 Stockton on Tees North had been rejected by NHS England.

Changes to Pharmacy Opening Hours – There had been a reduction in hours for the 100-hour pharmacies, 8 pharmacies were open seven days a week, 19 were open six days a week and 8 pharmacies were open from Monday to Friday.

An updated map had been produced and was included in the meeting agenda paperwork.

AGREED that the update be noted.

HWB/6/24 Members' Updates

Members expressed their thanks to Cllr Bob Cook who would be stepping down as the chair of the Health & Wellbeing Board.

HWB/7/24 Forward Plan

The Forward Plan was noted by Members.

HEALTH & WELLBEING BOARD

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

Present: Karen Hawkins (In the Chair), Fiona Adamson,
Sarah Bowman Abouna, Cllr Clare Besford, Cllr Pauline Beall,
Cllr Diane Clarke OBE, Matt Storey, Lucy Owens, Peter Smith,
Majella McCarthy, Cllr Lynn Hall (Sub for Cllr Sufi Mubeen),
Cllr Mohammed Mazi (Sub for Cllr Marcus Vickers),
Esther Mireku (Sub for Dr. Deepak Dwarakanath)
Cllr John Coulson (Sub for Cllr Stephen Richardson),
Cllr Sylvia Walmsley

Officers: Michael Henderson, Sid Wong.

**Also in
attendance:**

Apologies: Dr. Deepak Dwarakanath, Cllr Lisa Evans, Cllr Dan Fagan,
Cllr Stephen Richardson, Jonathan Slade, Cllr Sufi Mubeen, Jamie
Todd, Carolyn Nice,

HWB/8/25 Chair

In the absence of the Chair Karen Hawkins chaired the meeting

HWB/9/25 Evacuation Procedure

The Evacuation Procedure was noted.

HWB/10/25 Declarations of interest

There were no declarations of interest.

HWB/11/25 Stockton on Tees Better Care Fund Plan 2025/2026

Members considered a report that informed the Board of the submission of Stockton-on-Tees' BCF Plans for 2025/26 to NHS England on 31 March 2025 and sought acknowledgment and support for new governance arrangements.

Key Points from report and discussion:

- The BCF Plan 2025/26 continued to promote care closer to home, prevention-focused services, and digital transformation.

- Strategic reforms aimed to:

- Prevent the escalation of complex health and care needs.
- Reduce avoidable hospital admissions and delays in discharge.
- Support independent living and decrease reliance on residential/nursing care.

- Governance structure included oversight by Board, a Local Oversight Group, and the Pooled Budget Partnership Board.

- The plan comprised three elements:

1. Narrative Plan – strategic aims and partnership governance.
2. Planning Template – metrics (e.g., emergency admissions, discharges, long-term care), funding allocations.
3. Intermediate Care Capacity & Demand – forecasting based on previous activity.

- Targets set for emergency admissions, discharge delays, and long-term residential care placements.

- Reablement metrics were removed nationally but local data tracking continued.

- Quarterly updates and a year-end report will be shared with the Board.

Further discussion points:

- There had been a slight reduction in reablement metrics and this would be tracked.

- Importance of linking lived experience to improvement work was stressed.

RESOLVED that the submission of the BCF Plans to NHS England and proposed BCF governance arrangements and wider collaboration through the establishment of Local Oversight Group, be noted.

HWB/12/25 Members' Updates

Concern was raised about parking issues at the Stockton Diagnostic Centre and the effect on vulnerable people. Also, issues relating to accessibility issues in housing association properties. These would be looked at outside the meeting.

HWB/13/25 Forward Plan

The Forward Plan was noted by Members.

- The Board noted the upcoming thematic discussions aligned with the delivery plan.

- A future meeting would focus on strategic prioritisation and leadership roles for the next 12 months.

HWB/14/25 Exclusion of Press and Public

RESOLVED that under Section 100A(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act

HWB/15/25 Support for Research Bid

The Chair explained that she had agreed to the following item being considered, at this meeting, as an Urgent Item, as it was important that the Board took a view on it soon and it was not possible to delay consideration to the next meeting.

A request for the Board's support was considered, for a research initiative involving two GP practices. The initiative aimed to improve chronic health outcomes through increased access to innovative treatments.

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RESOLVED that the Board's support be given to be used to support the bid.

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Health & Wellbeing Board

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

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

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

Also in attendance:

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

1 Declarations of Interest

There were no declarations of interest.

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

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

3 Better Care Fund Update (BCF)

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

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

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

Members noted the successes and challenges:

Successes:

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

Challenges:

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

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

4 NHS 10 Year Plan

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

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

RESOLVED that the update be noted

5 Health and Wellbeing Board Terms of Reference

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

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

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

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

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

During consideration members suggested a number of alterations including

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

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

RESOLVED that:

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

8 Health and Wellbeing Board – Forward Plan

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

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AGENDA ITEM

REPORT TO COUNCIL

24 SEPTEMBER 2025

REPORT OF CORPORATE MANAGEMENT TEAM

Health and Wellbeing Board: Revised Terms of Reference

SUMMARY

Since spring 2024, alongside developing the new Joint Health and Wellbeing Strategy, the Health and Wellbeing Board has undertaken a structured development programme to review its purpose, role, responsibilities, and effectiveness. This process generated a set of recommendations which have directly informed the revised Terms of Reference for the Board.

REASONS FOR RECOMMENDATION(S)/DECISION(S)

The review and subsequent revision of the Health and Wellbeing Board's Terms of Reference were undertaken to ensure the Board remains fit for purpose and effective, with a clear role and defined responsibilities to oversee and drive delivery of the new Health and Wellbeing Strategy for Stockton-on-Tees.

RECOMMENDATION

That Council approve and adopt the revised Terms of Reference for the Health and Wellbeing Board.

DETAIL

1. The review of the Health and Wellbeing Board generated a series of recommendations across four key thematic areas:
 - The Board's purpose, role and responsibilities
 - Strategy development, priority setting and agenda planning
 - Membership and representation
 - Ways of working, partnership culture and support arrangements
2. These recommendations have directly shaped the revised ToR for the Health and Wellbeing Board. The updated ToR incorporate the following key changes:
 - **Reaffirmation of the Board's role:** While the Health and Wellbeing Board remains a formal statutory committee, it will operate primarily as a **strategic partnership**.
 - **Clarification of purpose:** The Board is not an executive decision-making body, nor does it function as a scrutiny committee.
 - **Streamlined membership:** The number of elected members has been reduced to support a more focused, partnership-led model. The new composition of elected members:
 - Leader of the Council

- Cabinet Member for Health and Adult Social Care
- Cabinet Member for Children and Young People
- Shadow Cabinet Member for Health and Adult Social Care
- Shadow Cabinet Member for Children and Young People

- **Introduction of a Vice Chair:** A new Vice Chair role, nominated from a partner organisation, has been created to promote shared leadership across the system.
- **Expanded membership:** The Director of Regeneration and Inclusive Growth has been added to the Board, strengthening the Board's focus on the wider determinants of health.
- **Place-based focus:** Greater emphasis is placed on developing a strong sense of place and a shared identity across the partnership.
- **Clarity of remit:** The Board's statutory functions and responsibilities are clearly articulated.
- **Defined relationship with other governance structures:** The revised Terms clarify the Board's distinct role in relation to other local groups, partnerships, and committees.
- **Strategic alignment:** The Board will actively support the alignment of local strategies, reduce duplication, and drive greater system integration.
- **Shared ways of working:** A common set of expectations has been agreed to underpin collaborative working and effective partnership behaviors.

3. Cabinet will consider this matter on 18 September 2025.

COMMUNITY IMPACT IMPLICATIONS

4. A specific community impact assessment was not undertaken. However, the community impact has been incorporated into the development process of this new revised TOR.
5. The revision of the Health and Wellbeing Board's ToR presents an opportunity to sharpen the Board's focus, enhance clarity of purpose, and increase its effectiveness in improving population health and reducing health inequalities. The updated ToR is designed to strengthen collaboration across system partners, ensure greater strategic alignment, and reaffirm the Board's leadership role in addressing health inequalities and the wider determinants of health.
6. In addition, the revised ToR aims to create space to embed a stronger community voice and improve representation, while also enhancing transparency, accountability, and responsiveness to local needs and priorities.
7. The revision of the Health and Wellbeing Board's Terms of Reference has been undertaken in parallel with the development of the new Health and Wellbeing Strategy, ensuring consistency between the two and incorporating consideration of the anticipated positive impacts for the residents of Stockton.

CORPORATE PARENTING IMPLICATIONS

8. The revision of the Health and Wellbeing Board's Terms of Reference does not directly address corporate parenting. However, the new Health and Wellbeing Strategy, which the Board is responsible for driving forward, includes corporate parenting as a priority commitment area.

FINANCIAL IMPLICATIONS

N/A

LEGAL IMPLICATIONS

9. In developing the revised Terms of Reference for the Health and Wellbeing Board, legal implications have been considered to ensure compliance with relevant legislation. Statutory membership and functions have been maintained, and the revisions uphold transparency and accountability requirements.

RISK ASSESSMENT

10. This revised Health and Wellbeing Board TOR is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

WARDS AFFECTED AND CONSULTATION WITH WARD/COUNCILLORS

11. The revised Terms of Reference for the Health and Wellbeing Board will have a borough-wide impact across Stockton-on-Tees. Their development was informed by a series of workshops involving all current members of the Board.

BACKGROUND PAPERS

N/A

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Stockton-on-Tees Health and Wellbeing Board

Terms of Reference

1. Purpose

The Stockton-on-Tees Health and Wellbeing Board serves as the principal and statutory **strategic partnership** for improving health and wellbeing and tackling inequalities across the borough. It brings together senior leaders from health, social care, public health, the voluntary and community sector, and wider partners to provide collective leadership, support integrated working, and oversee the implementation of priorities set out in the joint health and wellbeing strategy. The Board plays a vital role in strengthening collaboration across the system and ensuring that local population needs and resident priorities inform the design and delivery of services.

2. Objectives

The Stockton-on-Tees Health and Wellbeing Board will:

2.1 Develop and maintain a joint strategic needs assessment (JSNA)

Maintain a robust, evidence-informed understanding of the current and future health, care, and wellbeing needs of the local population, including wider determinants, health inequalities, and system pressures, to inform shared priorities and guide the development and delivery of the joint health and wellbeing strategy.

2.2 Develop and drive delivery of the joint health and wellbeing strategy (JHWS)

- To create a shared strategic vision and a set of evidence-informed priorities to improve health and wellbeing and reduce inequalities in Stockton-on-Tees. The JHWS will serve as the overarching framework for coordinated system-wide action, co-produced with partners and communities, and will guide the planning, commissioning, and delivery of services across the local health and care system.
- To provide strategic oversight of the Joint Health and Wellbeing Strategy (JHWS) implementation through the establishment of a robust monitoring and accountability framework. This framework will drive delivery, track progress, and support continuous improvement. It will include a high-level action plan reviewed annually, a programme of in-year review sessions, and an outcomes dashboard to monitor progress against the strategy's key outcomes.
- To identify and commit to a limited number of key priority areas within the joint health and wellbeing strategy (JHWS) for which the Board will take a proactive role; to drive action and champion system-wide advocacy in support of the delivering on the objectives.

2.3 Approve the local Better Care Fund (BCF) plan

Ensure that the local BCF plan aligns with the JHWS, reflects local priorities around prevention, integration, and reducing inequalities, and provide formal approval of the plan.

2.4 Align strategic plans and resources

Provide strategic influence over partners' commissioning intentions and plans to ensure alignment with agreed local priorities. Ensure that services and investments are guided by population needs, evidence-based practice, and avoid duplication.

2.5 Promote a 'Health in All Policies' approach

Embed health and wellbeing considerations across all local policy, decision-making, and service planning, recognizing the impact of social, economic, and environmental factors on health and wellbeing outcomes.

2.6 Champion Prevention and Early Intervention

Promote a proactive focus on prevention by supporting strategies and interventions that address the root causes of poor health outcomes, improve quality of life, and reduce reliance on reactive and crisis services.

2.7 Engage and Involve Residents and Communities

Champion the voice of residents by embedding lived experience, community insight, and co-production into the planning, commissioning, and evaluation of services, strategies and plans.

2.9 Inform and Influence NHS Commissioning Plans

Work collaboratively with the Integrated Care Board (ICB) to shape and inform the development and review of NHS commissioning plans, ensuring alignment with the joint health and wellbeing strategy and responsiveness to local needs.

2.10 Assess Pharmaceutical Needs

Oversee the production and regular updating of the Pharmaceutical Needs Assessment (PNA), which informs the commissioning of local pharmaceutical services.

3. Membership and chair arrangements

3.1 Membership

Membership of the Board reflects its role as a strategic partnership, bringing together senior leaders from a wide range of organisations to provide collective leadership on health and wellbeing. The Board will include representation from all relevant statutory partners, alongside key local stakeholders whose contributions are essential to improving population health, reducing inequalities, and delivering the priorities set out in the Stockton-on-Tees joint health and wellbeing strategy.

The composition of the membership will be kept under regular review to ensure it remains inclusive, representative, and aligned with the strategic aims of the Board and the evolving priorities of the JHWS.

The core membership includes senior representation from the following organisations:

- **Stockton-on-Tees Borough Council (elected members and officers)**

- **Elected members:**

- Leader of the Council
 - Cabinet Member for health and adult social care
 - Cabinet Member for children and young people
 - Shadow Cabinet Member for Health and adult social care
 - Shadow Cabinet Member for children and young people

- **Officers:**

- Director of Public Health
 - Director of Children's Services
 - Director of Adults, Health and Wellbeing
 - Director of Regeneration and Inclusive Growth

- **Northeast and North Cumbria Integrated Care Board**
- **Hartlepool and Stockton Health (HASH)**
- **Healthwatch Stockton-on-Tees**
- **Catalyst Stockton-on-Tees**
- **Cleveland Police and Crime Commissioner**
- **North Tees and Hartlepool NHS Foundation Trust**
- **Tees, Esk and Wear Valleys NHS Foundation Trust**

The Board may invite individuals or representatives of organisations, either on a temporary or standing basis, to provide specific expertise, representation, or insight in relation to specific agenda items or priority areas within the JHWS.

3.2 Chair arrangements

The Health and Wellbeing Board is chaired by the **Leader of Stockton-on-Tees Borough Council**. The Chair leads the Health and Wellbeing Board, ensuring it operates effectively as a strategic partnership to fulfil its statutory duties and drives delivery of the joint health and wellbeing strategy. They facilitate inclusive and effective meetings, promote collaborative decision-making, and act as an advocate for system-wide action to improve health and reduce inequalities across the borough.

A Vice-Chair will be nominated by the Board and must be a representative from a partner organisation other than Stockton-on-Tees Borough Council. The appointment will be confirmed by consensus of Board members. The Vice-Chair will support the Chair in their duties and act in their absence to ensure continuity of leadership. The Vice-Chair appointment will be reviewed annually. In the event of the resignation of the Vice Chair, the Board shall appoint a successor at the earliest meeting following the vacancy.

3.3 Substitutes

Board members will nominate a **named** substitute to attend meetings on their behalf when they are unable to do so. Substitutes must be senior and authorised to act and make decisions on behalf of the organisation they represent. Substitutes for Elected Members must also be Elected Members of the local authority.

Except for the Chair and Vice Chair, substitutes attending meetings shall carry the full rights and responsibilities of the member they represent, including voting rights where applicable. Substitutes for the Chair or Vice Chair shall retain voting rights but shall not undertake the full duties of those roles.

The use of substitutes should be **by exception** and limited to ensure continuity and consistency of representation across the Board.

3.4 Members commitments

All members are expected to contribute constructively to a culture of trust, mutual respect and shared purpose, supporting the Board in operating as an effective strategic partnership. Members agree to:

- **Prioritise attendance** at Board meetings and contribute actively to discussions, decision-making, and the delivery of agreed actions.
- **Act as senior representatives** of their organisations, with the authority to commit to partnership priorities and influence strategic direction.
- **Support collective leadership** and system-wide thinking in the interests of improving population health and reducing inequalities across Stockton-on-Tees.
- **Promote collaboration and integration** within and across organisations, and support alignment with the Stockton-on-Tees joint health and wellbeing strategy.
- **Communicate and cascade relevant information** within their organisations and ensure follow-through on Board decisions and commitments.

4. Governance and Accountability

The Health and Wellbeing Board is a statutory committee of the local authority, established under Section 194 of the Health and Social Care Act 2012. Functionally, it will operate as a **strategic partnership**, bringing together senior leaders to drive collaborative action on shared priorities within the joint health and wellbeing strategy.

The Board is not an executive body and does not hold direct commissioning responsibilities. However, it plays a vital strategic leadership role, shaping and influencing decisions on health, care, and wellbeing spending to ensure alignment with local needs and the priorities set out in the joint health and wellbeing strategy.

The Board is not a scrutiny or regulatory body. Its purpose is to set strategic direction, promote collaboration, and support system-wide improvements. In contrast, scrutiny committees provide independent oversight, examine decisions, and promote accountability and transparency. The Health and Wellbeing Board will maintain a constructive working relationship with relevant scrutiny committees to support shared learning, complementarity, and alignment across the system.

While the Board does not have executive authority over partner organisations, all members are expected to:

- Commit to and support collective decision-making
- Act as ambassadors for the Board's agreed priorities
- Promote alignment within their own organisations
- Ensure delivery through their respective governance and accountability structures

5. Place within the local governance landscape

The Health and Wellbeing Board sits within the wider local governance landscape as a system-level partnership, providing strategic oversight and direction across health, care, and wellbeing. It informs and aligns the work of related statutory and partnership bodies, ensuring that plans, commissioning activity, and delivery across the system are shaped by shared priorities and a robust understanding of local population needs, as set out in the JSNA and joint health and wellbeing strategy.

The Health and Wellbeing Board maintains a strategic interface with the Northeast and North Cumbria Integrated Care System (ICS), specifically through the ICB and any place-based partnership operating in Stockton. The Board will collaborate with ICS structures to ensure place-based priorities influence system-level decisions, and that ICS delivery is locally responsive.

6. Meetings and ways of working

6.1 Quorum

A meeting of the Health and Wellbeing Board shall be considered quorate when at least 50% of the total membership is in attendance, including a minimum of three representatives from partner organisations.

If the meeting is not quorate, discussions may proceed informally, but **no formal decisions** shall be made until a quorate meeting is convened.

6.2 Decision-Making

The Board operates on a principle of **consensus decision-making**. Where consensus cannot be reached, the Chair may call for a vote. In such instances:

- Each member present will have **one vote**.
- Decisions will be determined by a **simple majority** of those present and eligible to vote.
- In the event of a tie, the **Chair shall have the casting vote**.

6.3 Frequency and Format of Meetings

The Board will hold **quarterly public meetings**. Additional **closed or informal sessions** may be convened, where appropriate, to support the development of strategic priorities, organizational development or conduct confidential discussions.

Agendas and supporting papers will be circulated to all members at least five clear working days in advance of each meeting.

All reports and documents submitted to the Board should be:

- Clear and concise, avoiding unnecessary jargon.
- Accompanied by an executive summary that outlines key issues, recommendations, and actions required.
- Prepared in a way that facilitates informed discussion and effective decision-making.

7. Sub-working groups and working arrangements

To support the delivery of the joint health and wellbeing strategy and the Board's objectives, the Board will establish sub-groups or task and finish working groups focused on specific priority areas. These groups will:

- Operate under clear terms of reference approved by the Board.
- Be time-limited or standing, depending on the scope and nature of their work.
- Report to the Board, through the agreed monitoring and accountability framework for the delivery of the JHWS.

Each sub-working group will be accountable to the Board for its activities and outputs. The Board will maintain oversight of these groups to ensure coherence, avoid duplication, and support a joined-up approach.

8. Review of Terms of Reference

- The Terms of Reference will be reviewed on an **annual basis** to ensure they remain current and fit for purpose in line with evolving legislation, local priorities, and organisational arrangements.
- Any proposed changes to the Terms of Reference will be subject to agreement by the Health and Wellbeing Board and formal approval and adoption by Cabinet and full Council.
- The Board will also undertake periodic reviews of its effectiveness, including membership, governance arrangements, and delivery against its strategic objectives, to identify areas for improvement.

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 / Diane Palmer Dr Julie Neary / Susan Hood / Karen Hawkins / 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 / Rebecca Warden Darren Boyd / Lisa Mussett Graham Lyons / Rebecca Gray
21 October	Review of Reablement Service <ul style="list-style-type: none"> (Draft) Final Report 	Cllr Pauline Beall / Angela Connor / Rob Papworth

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2025-2026

Date (4.30pm unless stated)	Topic	Attendance
	(Draft) SBC Adult Social Care Strategy 2026-2030 Care and Health Winter Planning 2025-2026 Review of Adult Carers Support Service <ul style="list-style-type: none"> North East and North Cumbria Integrated Care Board (NENC ICB) North Tees and Hartlepool NHS Foundation Trust (NTHFT) 	Cllr Pauline Beall / Angela Connor / Rob Papworth Sarah Bowman-Abouna Paula Swindale Victoria Cardona / Melanie Cambage
18 November	Review of Adult Carers Support Service <ul style="list-style-type: none"> Eastern Ravens Mobilise SBC Director of Public Health: Annual Report 2024-2025 CQC / PAMMS Quarterly Update: Q2 2025-2026 Health and Wellbeing Board: Previous Minutes (Mar, Apr, Jul 25) & Revised Terms of Reference	Tracey Hamilton Nicole Chiu Sarah Bowman-Abouna Darren Boyd / Laura Johnson
16 December	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2024-2025 Stockton-on-Tees Independent Complaints Advocacy: Annual Report Review of Adult Carers Support Service <ul style="list-style-type: none"> Carers consultation and feedback Other approaches / good practice External scrutiny of SBC adult social care (LGA peer review / CQC inspection) Regional / Tees Valley Health Scrutiny Update	Adrian Green / Carolyn Nice Philip Kerr Graham Lyons / Rebecca Gray
20 January 2026 (informal)	Review of Adult Carers Support Service <ul style="list-style-type: none"> Summary of Evidence / Draft Recommendations 	
17 February	Review of Adult Carers Support Service <ul style="list-style-type: none"> (Draft) Final Report CQC / PAMMS Quarterly Update: Q3 2025-2026	Cllr Pauline Beall / Carolyn Nice / Graham Lyons
17 March	Regional / Tees Valley Health Scrutiny Update	

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2025-2026

2025-2026 Scrutiny Reviews

- Adult Carers Support Service
- Adult Education and Skills

Monitoring Items

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

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)

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