

Date:

Tuesday 17 February 2026 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 - 22)

To approve the minutes of the last meeting held on
16 December 2025.
5. **Scrutiny Review of Stockton-on-Tees Adult Carers
Support Service** (Pages 23 - 76)

To consider and agree the draft final report.
6. **Action Plan for Agreed Recommendations – Review of
Reablement Service** (Pages 77 - 82)
7. **CQC / PAMMS Inspection Results – Quarterly Summary
(Q3 2025-2026)** (Pages 83 - 128)
8. **Health and Wellbeing Board – Previous Minutes
(September, October & December 2025)** (Pages 129 - 138)
9. **Chair's Update and Select Committee Work Programme
2025-2026** (Pages 139 - 142)

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

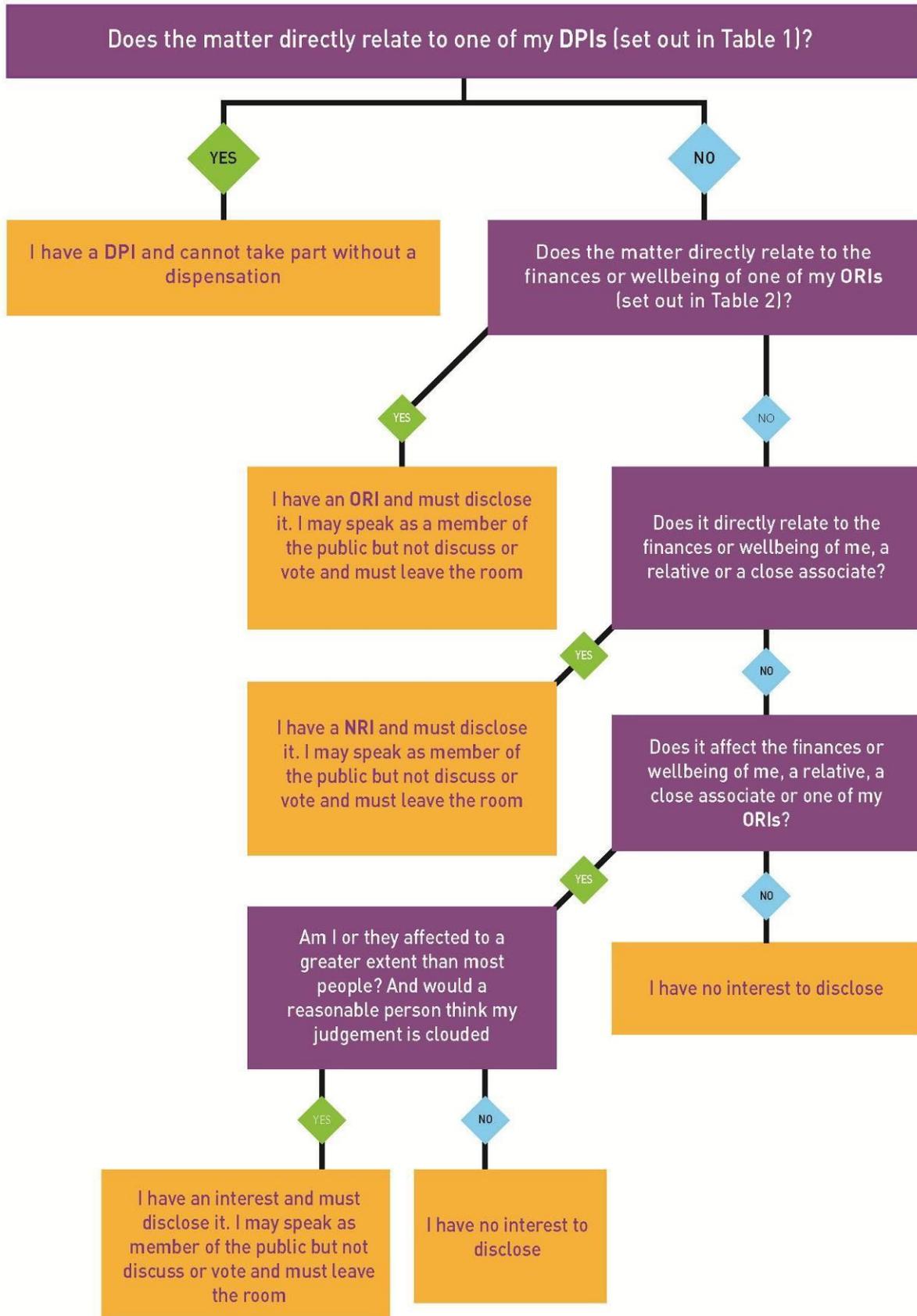


Table 1 - Disclosable Pecuniary Interests

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 Registerable 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 16 December 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: Angela Connor, Kimberley Edwards, Rebecca Gray, Graham Lyons (A,H&W); Francesca Magog, Gary Woods (CS)

Also in attendance: Cllr Pauline Beall (SBC Cabinet Member for Health and Adult Social Care); Philip Kerr (Carers Federation); Adrian Green (Teeswide Safeguarding Adults Board)

Apologies: None

ASCH/54/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/55/25 Declarations of Interest

There were no interests declared.

ASCH/56/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 18 November 2025. Attention was drawn to the following:

- Minutes: Further to comments made at recent meetings, a request had been made to the SBC Head of Policy, Development & Public Affairs for a more regular and timely flow of information to the Committee in relation to Tees Valley Care and Health Innovation Zone developments. It had since been indicated that updates provided by the three working groups to the Strategic Programme Board may be able to be shared.

AGREED that the minutes of the meeting on 18 November 2025 be approved as a correct record and signed by the Chair.

ASCH/57/25 Teeswide Safeguarding Adults Board (TSAB) - Annual Report 2024-2025

The Committee considered the latest Teeswide Safeguarding Adults Board (TSAB) Annual Report which covered the 2024-2025 period. Presented by the TSAB Independent Chair (who began by reminding Members that the Board covered four Local Authority areas), content was highlighted as follows:

- Key Achievements 2024-2025: A wide range of work had been undertaken and completed during the year, including multi-agency audits on transitions, a review of self-neglect policy and guidance, the publication of three Safeguarding Adult

Reviews (SARs) (including presentations delivered to two GP Engagement Sessions to share learning from these), the launch of re-developed professional curiosity and professional challenge briefings, Board approval of the Adult Exploitation Strategy, and the convening of a multi-agency rough sleeping meeting (after the Government mandated Safeguarding Adults Boards to take responsibility for this issue last year).

- Safeguarding Data 2024-2025: 9,056 concerns had been raised across the TSAB footprint during 2024-2025 (an increase of 7% compared to 2023-2024), with 2,985 Section 42 Enquiries commencing (an increase of 3% from 2023-2024). However, for Stockton-on-Tees, both these measures had decreased by 7% (this was not considered significant at this stage).

On average, 174 concerns were received per week across Tees. Of these, 24% were raised from care homes (up 29% on the previous year), 10% from social care (up 38%), 8% from NHS secondary care, and 7% from both the police and care at home services.

Regarding Section 42 Enquiries, an individual's own home (48%) remained the most common setting for risk across Tees, reflecting trends observed in previously published national data – this was followed by care homes (28%), community (7%), hospital (7%), and 'other' (10%). The leading areas of risk identified were 'Neglect and Acts of Omission' (22%), 'Physical Abuse' (18%), 'Domestic Abuse' (15%), and 'Financial and Material Abuse' (15%). While most categories of abuse saw a decline during this reporting period, instances of 'Domestic Abuse', 'Financial and Material Abuse' and 'Self-Neglect' (often the most catastrophic risk type which could lead to death) increased when compared with the 2023-2024 data. There had been a 22% increase in the number of Section 42 Enquiries relating to people aged under 65.

In terms of the Board's performance indicators, three of the four had been achieved, but PI 2 (*percentage of those who were asked their desired outcome in 2024-2025*) was not. The Board was disappointed that this measure had fallen short (92%) of the target (greater than 95%) and had initiated work to ensure all involved Local Authorities improved upon this important element. It was possible that some data issues existed which did not give a true reflection of the actual numbers being asked their desired outcome.

- Communication and Engagement: The 2024-2025 year had seen 158,849 visits to the TSAB website (an 8.8% increase on 2023-2024), with a further increase in the number of people following the Board's Facebook content. Other activity had included a radio interview and advert, local magazine impressions, the delivery of TSAB newsletters, and 10 events held in line with key campaigns (attracting a combined attendance of 687 professionals).
- Training: 7,582 children and adult services learners had engaged in training during 2024-2025 from across 631 organisations. 23,245 e-learning course registrations were received (with a completion rate of 82%), and 1,427 learners had completed Safeguarding Adults Level 1. Other training involved the delivery of 21 webinar sessions, four of which were trauma-informed (with 116 professionals accessing these).

- Safeguarding Adults Reviews (SARs): In 2024-2025, three SARs were published – JJ, Jack, and Susan (further details of which were included within the Annual Report). During the reporting period, eight SAR notifications were considered, with two progressing to a mandatory SAR, two progressing to a discretionary SAR, and four deemed to require ‘no further action’ (though three of these proceeded as a single-agency review, with learning to be presented back to the SAR sub-group in 2025-2026).
- Our Priorities 2025-2026: 2025-2026 would see the implementation of a new three-year TSAB Strategic Business Plan (included within the papers for this meeting) featuring new priorities, aims and objectives. Three key priorities had been identified – ‘Information, Engagement and Involvement’, ‘Confident, Competent Practice’, and ‘Emerging Challenge and Enabling Solutions’.

The Committee thanked the TSAB Independent Chair for presenting the very detailed report and expressed encouragement around the stated training data. Members then sought clarity over the suggestion of potential data collection issues. Challenges in identifying the most prominent type of abuse for an individual case (often this could involve multiple elements) were noted, as was the continuous pursuit of ensuring better data so the Board and its partners had a more accurate sight of the existing safeguarding arena.

AGREED that the Teeswide Safeguarding Adults Board (TSAB) – Annual Report 2024-2025 be noted.

ASCH/58/25 Stockton-on-Tees Independent Complaints Advocacy - Annual Report

Following an approach to the Carers Federation (which delivered the North East NHS Independent Complaints Advocacy (ICA) service in Stockton-on-Tees) earlier in 2025, a presentation was given to the Committee outlining the current local ICA offer and the themes that were emerging in relation to complaints about health and care provision. Introduced by the Operations Manager from the Carers Federation, content included the following:

- Stockton contract: The NHS ICA service was a statutory requirement commissioned by the Local Authority, and provided free, confidential and independent advocacy support to people wishing to raise a complaint about their NHS-funded treatment or care. The current contract began on 1 October 2024, with the offer available to all residents in the Stockton-on-Tees postcode area, regardless of where NHS-funded care was delivered. The service had been awarded the industry standard Quality Performance mark, and all advocates held the national independent complaints advocacy qualification (City and Guilds).
- Our service: The staff team consisted of an Operations Manager, a Senior Advocate, and the advocates themselves (including a Deaf Advocate (British Sign Language (BSL)-supported)). The administrative base was in Gateshead, and in addition to the freephone helpline, website, email address and text number, there was access to interpreters and a signposting resource to independent medical advice.
- How we can help: The service offered a wide range of assistance – this included signposting, listening and understanding problems, explaining outcomes / options / time-limits, identifying where a complaint should go, help with letter-writing,

facilitating communication (e.g. interpreting), empowering individuals (so they communicated how they want to, not how providers wanted them to), attending meetings, providing information, following-up with the NHS, and liaison with the Parliamentary and Health Service Ombudsman (PHSO). The service also dealt with healthcare-related prison complaints.

In contrast, the service did not advise clients what to do, nor deal with private healthcare or with clinical negligence claims. It also did not investigate cases, nor, importantly, take sides.

- Working in partnership: Anonymous information was provided to Healthwatch, and the service liaised with hospital complaints teams / Practice Managers (which it had good relationships with) to explain what clients wanted from the complaints process. It also represented patient voices at the local NHS Trust 'Experience of Care Committee', signposted clients to other services, and promoted itself through the voluntary sector (e.g. Wellbeing Hub) and GPs.
- The process: Referrals could be made by phone / email / writing (or even WhatsApp video) either directly by the client or via an organisation. A self-help information pack was provided and first contact with an advocate would be within five working days. Once consent was obtained, a complaint letter would be collated, a response received, and a local resolution meeting (face-to-face or virtual) may follow (if necessary, there was also an option to liaise with the PHSO). The service had no waiting lists.
- Who we support: Anybody who had a complaint about NHS treatment or care. It was acknowledged that some people may need more support (e.g. those with mental health problems, who did not speak English, who had suffered a bereavement, carers, those with a learning disability, or deaf clients).
- Complaints standards framework: The PHSO had developed over the last 24 months, and the North East NHS ICA was a member of the national working group and had co-authored advocacy guidance. The framework was about making the NHS complaints system more user-friendly for both the NHS and anyone wishing to raise a concern.
- Year 1 performance: A table illustrating data on enquiries, new cases, closed cases, re-opened cases, active cases, and service hours was provided for each quarter across the first year of the current contract. The total numbers for the year-end were considered healthy for a new contract.
- Usage and access: For new cases across the Borough, 78% identified as female, 17% were from other ethnicities, 58% were below 55 years-old, 20% were over 66 years-old, 63% had a declared disability, and 57% were in the 'unemployed / retired' category. The service was mostly accessed via telephone or email (75%), with the remaining 25% via an external referral from a professional.
- Complaints referrals: In terms of who signposted / referred residents for advocacy support, 42% came from the NHS, 35% from the statutory / voluntary sector (including Healthwatch), 13% from current / previous users (or word-of-mouth), and 10% via the internet / media.

- Themes and locations: The NHS services that the Borough's residents complained against were the North Tees and Hartlepool NHS Foundation Trust (50%), out-of-area provision (the majority being South Tees Hospitals NHS Foundation Trust) (23%), general practices (11 out of 21 active practices) (22%), and the mental health trust (5%).

30 themes were recorded in the first year of the contract, with the top 10 listed within the presentation. The top two (multiple aspects of clinical treatment, and attitude of staff) accounted for 37% of all complaint enquiries.

- Outcomes: Regarding complaint outcomes, cases usually followed the NHS complaints process which involved an explanation, apology, service improvements, and possible redress. 7% were re-opened for further explanation, 5% involved satisfactory local resolution meetings, 28% had satisfactory apologies and explanations in writing provided, and 10% saw the PHSO rulings not upheld as all local work was deemed sufficient. The remaining 50% of cases covered clients who decided not to progress through the whole process as they received verbal assurances / discussions with the health provider or re-considered their position after advocacy support for the best course of action (i.e. legal route).

Thanking the Operations Manager for his informative presentation, the Committee asked whether the 75% figure for those accessing the service via telephone and email could be broken down into a percentage for each as there was ongoing debate around how comfortable / able some residents were in using digital means of engagement with providers. Members heard that families often supported their relatives in using digital platforms to make contact with required services.

AGREED that the Stockton-on-Tees Independent Complaints Advocacy information be noted.

ASCH/59/25 Stockton-on-Tees Borough Council - Local Authority Assessment

Consideration was given to a presentation regarding the outcomes from the recently published Care Quality Commission (CQC) report following the late-2024 inspection of Stockton-on-Tees Borough Council (SBC) adult social care services (a copy of which was also included within the papers for this meeting). Led by the SBC Assistant Director – Adult Social Care, and supported by the SBC Cabinet Member for Health and Adult Social Care, details covered the following:

- Rating and Scoring: In the CQC's report (published October 2025), SBC received a rating of 'Good' overall, with a score of 64 (out of 100) – this reflected nine individual ratings across four themes, each of which were graded either '2' or '3' (out of '4').
- Celebrating our Success: A celebration event with staff working across SBC Adult Social Care was held in Dunedin House following the publication of the CQC report.
- What is next?: The Council was not complacent and aimed to move from 'Good' to even better. There were no surprises within the CQC's report, and the Council was already on its journey of development. The CQC had given validation of where SBC had been and further direction for where to go next.

A summary of the identified ‘strengths’ and ‘areas for development’ for each of the nine categories across the four inspection themes was then outlined. Under ‘Theme 3’ (Safeguarding), and further to the discussions on the previous agenda item (*Teeswide Safeguarding Adults Board (TSAB) – Annual Report 2024-2025*), it was noted that, for SBC, 99% of people’s outcomes from completed Section 42 Enquiries were either partially or fully met.

- What we have done since the visit: In response to the CQCs inspection, details of what SBC had implemented since were highlighted. This included ongoing work on the ‘front door’ to services, the introduction of performance dashboards and performance clinics, the strategic prioritisation of carers this year, the co-production of an Adult Social Care Strategy with the Making It Real Board (MIRB), signing-up to the Social Work Race Equality Standards and reviewing equality, diversity and inclusion training, and a new process for recording and learning from formal complaints.
- Action Planning: The Council was finalising its detailed Action Plan based on the feedback from the CQC, feedback from the people it supported, learning from complaints and compliments, scrutiny review, and engagement with partners. This detailed plan of development (which aimed to be a ‘business as usual’ document rather than merely a response to the CQCs findings) would align with the SBC ‘*Powering Our Future*’ programme, transformation and improvement plans, and the SBC Adult Social Care Strategy and Local Account.

Progress would be tracked via the Adult Social Care Business Planning Steering Group, the Adults, Health and Wellbeing Senior Management Team, Corporate Management Team (CMT), Lead Member oversight, and the Adult Social Care and Health Select Committee. Checks and balances on progress would be achieved via the staff ‘Making It Happen Group’, performance reporting (including monthly reporting to the SBC Chief Executive), leadership forums, deep dives, sector-led improvement, and peer challenge.

Responding to the information provided, the Committee drew attention to the CQCs finding around the need for an increased understanding and support offer for self-funders, and felt this was particularly pertinent in light of the Council’s financial position and the ongoing pressures associated with adult services (which had been discussed by the SBC Executive Scrutiny Committee earlier today (18 December 2025)). The SBC Cabinet Member for Health and Adult Social Care noted the imminently anticipated announcement on the latest Local Government Financial Settlement which should provide clarity on the future Council budget, though it was also highlighted that ‘debt’ was a subjective term and that there were instances of people receiving support where it would not be appropriate to chase an outstanding bill / balance.

Regarding the transitions audit schedule referenced within the TSAB Annual Report 2024-2025 (page 14), the Committee observed that SBC had provided a positive quote in relation to ‘*significant developments in the transitions process*’, and felt this appeared to be incompatible with the CQCs view that significant improvement was needed to support young people transitioning from children’s to adult services. In response, SBC officers acknowledged that, whilst there had been good progress around transitioning for those individuals with disabilities, work was required on this topic.

A final query was raised around the location of SBC Adult Social Care services and the benefits (particularly financially) of bringing them together. Aside from day service provision and those staff embedded within health provider buildings, it was confirmed that only the SBC Occupational Therapy service was now sited outside Dunedin House, and there were plans in place to bring this over to the Council's new primary accommodation. The item concluded with the Chair asking for thanks to be passed on to all staff within SBC Adult Social Care.

AGREED that the information provided in relation to the outcomes from the recently published Care Quality Commission (CQC) report following the late-2024 inspection of Stockton-on-Tees Borough Council (SBC) adult social care services be noted.

ASCH/60/25 Scrutiny Review of Stockton-on-Tees Adult Carers Support Service

The fourth, and final, evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service reflected on feedback from carers who had used / were using the service, external carer-related scrutiny of Stockton-on-Tees Borough Council (SBC), and other approaches to / good practice in supporting carers.

CONSULTATION WITH AND FEEDBACK FROM CARERS

SBC officers had been asked to provide further detail on the results of recent consultation with carers regarding the local support offer. Led by a SBC Development Officer, and supported by the relevant SBC Service Manager and SBC Service Manager – Direct Services, a presentation was given which included the following:

- Carers Consultation (Spring 2025): SBC received 70 responses to its Carers Consultation Survey 2025. Three key themes were identified (carers requiring information and communication earlier; hospital and healthcare support; carer support groups and peer connection), with a number of actions already taken in light of carer feedback.
- Open communication channels: A range of mechanisms were in place to engage with carers, including social media platforms, fortnightly email bulletins, a quarterly carers newsletter (included within the papers for this meeting), an online feedback form (which was also handed out during groups / events), and requests for carers to volunteer with recruitment. Carers were also involved during the late-2024 CQC assessment of SBC adult social care services.
- LiveWell Hub Activities: Numerous sessions were held at the LiveWell Dementia Hub to support carers and those living with dementia, and there was close working with Stockton Libraries and Stockton Learning and Skills, Age UK, and Young at Heart to facilitate workshops and groups. Each group provided a welcoming space for carers to connect and participate in enriching activities, as well as access the Stockton-on-Tees Adult Carers Support Service and Dementia Service.
- In the community: Carers consistently told SBC what was helpful, what needed improving and what made caring easier. The Council responded by adding new activities, signposting or arranging links with other services, and developing new resources when carers highlighted gaps.

- Staff Carer Peer Support Group: SBC staff who were carers themselves were supported by the Council in several ways. By recognising their vital role in providing unpaid care, staff could benefit from access to advice, guidance and wellbeing resources, balance caring responsibilities by working flexibly, access peer support and networks, and undertake a Carer's Assessment to discuss their role and its impact upon them. SBC had also introduced a Carers Passport for staff (included within the papers for this meeting) which recorded their caring responsibilities and agreed workplace adjustments – this helped ensure consistent support if they moved roles or managers, promoted understanding, and reduced the need to repeat their story.
- Carer involvement in the CQC assessment: Carers were actively involved in the co-production process for the recent CQC inspection. They supported the self-assessment document by sharing their experiences and feedback, gave honest reflections about the support services they received, shared lived experience to demonstrate impact, and highlighted strengths and areas of development. They also attended a session with CQC assessors during the on-site visit to talk about their experiences of co-producing with the Council, with their voices helping to demonstrate how the service valued partnership-working and continued improvement.
- Making It Real Board: SBC actively promoted the Making It Real Board with carers and shared updates about any involvement opportunities in the carers newsletters.
- Co-Production Champions: Monthly update meetings were held with the SBC Co-Production Champions (who also joined the Co-Production Week celebration in June 2025).

The Committee welcomed the information provided and was particularly encouraged by the support offer for SBC staff who were involved in giving unpaid care. With reference to the recently published CQC report on SBC adult social care services, Members asked if there had been any carer-related developments in response to the CQCs findings. SBC officers stated that contact lists had been simplified (depending on a carer's requirements), and links had been reinforced with the health sector (including hospitals, GPs and pharmacies), as well as internal SBC teams, to promote the carers agenda.

Members praised the Carers Passport concept and queried how many staff had taken this up – confirmation would be provided following this meeting.

Noting the Committee's recent visit to the LiveWell Dementia Hub as part of this ongoing review, Members spoke of how highly the carers they met valued informal peer support (e.g. WhatsApp groups), but also the need for better bereavement services. Regarding the latter, it was stated that a carer whose partner had passed away was now running a support group for those who had suffered the loss of a loved one.

Discussion ensued around the concept and composition of the Making It Real Board, with the Committee encouraging the Council to ensure it was as representative of clients and carers across the Borough as it could be. Members heard that, whilst there was never the intention for the Board to have a large membership, it was an evolving entity which could be developed further now it was established. Importantly, several co-production groups (involving a host of other individuals) fed into the Board

which meant a greater number of people with lived experience and expertise were helping shape local services. In related matters, efforts had also been made to ensure an item about the Board was always included in Stockton News.

Finally, the Committee noted the reference within the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2024-2025 (considered earlier in this meeting) to a local Lived Experience Forum, and felt that care was needed to avoid too many groups being initiated with similar purposes (potentially causing confusion). Regarding carers, it was stated that SBC was trying to be smarter with how it communicated with these individuals and did not want to bombard them with information.

EXTERNAL CARER-RELATED SCRUTINY OF SBC

The Care Quality Commission (CQC) had recently published its final report following the late-2024 inspection of SBC adult social care services. For the purposes of this review, commentary relating to 'carer' / 'carers' was highlighted for the Committee's attention, as were any 'carer/s'-related references from the preceding Local Government Association (LGA) peer review that was undertaken and reported on prior to the CQCs visit.

OTHER APPROACHES TO / GOOD PRACTICE IN SUPPORTING CARERS

Examples of carer-related support offers elsewhere across the UK had been identified for the Committee's information, as well as good practice guidance documentation. Regarding the latter, attention was drawn to the CQC update given to the National Scrutiny Officer Network in March 2025 on its two-year programme of baselining to determine how well Local Authorities were meeting their social care duties under part 1 of the Care Act – this included an emerging theme around a need for improvement in supporting unpaid carers, particularly the personalisation of support in differing needs dependent on age and needs of the person being carer for (i.e. adult carer of a young person, children caring for adults).

SCOPE AND PROJECT PLAN

As the evidence-gathering phase for this review was now complete, a summary of all the information received would be collated and presented at the next meeting in January 2026 – draft recommendations would then be formulated. Members were also reminded that feedback in relation to the Committee's visit to the LiveWell Dementia Hub in November 2025 was circulated via email yesterday (15 December 2025).

AGREED that information on feedback from carers who had used / were using the Stockton-on-Tees Adult Carers Support Service, external carer-related scrutiny of Stockton-on-Tees Borough Council (SBC), and other approaches to / good practice in supporting carers, be noted.

ASCH/61/25 Regional Health Scrutiny Update

Consideration was given to the latest Regional Health Scrutiny Update report which summarised the work of regional health scrutiny committees and highlighted some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint. Attention was drawn to the following:

- Tees Valley Joint Health Scrutiny Committee: Redcar & Cleveland Borough Council was hosting the Committee in 2025-2026. The Committee meeting held on 17 July 2025 included update items on NHS dentistry, Child and Adolescent Mental Health Services (CAMHS), Tees respite care / adult learning disabilities, and the Tees Valley Community Diagnostic Centre (which the Committee subsequently visited on 24 October 2025). The meeting on 2 October 2025 considered information on suicide prevention, community mental health transformation, vaping / nitrous oxide, and winter planning.

The most recent meeting took place last week (11 December 2025) and included an update on the clinical services strategy from the University Hospital Tees. It was noted that there were likely to be significant changes around service structure / delivery being proposed in 2026 which would require appropriate consultation and engagement with the public, as well as with scrutiny functions, across the Tees Valley.

Members who represented Stockton-on-Tees Borough Council (SBC) on the Tees Valley Joint Health Scrutiny Committee expressed concerns about attendance levels from other involved Local Authorities, something which had been an issue for some time now. Reference was also made to the recently announced public inquiry into Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), a development which SBC had called for some years ago but one that did not seem to find support with neighbouring Councils who were also part of this joint Tees Valley scrutiny function.

- Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee: No further developments regarding this Joint Committee since the previous update in June 2025. In related matters, regional developments highlighted included the ongoing promotion of the NHS North East and North Cumbria Integrated Care Board (NENC ICB) 'Here to help you' webpage and NHS 'Be wise, immunise' campaign, support for people struggling to stay in work because of health problems, a new People's Hub (provide regular updates and details of events, involvement activities and proposed changes to anyone who signs up), the availability of emergency contraception from community pharmacies, and an update on the requirements for ICBs to reduce running and programme costs. More locally, some recent North Tees and Hartlepool NHS Foundation Trust news items were also noted.

AGREED that the Regional Health Scrutiny Update report be noted.

ASCH/62/25 Chair's Update and Select Committee Work Programme 2025-2026

CHAIR'S UPDATE

The Chair stated that the Committee's final report following its recently completed Reablement Service review was presented to, and subsequently endorsed by, Stockton-on-Tees Borough Council (SBC) Cabinet last week (11 December 2025). A draft Action Plan in relation to the recommendations would now be collated and presented to the Committee for approval in February 2026.

WORK PROGRAMME 2025-2026

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 20 January 2026, and given that the evidence-

gathering phase for the current Stockton-on-Tees Adult Carers Support Service review had now concluded, it was proposed and then agreed to convert this to an informal session where a summary of the evidence received would be considered and draft recommendations formulated.

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

Chair:

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Scrutiny Review of Stockton-on-Tees Adult Carers Support Service

Adult Social Care and Health Select Committee
(DRAFT) Final Report

February 2026

DRAFT

Adult Social Care and Health Select Committee
Stockton-on-Tees Borough Council
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Select Committee – Membership

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Councillor Nathan Gale (Vice-Chair)
Councillor Stefan Barnes
Councillor Carol Clark
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Councillor Lynn Hall
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Acknowledgements

The Committee would like to thank the following people for contributing to its work:

- Graham Lyons (Service Manager) – Stockton-on-Tees Borough Council (SBC)
- Rebecca Gray (Service Manager, Direct Services) – SBC
- Carol Malham (Service Manager, Assessment (Early Intervention)) – SBC
- Alistair Mathieson (Senior Carers Advisor) – SBC
- Paula Swindale (Head of Commissioning, Community & UEC) – NHS North East & North Cumbria Integrated Care Board (NENC ICB)
- Rebecca Warden (Head of Primary Care, Tees Valley) – NENC ICB
- Victoria Cardona (Head of Patient Flow, Out of Hospital Care) – North Tees and Hartlepool NHS Foundation Trust (NTHFT)
- Melanie Cambage (Associate Director of Nursing) – University Hospitals Tees (UHT)
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Foreword

TBC



Cllr Marc Besford

Chair
Adult Social Care and Health Select Committee



Cllr Nathan Gale

Vice-Chair
Adult Social Care and Health Select Committee

Original Brief

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?

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.

1.0 Executive Summary

- 1.1. This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Stockton-on-Tees Adult Carers Support Service.
- 1.2. 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, with 1.7 million of these people providing 50 or more hours of care per week ([Key facts and figures | Carers UK](#)).
- 1.3. Carers play a substantial and vital role in meeting social care needs, with the cost of replacement care locally for Stockton-on-Tees having previously been estimated to be around £464 million annually. From an early intervention and prevention perspective, addressing the needs of carers enables Stockton-on-Tees Borough Council (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). Providing information, advice and support to carers ensures they promote their own wellbeing, carer breakdown is prevented, and resilient communities are established.
- 1.4. 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 assistance. 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.
- 1.5. Whilst the existing offer was considered to be effective, it was felt that it would be of benefit for the service to be scrutinised to provide assurance around its current delivery. It was hoped that this review would help highlight any gaps in the service and, in turn, help shape future developments for local provision. Also, the Committee's work could lead to the following 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 was reaching its objective and where future focus needed to be concentrated to improve service delivery / satisfaction for carers.
 - **Secondary:** To understand and identify where partnership working could be improved to promote the rights and needs of carers, ensuring they were being treated as expert partners and identified for support when required.
- 1.6. Caring for someone, particularly for those with greater needs, can be incredibly hard. It has the potential to have a profound and lasting impact which can affect an individual's physical and mental health, and compromise their ability to hold down employment (previous Carers UK research found that around 600 people per day were giving up work to care) or enjoy leisure / social activities. As well as the stress and worry over supporting a person close to them, caring roles can also result in adverse financial implications for those involved.

- 1.7. The Committee found that national estimates on the number of those carrying out an unpaid caring role vary (the most recent Census 2021 suggested that there were 5.8 million unpaid carers in the UK), and it is well acknowledged that ascertaining an accurate figure is challenging given many individuals do not view their support of a loved one as 'providing care'. That said, Stockton-on-Tees Borough Council (SBC) stated that there were approximately 20,000 unpaid carers across the Borough, which represents around 10% of the total population of Stockton-on-Tees. Given there were a total of around 3,500 carers open to the local Adult Carers Support Service in 2024, there appears to be significant potential for an increase in demand for the existing offer should a proportion of these people seek help.
- 1.8. The Stockton-on-Tees Adult Carers Support Service is a key feature of the Council's offer of support for the Borough's adult carers. Annual referrals have continually escalated from around 450 in 2018 (when SBC made the decision to bring the service in-house) to nearly 700 in 2024, with a subsequent increase in associated funding to manage this demand. The service provides a range of bespoke support, is widely promoted across the Council's various print and electronic platforms, and also works with external organisations to emphasise the importance of supporting carers and how SBC can assist. A crucial and much appreciated element of the local offer is the 'Time Out' service which gives carers up to eight hours of ad-hoc support per month free-of-charge, allowing them a break from their caring role.
- 1.9. The Council's ongoing work with Mobilise (the UK's digital platform for unpaid carers) was highlighted to the Committee which had helped to provide a range of free online services, as well as identify hidden carers. Given the recent decision to extend this partnership beyond the current contract deadline of April 2026, SBC will need to ensure it has the necessary quality and performance controls in place to monitor the effectiveness of this arrangement. Moving forward, SBCs work around its digital offer for clients and their carers will provide an opportunity to review any future arrangements with external providers with regard to this support.
- 1.10. In terms of wider health considerations around carers, NHS North East and North Cumbria Integrated Care Board (NENC ICB) personnel drew attention to the legal requirement (under the Health and Care Act 2022) for the NHS 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). Whilst the ICB did not have any direct responsibilities in this area, it did work collaboratively at a local level with Local Authority and 'system' partners (including operational teams to ensure clinical pathways considered carers) to support the adult carers agenda, and 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'. From a general practice perspective, 4,741 individuals had been identified as a 'carer' or 'cares for a relative' – the Council should consider how best it can promote the local Adult Carers Support Service within these settings, as well as being mindful that improvements in carer-identification may ultimately result in more demand on the existing offer.
- 1.11. North Tees and Hartlepool NHS Foundation Trust (NTHFT) provided extensive evidence on the ways in which it considered carers (recognising them as partners in care) and promoted local support services. The recently implemented 'Carers Charter' was an encouraging development which should now be embedded and continually reinforced to staff and patients. NTHFT also highlighted the need for thinking around 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.
- 1.12. The Committee fully supports the acknowledgement from SBC of the need for an open culture to encourage engagement and listening with carers, and several examples were given demonstrating this endeavour. Whilst the response rate to the latest annual carers consultation survey was limited, important themes were nevertheless identified (including the value of peer

support), and the Committee look forward to learning more about how the actions taken in light of this feedback have enhanced the local offer.

- 1.13. The Committee undertook its own engagement with local carers by visiting the LiveWell Dementia Hub in November 2025. The importance of being able to easily access carer-related services (aided by up-to-date contact details) and having the opportunity to share experiences with those who are going through the same challenges was reiterated, and it was clear that the ability to meet in-person (within a welcoming environment which provided an excellent source of carer-related information) was hugely valued, as was the Council's Time Out service. Regarding the latter, the Committee note the request from carers for more flexibility around the booking process (currently having to give over a month's notice which could be difficult as personal appointments were not always predictable), though commends the new 'Time Out Together' element which has the potential to benefit a greater number of those in a caring role (allowing multiple carers to have a break at the same time whilst their loved one partakes in group activities / games). Ensuring the Time Out offer is as efficient and effective as possible should be a cornerstone of the future service moving forward.
- 1.14. Recognising the Borough's young carers and the importance of their transition into adult support services, the Committee was pleased to receive a very informative contribution from Eastern Ravens Trust (a local charity supporting young carers within Stockton-on-Tees). Feedback from young carers highlighted concerns about dealing with change, how appropriate the local Adult Carers Support Service was for young adults, and a lack of knowledge of such an offer after they had reached adulthood – this suggests there is work to do to promote the options available to them once they reach the end of their time with Eastern Ravens (this should be helped through the already established relationships between the young carers and adult carers services), as well as making this offer as appealing as possible for those transitioning into it. The creation of some form of dedicated 'young adult' carers service / element may be more justifiable if there is an increase in the number of individuals aged 18-24 requesting / accessing support (as of early-November 2025, just 38 out of the 3,100+ carers open to the Stockton-on-Tees Adult Carers Support Service were in this age bracket).
- 1.15. In October 2025, the Care Quality Commission (CQC) published its final report following the late-2024 inspection of SBC adult social care services, and carer-related commentary was shared with the Committee for the purposes of this review (as was relevant feedback from the Local Government Association (LGA) peer assurance challenge of SBC Adult Social Care that was undertaken in July 2024 in preparation for the anticipated CQC inspection). The regulator's findings, whilst broadly positive, did highlight some concerns around the availability of information on support for unpaid carers, as well as the Council's own acknowledgement of the need for further work to both identify these individuals and fully understand their needs. Clarity around improvements to the information and advice offer for people who were funding their own care, and in relation to the ongoing work to reshape the Council's 'front door', was also noted.
- 1.16. The CQC report also referenced national data from the Survey of Adult Carers in England (SACE, June 2024) which showed that:
 - 90.7% of carers found information and advice from SBC helpful (better than the England average of 85.22%)
 - 75% of carers engaged with the Local Authority said they found it easy to access information and advice (significantly better than the England average of 59.06%)
 - more carers in Stockton-on-Tees (47.83%) were satisfied with support they received than the England average (36.83%)

However, there were also areas to work on, with outcomes from the same survey indicating:

- more could be done to improve the respite offer to unpaid carers
- more carers locally (34%) were unable to maintain paid employment because of their caring duties compared to the England average (26.7%)
- only 25.19% of carers said they were accessing a support group or someone to talk to in confidence (which was worse than the England average of 32.98%)

Encouragingly, the CQC concluded that the Council had 'a clear vision and strategy for adult social care which sought to improve outcomes for people with care and support needs, unpaid carers and reduce inequalities of experience and outcomes for people in the local area'. The Committee is therefore keen to understand how SBC proposes to respond to the regulator's feedback and, in related matters, encourages the Council to continue efforts to raise the profile of those staff working on the frontline / 'front door' of these support services.

- 1.17. Wider research demonstrated a range of approaches and initiatives regarding support for adult carers across the UK, some of which are already a feature of the local offer. Several carer-related good practice guides were also brought to the attention of the Committee, with the Council's Time Out service highlighted by the Carers Trust as a positive example in providing short breaks for carers. Increasing acknowledgement of the importance and role of unpaid carers will likely encourage the publication of further material which SBC should seek and consider as part of the ongoing development of the local support service.
- 1.18. The Stockton-on-Tees Adult Carers Support Service is clearly a highly valued and crucial element within the Council's adult social care offer, attracting wider recognition and appreciation for what it provides. That said, evidence collected as part of this review has flagged areas for attention in relation to carer-identification, signposting to / promotion of support, transitioning of young carers into the adult service, the ability to meet demand as more carers request / require help, and the need for continuous evaluation of the local offer. Unpaid carers save local organisations a vast amount of money – as such, despite the ongoing financial limitations on the Council, they must be supported as much as possible. Those accessing the service have reported very positive experiences – the challenge is ensuring this can be of benefit to a greater number of carers, many of whom remain hidden.

Recommendations

The Committee recommend that:

- 1) In terms of general Stockton-on-Tees Adult Carers Support Service development, SBC should:**
 - a) Ensure measures are put in place as part of the review of the Council's 'front door' to strengthen identification of carers and the promotion of the local support offer (including the Stockton-on-Tees Adult Carers Support Service).**
 - b) Ascertain and consider the findings from the London School of Economics and Political Science (Care Policy and Evaluation Centre) research project on what support combinations help improve carers' lives and what works to facilitate availability of and access to this support.**
 - c) Consider ways to increase the response rate for its annual carers consultation survey.**

(continued overleaf...)

Recommendations (continued)

The Committee recommend that:

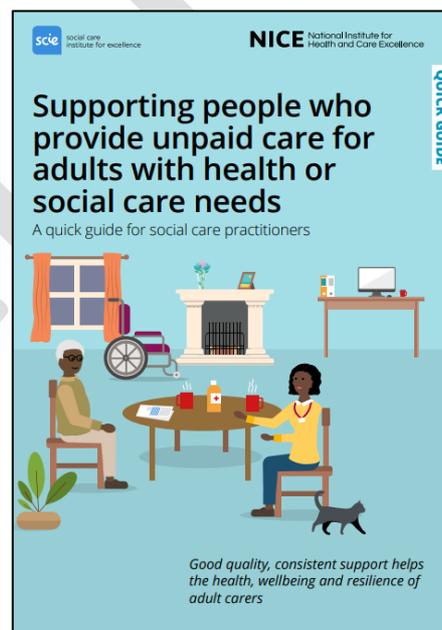
- 2) Regarding the partnership with Mobilise (the UK's digital platform for unpaid carers), SBC should:**
 - a) Develop its own in-house digital support offer for local carers to build on / complement the services available through this external provider.**
 - b) Ensure it has the necessary quality and performance controls in place (including the need to report on measurable targets) to monitor the effectiveness of this arrangement.**
 - c) Seek to understand any separate arrangements that Council's outside the North East have with Mobilise and whether these enhance the offer to carers more than the ongoing partnership with the 10 North East Local Authorities.**
- 3) In relation to the Stockton-on-Tees Adult Carers Support Service 'Time Out' element, SBC should:**
 - a) Complete an internal review of the booking system to identify ways of creating more flexibility for carers when requested a break from their caring role.**
 - b) Consider whether it would be appropriate to introduce a standing / means-tested charge for the service to broaden this for more carers going forward, enabling greater sustainability of its provision and importance (as identified via the LGA Peer Assurance Challenge of SBC Adult Social Care in July 2024).**
- 4) Promotion of the Stockton-on-Tees Adult Carers Support Service offer to young carers should be strengthened so they are more informed about the support available to them when they reach 18.**
- 5) Consideration should be given to the ways in which the Stockton-on-Tees Adult Carers Support Service can build on what appeals to young carers when they approach / reach 18 so they are more compelled to seek support in their caring role when they become young adults.**
- 6) The new carers awareness e-learning module be rolled out to SBC staff, Members and external partners.**
- 7) SBC further considers how the local support offer for carers can be promoted within the wider health system (including general practices and community settings).**
- 8) SBC provides a response to the Committee on the carer-related commentary included within the Care Quality Commission (CQC) final report on SBC adult social care (published in October 2025).**

2.0 Introduction

- 2.1. This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Stockton-on-Tees Adult Carers Support Service.
- 2.2. Whilst the existing offer was considered to be effective, it was felt that it would be of benefit for the service to be scrutinised to provide assurance around its current delivery. It was hoped that this review would help highlight any gaps in the service and, in turn, help shape future developments for local provision. Also, the Committee's work could lead to the following 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 was reaching its objective and where future focus needed to be concentrated to improve service delivery / satisfaction for carers.
 - **Secondary:** To understand and identify where partnership working could be improved to promote the rights and needs of carers, ensuring they were being treated as expert partners and identified for support when required.
- 2.3. The Committee identified 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?
 - 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; what are the predicted future service demands?
 - 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?
 - What considerations are given to young carers transitioning into the adult carers service? How is this managed, communicated and promoted?
- 2.4. The Committee took evidence from key personnel from within the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate, the NHS North East and North Cumbria Integrated Care Board (NENC ICB), North Tees and Hartlepool NHS Foundation Trust (NTHFT), Mobilise (an external organisation working with SBC), and Eastern Ravens Trust. In addition, the Committee considered the recently published Care Quality Commission (CQC) report following the late-2024 inspection of SBC adult social care services, as well as other Local Authority approaches / good practice in supporting carers. Committee Members also visited the LiveWell Dementia Hub to engage with staff and carers.

3.0 Background

- 3.1 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, with 1.7 million of these people providing 50 or more hours of care per week ([Key facts and figures | Carers UK](#)).
- 3.2 Carers, the caring role, and the impact of caring has gained increased recognition over time:
- **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 ([Research: More than 600 people quit work to look after older and disabled relatives every day | Carers UK](#)). A more recent report found that unpaid carers were finding it increasingly difficult to afford day-to-day living costs, with the worry and anxiety of this further affecting their mental health and wellbeing. Most carers were now cutting back on social connections, which often provide a vital lifeline helping people to balance caring responsibilities with their own wellbeing ([Carers UK: State of Caring 2024](#)).
 - **2020:** National Institute for Health and Care Excellence (NICE) published [Supporting adult carers](#) guidelines covering support for adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. It aimed to improve the lives of carers by helping health and social care practitioners identify people who were caring for someone and give them the right information and support. It covered carers' assessments, practical, emotional and social support and training, and support for carers providing end-of-life care. In 2022, NICE / Social Care Institute for Excellence (SCIE) issued a quick guide for social care practitioners titled [Supporting people who provide unpaid care for adults with health or social care needs](#).
 - **2022:** On the 74th anniversary of the National Health Service (NHS), Carers UK highlighted [new rights for unpaid carers following the introduction of the Health and Care Act 2022](#).
 - **2025:** A resource for health and social care professionals was developed by the Carers Partnership (Carers UK and Carers Trust) as part of the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance to support health and care systems in England to improve the inclusion, support, and involvement of unpaid carers. [Identifying and supporting unpaid carers in England to improve integrated system working](#) brought together statutory duties and best practice resources developed by the Carers Partnership (2022-2025) to help health and care professionals reduce the health inequalities carers face, better identify unpaid carers, and drive transformative change.
 - **2025:** Carers UK published its [A fresh approach to supporting unpaid carers](#) report detailing unpaid carers' experiences of the NHS in England, along with a vision for transforming how the NHS interacts with and supports unpaid carers through the delivery of the NHS 10-Year Plan.



- 3.3 Carers play a substantial and vital role in meeting social care needs, with the cost of replacement care locally for Stockton-on-Tees having previously been estimated to be around £464 million annually. From an early intervention and prevention perspective, addressing the needs of carers enables Stockton-on-Tees Borough Council (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). Providing information, advice and support to carers ensures they promote their own wellbeing, carer breakdown is prevented, and resilient communities are established.
- 3.4 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 assistance. 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.
- 3.5 In related matters, the Adult 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 – a new way of operating for the Council which seeks to work with partners and communities to put in place new and innovative approaches, allowing SBC to not only save money but also reshape what it does for the better, and in the best interests, of local residents.

4.0 Findings

Local carer landscape and impact of caring

4.1. In September 2025, the Committee heard that there were approximately 20,000 unpaid carers across Stockton-on-Tees out of a population of around 200,000. Whilst not everyone would identify as a carer, any person might find themselves in a position of having to support a family member, friend, neighbour, colleague or, as part of their employment, a service-user. It was therefore important for everyone to be mindful of this eventuality, have conversations around this topic, and help identify those people in need of support.



4.2. A host of well-known issues were associated with unpaid caring, ranging from financial hardship and social isolation to poor physical and / or mental health, and stress, worry and feelings of anger, guilt and frustration. Difficulties in accessing primary care / other universal services and challenges in getting information / support were further experiences. As such, local carers had identified several elements which they would find helpful, including access to mental health support and counselling, health and wellbeing support, information and signposting, regular 'check-ins', practical assistance, and visible communications and support from senior leaders. Being able to work flexibly in order to facilitate their caring role was also highlighted, as was raising awareness with managers on carer tools / guidance, the creation of a Virtual Carers Network, and focusing on outcomes rather than presence.

4.3. Continuing the theme of working carers, it was noted that, nationally, one-in-five employees was a carer, 90% of whom were over the age of 30. One-in-six people would leave their employment due to the pressure of the caring role, resulting in a knock-on annual cost to the UK economy of £5.3 billion. In light of this, Stockton-on-Tees Borough Council (SBC) had a Staff Carers Network which met online bi-monthly, provided peer support, advice and signposting, and played a role in steering the plans / objectives of the local Adult Carers Support Service.

Identifying Carers

- 4.4. All the Council's social care staff had a duty to identify and support carers to access help where appropriate. The Carers Team regularly promoted the support offered to internal teams and they were all made aware of how to refer.
- 4.5. SBC had close working partnerships with other organisations, including health, GPs, pharmacies, Cleveland Fire Brigade, Citizens Advice, Welfare Hub, Age UK, Catalyst, Memory Clinic, Eastern Ravens, and many others. The Carers Team provided support and carers awareness training to many third-parties to help them identify and support carers. SBC also assisted businesses on request to help them improve their support to carers in their employment, and had worked closely with the Department of Work and Pensions (DWP) and Job Centre Plus in the past to help them support their own staff (and individuals who utilised their services who may be in a caring role).
- 4.6. SBC used / attended events and activities in the community to promote carer services, and regularly hosted its own events during Carers Week, Carers Rights Day, Happy Hippy Shake, etc. SBC used social media, the Council website, Stockton Information Directory (SID) and its own email bulletin and newsletter to try and spread information / advice for carers and also identify new carers where appropriate. Work was also undertaken with the SBC Communications

Team to ensure promotional materials such as pull-up banners, posters and leaflets were regularly distributed throughout the Borough, including in libraries, leisure centres and other community hubs. Parking tickets and electronic screens throughout the Borough had previously been used to promote the service.

- 4.7. Work took place with the Council's libraries teams, learning and skills, health and wellbeing librarian, customer service and First Contact teams, Hartlepool and Stockton Health (HASH), Tees Active, and other partners to promote carer services. There was also a hospital-based Carers Advisor at the University Hospital of North Tees whose role was to engage carers within the hospital environment, ensuring they were accessing support where required, supporting carers through the discharge process, and raising awareness of carers and their needs with hospital staff / wards.
- 4.8. The Committee highlighted the significant increase in the number of identified carers across the Borough which the updated SBC Adult Social Care Strategy needed to acknowledge / plan for.

Benefits to being a Registered Carer

- 4.9. The benefit of being a registered carer was being able to access support throughout an individual's caring journey and beyond in a way that was meaningful to them. This could be from accessing information, advice and guidance in a format that was suitable to them (in-person, via post, online, email, etc.), accessing peer support, respite, carers budgets and carers emergency cards, and also just having someone who was there to listen to them as a carer and ensure they were prioritising their own wellbeing and needs, enabling them to continue in their caring role.
- 4.10. Being recognised as a carer could also help with other aspects as the Carers Team would assist with access to other services, providing referrals to organisations and teams (including therapy and psychological services), technological support from places like SBC OneCall, Occupational Therapy, the Falls Team, debt advice, and benefits advice (amongst many other things).
- 4.11. In addition, the Carers Team would help carers to plan for contingencies and emergencies, and often supported with future planning and through the end of the caring role. It assisted carers to enter or remain in employment, volunteering or training. Carers education courses / carers awareness was provided to help carers develop their skills to support in their caring role (and develop this into an employment opportunity should they wish), as well as their hobbies and interests. Other support was offered in areas such as menopause, caring for someone else's dental hygiene, lifting and handling, first aid, transition support, finances, dementia awareness, IT support, and more general things such as reiki, seated yoga, reflexology, wreath-making, meditation, one-pot cooking, and many more.

Development of the local Adult Carers Support Service

- 4.12. Stockton-on-Tees Borough Council (SBC) had developed an online 'Carers' Hub' to support all informal / unpaid carers and cared-for people across the Borough. The hub provided access to a range of options for those undertaking a caring role, including:
 - Carer's assessment
 - Join our carers' register
 - Apply for a carers' emergency card
 - Carers' Connect (free friendship service)
 - Support for carers
 - Information for carers on our directory (Stockton Information Directory)

Stockton-on-Tees
BOROUGH COUNCIL

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Our Council | **Our People** | **Our Places** | **Our Economy**

Home • Our People • Health and Social Care

Carers' Hub

We are here to support all informal and unpaid carers and cared-for people in our Borough.

An informal carer is someone who supports or looks after a friend, family member or neighbour due to illness, frailty, physical disability, learning disability, mental health problem or drug or alcohol misuse. If you provide (or intend to provide) physical, practical or emotional support to someone on a regular basis then you can be considered a carer.

You may have become an unpaid carer suddenly. For example, if someone you love has had an accident or becomes ill. For some people the caring role develops over time. For example, your parents might start to struggle to do things for themselves or the mental health of someone you love may stop them being able to care for themselves or their children.

Many people do not see themselves as a carer. They think of themselves as a friend or family member and do not realise that there may support available to them and the person they are caring for. You might not like the term 'carer' and that's fine too, we can still offer you support. You do not need to live with the person you care for or be in receipt of carer's allowance in order to access support.

When you start supporting a loved one, your role and the role of the person you are supporting may change. This can be difficult at first, as your relationship may need to adjust. Becoming a carer can come with emotions that could be difficult to accept and understand. It is not unusual to feel a sense of loss for your past life or even bitterness towards your new situation. Caring for a loved one can be hugely rewarding but many carers tell us they sometimes feel lonely and frustrated. These are natural feelings that you do not have to feel guilty about.

Our Adult Carers' Support Service can offer support and help without judgement. They will help you to find things that can make your life easier or to think about your own needs too, for more information:

- phone 01642 524494
- email carerssupport@stockton.gov.uk
- visit our [Adult Carers Support Service Facebook](#)
- follow us on our [Adult Carers Twitter account](#)

Background

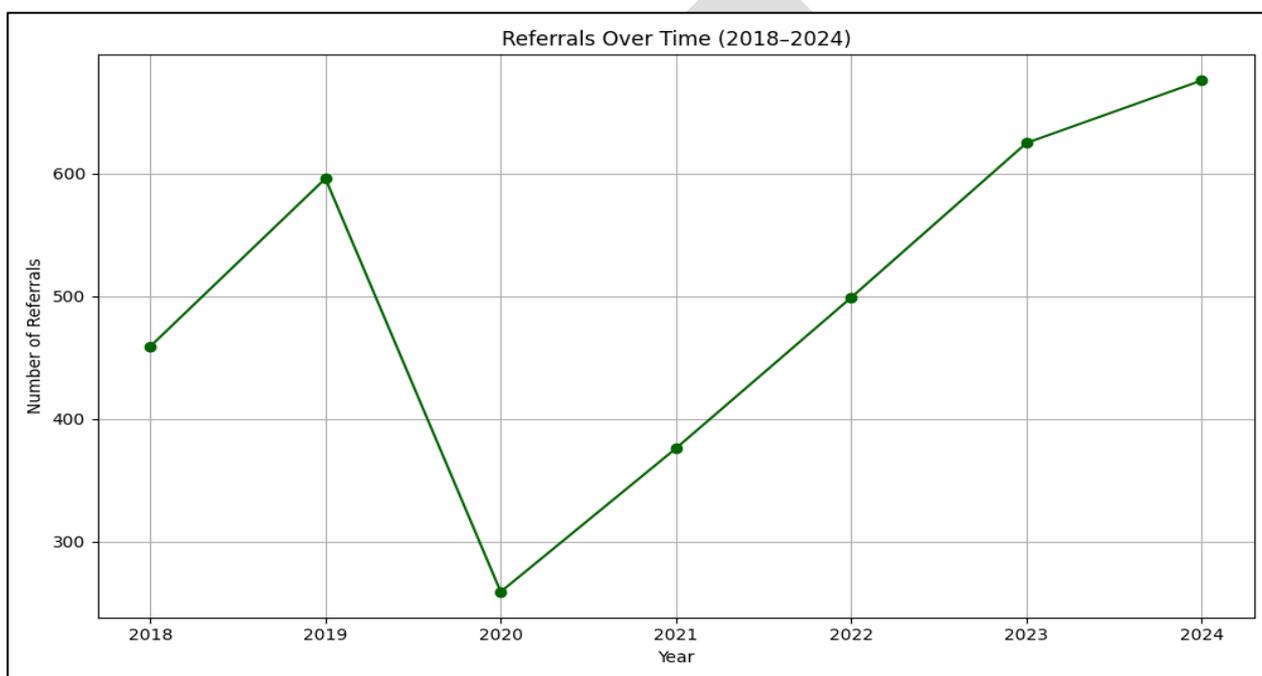
- 4.13. The Stockton-on-Tees Adult Carers Support Service was a key part of the support offer for local carers (see <https://www.stockton.gov.uk/support-for-carers>) and was brought in-house by SBC in 2018. Previously provided by a commissioned organisation (Sanctuary), the service was not meeting its objectives, and carers, generally, were reporting that they were unhappy with the level of support given. The organisation was also not commissioned to provide statutory carer's assessments, so these were done by SBCs social work teams (creating additional internal pressures).
- 4.14. SBC went out to consultation with carers when the contract was due for renewal. Feedback indicated a desire for all services to be provided by one organisation / team and for a commitment from the Local Authority to continue supporting carers. The Council then took the decision to bring the service in-house (due, in part, to the success of the direct payment service which had done the same thing previously), and this was subsequently brought into SBC Adult Social Care for significantly less budget. The numbers of carers registered went from 104 to the present figure of 3,300 (although there have been around 6,000 carers registered throughout the years since it came in-house), with the existing offer benefitting from close links with adult social care and other support services, as well as providing employment and training opportunities for the Borough's carers.

Referrals

- 4.15. The Stockton-on-Tees Adult Carers Support Service had an open referrals system – approaches could be through self-referrals, from third-party professionals or organisations, or via social care. Referrals were made via phone, email or online, and carers could also access the Livewell Hub in-person.
- 4.16. Being a carer was self-determined (in line with the Care Act 2014), so if someone believed themselves to be a carer then they could access support from the Local Authority. This included

getting information, advice and guidance, attending peer support and carers awareness sessions, accessing a carers emergency card, and various other options. The Care Act assessment could be accessed by anyone who believed themselves to be a carer, however, the level of carers budget they generated via this would differ depending on the impact of the caring role on the carer's everyday life and wellbeing. This was similar for accessing the Time Out service.

- 4.17. All services were bespoke to the carer and what they wanted or needed at the time, so not all referrals would result in a carer's assessment as this may not be the choice or need of the carer. They may choose just to access information and support (i.e. attend peer support or go onto the Council's mailing lists) – they do not need an assessment to do this.
- 4.18. Referrals to the service totalled around 450 in 2018, dipped to below 300 during 2020 (COVID-impacted), but then continually escalated to nearly 700 in 2024 (see below graphic).



The cumulative number of carers open to the service, meanwhile, had continually increased from almost 500 in 2018 to 3,500 in 2024 (those accessing it remained open to the service and could come back at any time).

- 4.19. In November 2025, demographics in relation to those using the service (as of 7 November 2025) were provided to the Committee (see below graphic).

	18-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Male	11	111	197	397	214	158	228	1316
Female	27	45	82	126	714	478	375	1847
White British	33	147	260	477	886	613	585	3001
Asian/ Asian British	4	5	14	29	25	13	6	96
Black/African/Caribbean/Black British	0	0	1	1	1	0	1	4
Mixed/Multiple Ethnic Groups	0	1	1	1	1	0	1	5
Pakistani/British	0	0	1	0	0	0		1
Other	1	2	1	6	3	6	1	20
Prefer Not To Say	0	0	1	0	1	0		2
Not specified	0	1	0	9	11	3	9	33
Total	38	156	279	523	928	636	603	3163

Finances

- 4.20. In terms of finance, the service budget increased from £319,109 in 2022-2023 to £394,207 in 2023-2024 following the introduction of the 'Shared Lives' (<https://www.stockton.gov.uk/shared-lives>) element – this then rose to £396,522 for 2024-2025. An associated Carers Personal Budget fund had increased from £479,716 in 2022-2023 to £495,490 in 2024-2025.

Service Offer

- 4.21. A wide range of support was provided by the Stockton-on-Tees Adult Carers Support Service, including statutory carer's assessments, person-centred support planning, one-to-one support, carers education sessions, welfare calls, a hospital-based Carers Advisor, and support for external organisations to increase their support for adult carers. Other communication and engagement mechanisms existed via online services, newsletter and email bulletins, social media presence, drop-in sessions, weekly / monthly peer support groups, and the Carers Connect service (<https://www.stockton.gov.uk/carers-connect>).
- 4.22. Further detail was given on several of the service's key aspects, including statutory assessment (carers had a legal right to an assessment of need, support to meet that need, and access to information and advice) and personal budgets (it was noted that the previous use of pre-payment cards had created issues – SBC was now looking at direct payments into individual accounts). The Carers Emergency Card (helping to prepare / plan for emergencies) was also highlighted, as was the Time Out offer, which gave carers up to eight hours of ad-hoc support per month free-of-charge, allowing them a break from their caring role.
- 
- 4.23. Attention was drawn to the Council's work with Mobilise, the UK's digital platform for unpaid carers. This partnership was in to its second year and helped to provide a range of free online services, as well as identify hidden carers. Thus far, carers had engaged over 2,000 times through Mobilise's actions or tools (such as its e-support subscription), been supported over 1,000 times with deeper actions like its Personalised Guide to Caring, and been enabled to apply for over £363,550 in eligible Carer's Allowance support. Developments in relation to a mapping exercise of carers across the Borough (potentially aiding targeted support) were ongoing.
- 4.24. Responding to the submission from the SBC Adults, Health and Wellbeing directorate, the Committee emphasised the importance of enabling carers to have some occasional time to themselves, including the facilitation of access to community groups (where desired). Members felt it would be useful for the Council to seek the views of carers on the benefits of providing this relief from their caring duties.
- 4.25. Regarding the help given to external organisations to increase their support for adult carers, the Committee was informed that this was happening across all locations within the Borough, and that raising awareness of carers and the caring role was a key part of the local service.
- 4.26. Returning to the theme of respite, Members praised the ad-hoc nature of the Time Out support and asked about take-up. It was confirmed that around 120 people accessed this offer, though there were only nine support workers (providing up to 75 hours per week) to facilitate demand. Positive feedback had been received from those using this element of the overall service, with the Council having success in employing current and ex-carers to deliver it in the home and community (it was noted that this was not domiciliary support, though).

4.27. Acknowledging the financial challenges that carers often endured, the Committee queried whether the local Adult Carers Support Service liaised with the Council's A Fairer Stockton-on-Tees department. SBC officers stated that there was an established link between these two entities (including The Bread and Butter Thing initiative), and that the former also worked with the in-house Welfare Rights Team to ensure carers were aware of the support available to them. A number of carers were reluctant to admit to financial hardship – the established newsletter was therefore a useful resource to promote assistance for carers without the need for them to physically approach the service.

Mobilise

4.28. Mobilise was an online business led by carers, for carers, which provided weekly digests of carers' top tips, community support, and a space to connect with people in similar positions. It had been working with SBC since 2024 to provide a range of free online services to support local carers and was therefore approached to provide views on this scrutiny topic. In November 2025, the respective Account Manager presented the organisation's submission, key features of which included:

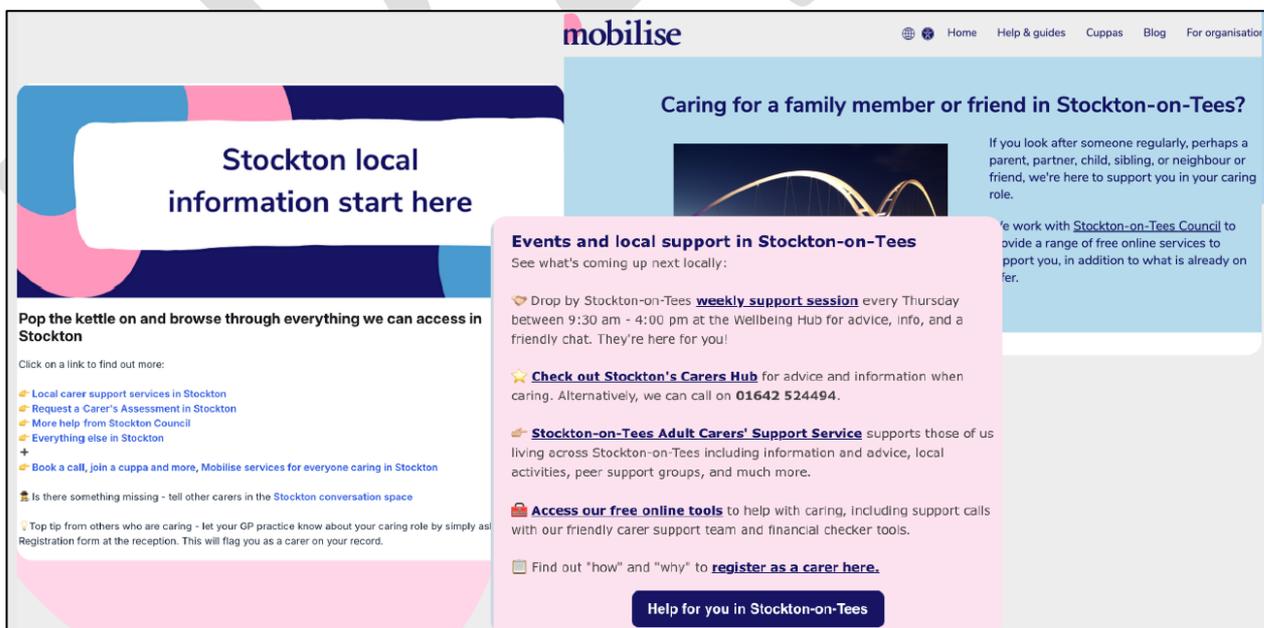
4.29. **About Mobilise:** Mobilise helped Councils engage unpaid carers (aged 18+) earlier and more effectively – preventing, reducing and delaying the need for intensive adult social care. It did this through digital innovation (AI tools, targeted web ads, and a 24/7 online peer community), scalable / light-touch support (information, advice and guidance available anytime), and human connection (lived experience carer support team for one-to-one help). The Mobilise offer complemented existing services, reached / identified hidden carers, addressed Care Quality Commission (CQC) priorities, and supported the NHS plan for community-focused preventative carer support.

4.30. **Core principles:** The organisation had three core principles – focusing on upstream prevention (finding carers early and giving them support / guidance as and when they needed it), technology to bring people together, and mobilising carer knowledge / wisdom / expertise.

4.31. **Identification and initial engagement:** Online adverts allowed carers to sign-up to Mobilise's personalised guide to caring (Facebook), whilst a variety of caring topics and the Carer's Allowance tool was accessible via internet searches. The Mobilise app had a range of features to help carers, including the Mobilise Assistant (answering questions and signposting), an online community (safe and moderated space for emotional and peer support), online events, data and insight (understanding needs / trends of carers within the Borough), and digital resources. Alongside these online options, the Carer Support Team was also available if a person-to-person conversation was required / preferred.



- 4.32. **Mobilise and ARF:** The North East and North Cumbria Mobilise Digital Carer Service was developed through the Accelerating Reform Fund (ARF) 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.
- 4.33. **Mobilise and the North East:** During the November 2022 – March 2024 period, successful pilots were completed across four North East Local Authorities (Durham, Middlesbrough, Northumberland, and South Tyneside). After this, directors of 13 Local Authorities committed to a strategic digital carer service through a partnership with Mobilise and £990,000 of ARF money – this was a two-year (April 2024 – March 2026) regional initiative for identification and support of unreached carers across the Integrated Care Board (ICB) region, with a view to business-as-usual sustainability post-ARF. The North East Councils supported by Mobilise would exceed targets and reach over 150,000 carers, with 30,000+ new carers registered by March 2026.
- 4.34. **So far in Stockton:** Mobilise had engaged carers 2,667 times through actions or tools (e.g. e-support subscription), supported carers 1,507 times with deeper actions like its Personalised Guide to Caring, and enabled unpaid carers to apply for over £500,000 in eligible Carer's Allowance support (via the online calculator). Mobilise had also developed heat-maps of identified carers across the Borough to potentially assist targeted support / action.
- 4.35. **In Stockton-on-Tees we know:** During engagement with local carers, Mobilise had found that 82% had not previously accessed support before, 79% cared for over 35 hours a week, 66% were of working age, 64% used Mobilise services outside of working hours, and 29% of Mobilise users were male.
- 4.36. **Signposting to local support:** The Mobilise website (<https://support.mobiliseonline.co.uk/stockton-on-tees>), its social media platforms, and its newsletter all highlighted and provided links to the local Adult Carers Support Service.



- 4.37. **Future in Stockton-on-Tees:** Currently, the future of Mobilise across the North East ICB region was being discussed at director, commissioner and carers lead level within each Local Authority. Mobilise had presented a discounted model to each Local Authority based on population size, and was committed to working closely with adult social care teams to ensure that carers were informed and empowered to choose the support they needed at the right time. Using paid digital

marketing techniques, Mobilise had been able to register nearly 2,000 carers in 18 months (using carer-led data to target carers at home) and, over the past 18 months, had provided detailed insights and impact from real carers across Stockton-on-Tees.

- 4.38. **Existing challenges to be considered:** Identifying carers earlier in their journey (particularly those who did not self-identify or who were balancing work, family and caring responsibilities) remained a key challenge, with early identification allowing for lighter-touch, preventative support before carers reached crisis. In addition, 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.

In terms of the future service, developing a hybrid offer (which balanced digital accessibility with in-person intensity where needed) would benefit carers who felt empowered through community, peer-learning and having access to knowledge they could control, as well as those requiring structured, face-to-face interventions (particularly those in crisis or with complex caring situations). Mobilise's national experience showed that a blended model enhanced choice, increased reach, and promoted self-sustaining carer networks.

With one-in-seven employees juggling work and care, there was also a need to support carers in less traditional ways. Mobilise's 24/7 digital carers service could support Stockton-on-Tees' ambitions to help carers remain in work – this was particularly important given the local economic cost of carers leaving employment. Furthermore, using a co-production approach (involving carers in shaping what 'good' looked like) would ensure that future developments in the Borough's carers offer remained meaningful and data-informed.

- 4.39. **Summary:** Since May 2024, Mobilise had supported 1,780 unpaid carers in Stockton-on-Tees with 4,174 actions, 82% of whom had not accessed support before. This had been done through paid media advertisement to allow carers to receive 24/7 digital support. Mobilise was working closely with SBC Adult Social Care to create a seamless transition of the carers most in need, giving carers the choice to access more formal in-person support. Whilst the contract was set to end in April 2026, Mobilise celebrated the successes in partnership with SBC, and endeavoured to support the Council's strategic priorities around unpaid carers.
- 4.40. Regarding the data provided on the number of Stockton-on-Tees carers that Mobilise had engaged with thus far (2,667), it was stated that further detail could be provided around engagement (if required) following a Committee query on whether this represented the amount of individual carers or the total number of times Mobilise's services had been used (i.e. a single individual may have accessed the offer on multiple occasions).
- 4.41. Whilst being a digitalised service, Members asked if Mobilise was able to support individuals on a face-to-face basis. It was confirmed that Mobilise was fundamentally a digital offer, though the organisation did work with in-person services and could go into these to highlight its own support platforms. Although some people were cautious around using technology, Mobilise was able to help them access its services where required.
- 4.42. Continuing the theme of digital reluctance / exclusion, the Committee drew attention to those carers not accessing information online and questioned how contact with the local Adult Carers Support Service was being promoted. Members heard that a portal had been developed where a carer could get in touch with the Council's offer – assurance was given that the portal was secure / data protected.
- 4.43. Switching focus back to those who preferred digital means of support, the Committee felt that services such as Mobilise's were vital for assisting those carers who did not want to reveal themselves to social care at this point. When thinking about future provision in relation to local carers, it therefore seemed prudent to ensure both digital and in-person help was available.

Update (January 2026)

- 4.44. Further to Mobilise's presentation to the Committee in November 2025, SBC officers relayed an update on the situation regarding Mobilise in January 2026 which noted the Council's very recent move to renew its contract with this external organisation:

'The decision to extend the use of Mobilise into 2026-2027 had been influenced by recent decisions and work to digitally enabled adult social care front door and ensure technology-driven entry point for people, including carers, seeking information, advice, or access to adult social care services that complement our traditional phone or face-to-face contact.'

'Mobilise would be used across 10 of the North East Local Authorities and the SBC commissioning team would progress the contract to ensure the Council had the relevant quality and performance controls in place.'

- 4.45. Reflecting upon this development, the Committee requested confirmation on when the extended contract with Mobilise was now due to expire, as well as the cost to SBC of this decision. A subsequent SBC statement was provided as follows:

'Stockton-on-Tees, as part of North East Association of Directors of Adult Social Services (ADASS), has collaborated with the other Local Authorities in the North East to renew the contract with Mobilise for a further year (commencing 1 April 2026). This joint approach has provided a more cost-effective outcome for this contract (£27,000).'

'We will continue to work with Mobilise to ensure that we get the best outcomes for our carers in Stockton-on-Tees. Mobilise forms only a part of the overall offer we provide to our carers and we continue to work with our partners and carers to develop and improve these services. It is important that we have a range of service types and offers available to reach the maximum number of carers and ensure they are able to access the support they need.'

- 4.46. It was also subsequently clarified that 11 of the 12 North East Local Authorities had now collectively signed up to Mobilise for 2026-2027 (the exception being Newcastle City Council).

Future Service Demand

- 4.47. SBC knew that there were approximately 20,000 carers in the Borough. However, referral levels to the Stockton-on-Tees Adult Carers Support Service had remained fairly consistent for a number of years. The service continued to promote itself to carers in a variety of ways to ensure that carers could access support as early in their caring journey as they needed it – this included online systems (Facebook, X, Instagram, Council website, SID, online Carers' Hub, etc.), via drop-in activities in the community (i.e. GP surgeries, community hubs, events and activities), and through creating links with community organisations, health and social care, and the voluntary, community and social enterprise (VCSE) sector.
- 4.48. As an early intervention and prevention service, the aim was to reach as many carers as possible to offer support and prevent carer breakdown. SBC knew that each carer who was caring for over 35 hours per week saved the Local Authority in the region of £24,000 per annum. If this was scaled up, the cost of replacement care in Stockton-on-Tees would be around £480 million. Even if just the current registered carers were to experience breakdown, this could cost the Local Authority approximately £79.2 million per annum in replacement care.

Health sector considerations around carers

NHS North East and North Cumbria Integrated Care Board (NENC ICB)

- 4.49. Responding to the Committee's lines of enquiry, a report was presented by the NENC ICB Head of Commissioning, Community & UEC in October 2025 containing the following:
- 4.50. 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).

- 4.51. 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).

- 4.52. Locally, the NENC ICB / ICP Joint Strategy ([integrated-care-strategy-better-health-and-wellbeing.pdf](#)) specified a key programme aim of 'working to identify and support more people who are providing unpaid care within the region' (see below graphic). This was a challenge as some individuals often did not see themselves as a carer / fulfilling a caring role.

North East
North Cumbria
Health & Care
Partnership

Better health and wellbeing for all

a strategy for the
North East and North Cumbria

16 December 2022

8.1.5 Supporting unpaid carers

Unpaid carers are a very diverse group. It includes Young Carers - children and young people who support family members, usually one or both of their parents or their siblings, who have additional caring needs. This might result from a long-term disability, long term condition or an acute illness. It also often relates to social circumstance, for example children of drug or alcohol dependent parents. Young carers often experience multiple disadvantage, through reduced time available to focus on their education, or to build peer social groups, and often also experience other features of socio-economic deprivation.

Adult Carers include parents providing support to their children and adult children, including those with physical care needs, learning disabilities or severe and enduring mental illness. It also includes carers providing support for older adults, particularly elderly family members who need support for the normal functions of daily living, for example due to a significant cognitive impairment or dementia. Carers themselves often experience poorer health outcomes, and consistently report that the experience of care for their loved one, and indeed for themselves, could be improved.

We will become better at identifying carers and provide more support to them in terms of their own health and wellbeing, and to the people for whom they care.

- 4.53. 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.
- 4.54. 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.
- 4.55. Noting a shared 'We Care You Care' link (which highlighted Newlands Medical Centre in Middlesbrough achieving carer-friendly status – see <https://wecareyoucare.info/articles/newlands-medical-centre-becomes-first-in-middlesbrough-to-achieve-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 was followed up with relevant NENC ICB personnel after the meeting who provided the following:

'There are national 'SNOMED' codes agreed which practices use. These codes allow clinical information, such as a diagnosis, finding, or procedure, to be recorded consistently and accurately. In relation to carers, the following SNOMED codes exist:

- 224484003 – Carer
- 302767002 – Cares for a relative
- 199361000000101 – Is no longer a carer

Across Stockton-on-Tees, 4,741 individuals have been identified as being coded with 'carer' or 'cares for a relative' which is 2.3% of the total registered population in Stockton [203,574], and 930 individuals have been coded as 'is no longer a carer' which represents 0.5% of the total registered population for Stockton.'

- 4.56. Given some of the Committee's lines of enquiry did not appear to be addressed within its submission, examples / links on how the NENC ICB had highlighted / raised awareness of support for adult carers (either to the public or the organisations within its umbrella) was requested, along with any examples / knowledge of good practice within the NENC ICB footprint around adult carers support (outside Stockton-on-Tees). The NENC ICB Head of Commissioning, Community & UEC subsequently responded as follows...

'We don't generally hold this information as an ICB and given that there will be significant variation as to the commissioning of services across NENC. In order to respond to the questions in relation to carers I would suggest using an FOI approach – this will ensure a co-ordinated response.'

- 4.57. Whilst not included within the NENC ICB submission, its May 2024 promotion of a new strategy launching a vision to improve lives of Gateshead caregivers was highlighted to the Committee (see <https://northeastnorthcumbria.nhs.uk/news/new-strategy-launches-vision-to-improve-lives-of-gateshead-caregivers/>).

North Tees and Hartlepool NHS Foundation Trust (NTHFT)

4.58. In October 2025, 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:

4.59. **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 University Hospitals Tees (UHT) (partnership between NTHFT and neighbours South Tees Hospitals NHS Foundation Trust (STHFT)) to demonstrate its commitment to carers of all ages (see above graphic) – this was being reinforced with staff and patients.



4.60. **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, 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.

4.61. **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.

4.62. **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.

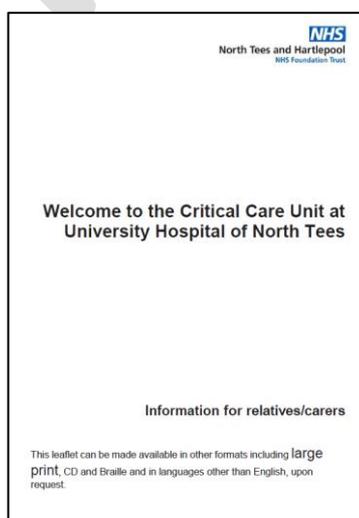
4.63. **Working with SBC with regards the local carers support offer – how does this operate; is this effective; is there anything that could strengthen current arrangements?:** Partnership working included carer identification and liaison, the supply and promotion of information / advice / guidance, 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 Stockton-on-Tees Borough Council (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.

- 4.64. **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 UHT 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 carer-related issues.
- 4.65. **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.
- 4.66. 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.
- 4.67. 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. NTHFT subsequently shared a number of leaflets / guidance / photos (see examples below), and noted the following...

'In terms of Stockton carers...

- *Carers info leaflets are displayed in outpatient reception areas, discharge lounge, EAU, outside ward 40, on small table near retail carts and in security office.*
- *Posters are displayed on ward patient information boards, toilet doors near main entrance, EAU, A&E, Macmillan cancer support office, car park office.*
- *Pop-up banner is in main entrance by car park pay machine.*
- *Hopefully we will get more literature and information on the TVs too.*
- *Feedback is the budget for literature is very small.'*



- 4.68. To maintain staff awareness of the help available for local carers, Members also suggested increased presence from Stockton-on-Tees Adult Carers Support Service personnel on wards.
- 4.69. 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.

Engagement with / feedback from carers

4.70. In September 2025, officers from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate provided an overview of how the Council involved carers themselves in shaping future service delivery, emphasising the importance of a warm and open culture which encouraged engagement and listening. Several subsequent quotes demonstrated very positive carer views on the existing offer:

'I hardly know how to thank you for your kindness and help today. You have lifted a burden and I no longer feel that I am on my own with this. Thank you seems so inadequate.'

'Having someone else visit my mum so that I can have a couple of afternoons a month to myself to focus on my own children and grandchildren and catch up with my own household tasks is an absolute lifesaver.'

'I don't think I could do without it now.'

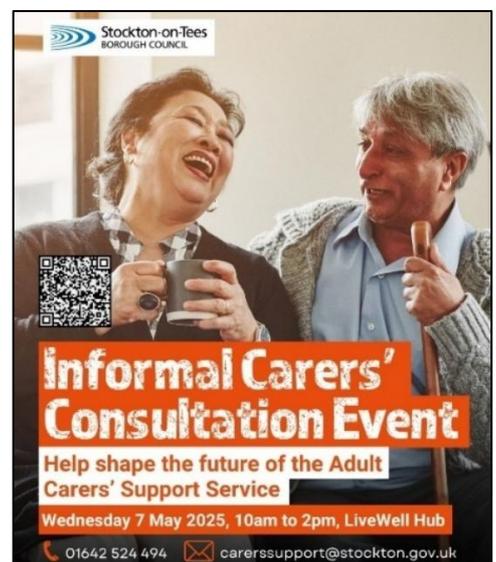
'Marvellous service – can't fault the staff and how friendly, kind and considerate they all are.'

'He's like one of the family. He treats Joe as his friend and it's as if they have known each other for years.'

4.71. SBC officers were asked to provide further detail on the results of recent consultation with carers regarding the local support offer. Led by a SBC Development Officer, and supported by the relevant SBC Service Manager and SBC Service Manager – Direct Services, a presentation was given in December 2025 which included the following:

4.72. **Carers Consultation (Spring 2025):** SBC received 70 responses to its Carers Consultation Survey 2025. Three key themes were identified (carers requiring information and communication earlier; hospital and healthcare support; carer support groups and peer connection), with a number of actions already taken in light of carer feedback.

4.73. **Open communication channels:** A range of mechanisms were in place to engage with carers, including social media platforms, fortnightly email bulletins, a quarterly carers newsletter, an online feedback form (which was also handed out during groups / events), and requests for carers to volunteer with recruitment. Carers were also involved during the late-2024 CQC assessment of SBC adult social care services.



- 4.74. **LiveWell Hub Activities:** Numerous sessions were held at the LiveWell Dementia Hub to support carers and those living with dementia, and there was close working with Stockton Libraries and Stockton Learning and Skills, Age UK, and Young at Heart to facilitate workshops and groups. Each group provided a welcoming space for carers to connect and participate in enriching activities, as well as access the Stockton-on-Tees Adult Carers Support Service and Dementia Service.
- 4.75. **In the community:** Carers consistently told SBC what was helpful, what needed improving and what made caring easier. The Council responded by adding new activities, signposting or arranging links with other services, and developing new resources when carers highlighted gaps.
- 4.76. **Staff Carer Peer Support Group:** SBC staff who were carers themselves were supported by the Council in several ways. By recognising their vital role in providing unpaid care, staff could benefit from access to advice, guidance and wellbeing resources, balance caring responsibilities by working flexibly, access peer support and networks, and undertake a Carer's Assessment to discuss their role and its impact upon them. SBC had also introduced a Carers Passport for staff (included within the papers for this meeting) which recorded their caring responsibilities and agreed workplace adjustments – this helped ensure consistent support if they moved roles or managers, promoted understanding, and reduced the need to repeat their story.
- 4.77. **Carer involvement in the CQC assessment:** Carers were actively involved in the co-production process for the recent CQC inspection. They supported the self-assessment document by sharing their experiences and feedback, gave honest reflections about the support services they received, shared lived experience to demonstrate impact, and highlighted strengths and areas of development. They also attended a session with CQC assessors during the on-site visit to talk about their experiences of co-producing with the Council, with their voices helping to demonstrate how the service valued partnership-working and continued improvement.
- 4.78. **Making It Real Board:** SBC actively promoted the Making It Real Board with carers and shared updates about any involvement opportunities in the carers newsletters.
- 4.79. **Co-Production Champions:** Monthly update meetings were held with the SBC Co-Production Champions (who also joined the Co-Production Week celebration in June 2025).
- 4.80. The Committee welcomed the information provided and was particularly encouraged by the support offer for SBC staff who were involved in giving unpaid care. With reference to the recently published CQC report on SBC adult social care services, Members asked if there had been any carer-related developments in response to the CQCs findings. SBC officers stated that contact lists had been simplified (depending on a carer's requirements), and links had been reinforced with the health sector (including hospitals, GPs and pharmacies), as well as internal SBC teams, to promote the carers agenda.
- 4.81. Members praised the Carers Passport concept and queried how many staff had taken this up – officers have since confirmed that this cannot be ascertained as this is a confidential document between manager / employee.
- 4.82. Noting the Committee's recent visit to the LiveWell Dementia Hub as part of this ongoing review, Members spoke of how highly the carers they met valued informal peer support (e.g. WhatsApp groups), but also the need for better bereavement services. Regarding the latter, it was stated that a carer whose partner had passed away was now running a support group for those who had suffered the loss of a loved one.
- 4.83. Discussion ensued around the concept and composition of the Making It Real Board, with the Committee encouraging the Council to ensure it was as representative of clients and carers across the Borough as it could be. Members heard that, whilst there was never the intention for

the Board to have a large membership, it was an evolving entity which could be developed further now it was established. Importantly, several co-production groups (involving a host of other individuals) fed into the Board which meant a greater number of people with lived experience and expertise were helping shape local services. In related matters, efforts had also been made to ensure an item about the Board was always included in Stockton News.

- 4.84. Finally, the Committee noted the reference within the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2024-2025 (considered earlier in the December 2025 meeting) to a local Lived Experience Forum, and felt that care was needed to avoid too many groups being initiated with similar purposes (potentially causing confusion). Regarding carers, it was stated that SBC was trying to be smarter with how it communicated with these individuals and did not want to bombard them with information.

Committee Visit: LiveWell Dementia Hub

- 4.85. The LiveWell Dementia Hub was a community-based service that provided dementia information, support and training for anyone living in Stockton-on-Tees. This included people with dementia, their families, their carers, and anyone who would like to learn more about the condition. To carry out their own engagement with carers, Committee Members undertook a visit to the Hub in November 2025.

4.86. Observations

- Bright, airy reception area and spacious meeting rooms that were warm and inviting.
- Very helpful and friendly reception staff.
- Large amount of printed information on display (included leaflets / booklets on various health conditions and wider local / national support services that could be taken away).
- Pack of carers-related information provided – included:
 - a weekly Hub timetable detailing sessions held within the Hub and in the community
 - posters regarding forthcoming events at the Hub
 - Adult Carers Support Service leaflets
 - Adult Carers Support Service newsletter (see **Appendix 1**) – included two supplements on Time Out Service (FAQs) and the Carers' Connect Service

4.87. Feedback from engagement with carers

- Bereavement support group for carers and a chat group both held at the Hub, and hugely helpful.
- Important to be able to share experiences with those who are going through the same challenges.
- Hub is a lifeline for carers.
- Alison Watson-Shields of Young at Heart is 'brilliant'!
- Busy schedule of events at the Hub – also have speakers coming in on specific topics.
- Age UK uses the Hub for dementia support session (attracts the largest attendance).
- Adult carers training really useful and informative.
- Would be helpful if the Time Out Service was more flexible – have to book over a month in advance, and personal appointments not always predictable / given much notice.



4.88. Other

- Specific link within SBC Communications Team to promote the Hub / Carers Support Service.
- Adult Carers Support Service currently has a waiting list (will indicate to anyone wishing to access it what the waiting time is likely to be as part of the initial response).

- Time Out Service is initiating a 'Time Out Together' element (starting later in November 2025) – based at the Hub, this will allow multiple carers to have a break at the same time whilst their loved one partakes in group activities / games).
- Can be wasted appointments within the Time Out Service (e.g. carers booking a slot and then not cancelling it if they are unable to use it) – could this be more efficient (e.g. call / text the day before to remind them of their booking or to cancel it)?
- Discussion around feasibility of incorporating volunteers within the Time Out Service to potentially expand its capacity.

Young carers transitioning into the adult offer

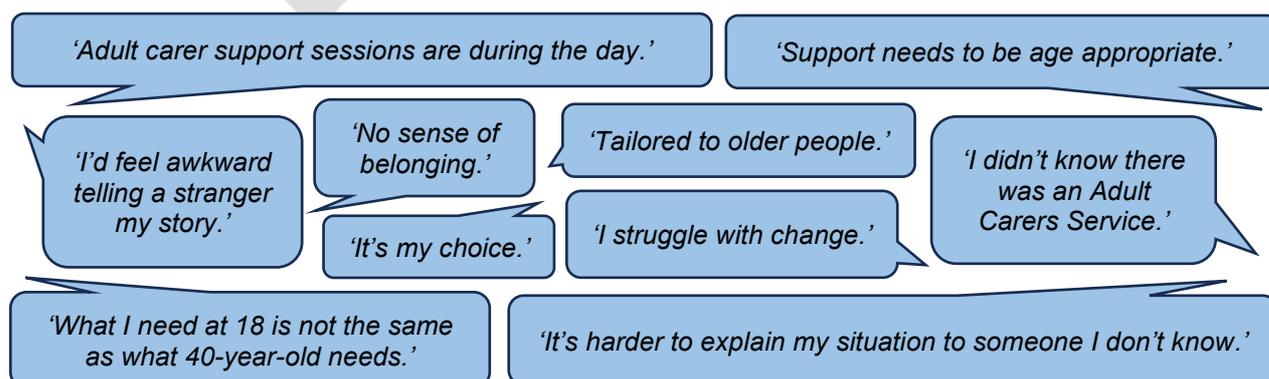
Eastern Ravens Trust

- 4.89. Recognising the Borough's young carers and the importance of their transition into adult support services, Eastern Ravens Trust (a local charity supporting young carers within Stockton-on-Tees) was asked to contribute to this review. In November 2025, the Trust Manager gave a presentation which covered the following:
- 4.90. **Eastern Ravens Trust – Supporting Young Carers (timeline):** Following the commencement of action research within the Borough in 1998, the first young carers group was launched on 1 April 2000, with Eastern Ravens Trust commissioned to work with 30 young carers per year. In October 2023, the Trust became a strategic partner to Stockton-on-Tees Borough Council (SBC) for young carers support, and between November 2024 and October 2025, assisted nearly 300 young carers.
- 4.91. **Young Carers Definition:** The term 'young carer' included children and young people under 18 who provided regular and ongoing care and emotional support to a family member who was physically or mentally ill, disabled, or misused substances.
- 4.92. **Stockton-on-Tees Context – Unpaid Care:** 2021 census data indicated that there were 1,500 young carers under the age of 25 locally – of these, 725 carried out their caring role for under 19 hours per week, 350 for 20-49 hours per week, and 175 for 50 hours or more per week (the remainder did not specify the time). It was felt that the number of young carers identified via the census did not reflect the actual total (which could potentially be four times as many) as some were hidden and others did not want to identify themselves as a carer.
- 4.93. **Reasons for Caring Roles:** The main factors leading to the onset of caring responsibilities were physical illness and / or disability, mental health illness, sensory / hearing loss, alcohol / drug dependency, and learning difficulties. Young people were sometimes carrying out multiple caring roles, taking on numerous additional tasks that went beyond what was considered 'normal' for their age-range.
- 4.94. **What do Young Carers do?:** Young carers were involved in practical tasks (e.g. cooking, housework, shopping), providing emotional support, giving / reminding about medication and collecting prescriptions / accompanying to medical appointments, managing finances (e.g. family budgeting, collecting benefits, banking), and interpreting. Assistance with physical (lifting, transferring) and personal (dressing, washing, toileting) care was also given, and there was sometimes a need to look after a younger sibling. All things considered, it was remarkable what some young people were doing across the Borough.
- 4.95. **Impacts of Caring:** Young people could be adversely affected as a result of their caring roles in a variety of ways. In terms of education, reduced attendance, lateness, struggling to cope within lessons and / or completing homework, worry, not having the correct uniform, and lower

attainment (decreasing future life chances) were potential possibilities. Socially, young carers could experience loneliness and isolation, become victims of bullying, and have increased risk of criminal and child sexual exploitation. Personally, their wellbeing may suffer (e.g. poor mental health, worry, stress and anxiety, lack of sleep, reduced time for exercise, shame, challenging behaviour), as might their physical health (injury, illness, developmental delay, lack of opportunities for exercise, healthy eating).

However, whilst the impact of having caring responsibilities tended to be negative, there were some positives in relation to enhanced family belonging / relationships and personal resilience. Indeed, young carers across Stockton-on-Tees had very strong characters, with the older cohort currently supported by Eastern Ravens all in either education, employment or training (a trend that had been observed for some time).

- 4.96. **Current Service Provision:** Currently supporting 141 young carers aged between five and 18 years-old (and, on occasion, beyond 18), Eastern Ravens offered a flexible / bespoke approach which covered whole family working, one-to-one assistance, respite breaks, and school holiday programmes. Referrals were received from a variety of sources including family members, schools, social workers, the SBC Early Help service, and other charities, and it was vitally important to have a 'no wrong door' policy to ensure timely access to the service. Eastern Ravens was also trying to build capacity and raise awareness of the importance of identifying and supporting young carers with schools (something that had become an Ofsted requirement).
- 4.97. **Young Carers Transitions:** The 2014 Care Act placed a duty on Local Authorities to provide young carers with a 'transition assessment' before they turned 18 years-old (this duty was delegated to Eastern Ravens in the service specification in 2023). The Trust's transition assessments involved conversations with young carers to obtain their views, wishes and feelings (as opposed to form-filling / paperwork), though this approach may change moving forward.
- 4.98. **Stockton Adult Carers Service & Stockton Young Carers Service:** Eastern Ravens had a very positive working relationship with the local Adult Carers Support Service which involved regular communication and the exchange of carer-related information and good practice. The Trust undertook an initial whole family assessment when support was requested for a young carer, with a referral made to the adult service should an adult within a household also be identified as having a caring role. Transition discussions took place between the two services, with targeted awareness-raising initiatives, joint events (e.g. Carers Week), and co-production of a forthcoming e-learning staff training module on carers further examples of this partnership.
- 4.99. **Young Carers Feedback:** Young carers who were coming up to, or had just turned, 18 years-old were asked for their views on the cessation of support from Eastern Ravens and the use of the adult service. Feedback highlighted concerns about dealing with change, how appropriate the local Adult Carers Support Service was for young adults, and a lack of knowledge of such an offer after they had reached adulthood. Ultimately, it was an individual's choice to be referred to the adult service.



- 4.100. **The Future:** Several factors were proposed when considering future provision for those transitioning into adult carer services, including the creation of a dedicated young adult carers service for 18-25 year-olds, and an offer that was open to all irrespective of caring for a sibling or an adult. Other important features were the inclusion of social opportunities at appropriate times, life-skill projects (e.g. managing money / cooking on a budget), and wellbeing support. Identifying unknown young adult carers should be a further priority.
- 4.101. Concluding the presentation, a video was shown to the Committee which demonstrated the support provided by Eastern Ravens and the extent to which young carers across the Borough valued its offer.
- 4.102. Welcoming the information provided by Eastern Ravens, the Committee queried why a change in the approach to transition assessments was being considered, particularly given the stated reluctance for young people to complete paperwork. In response, Members were informed of the need to establish a framework around carer identification / referrals.
- 4.103. The Committee asked what could be implemented to further strengthen the partnership between the young carers and adult carers services. The Trust Manager highlighted the ongoing development of the co-produced e-learning training module for staff – this would be made available to both the adults and children’s workforce, and needed to be promoted to increase awareness of carers and the caring role (SBC officers stated that this training would be part of future staff induction requirements). Members requested that the e-learning package be rolled out to all Councillors, too.
- 4.104. Emphasising the importance of selling the local Adult Carers Support Service offer to young carers (something relevant SBC managers could promote by going along to Trust events to engage with young people), the Committee noted the appreciation from young people within the video (which followed the presentation) of the ‘fun’ / ‘exciting’ service provided by Eastern Ravens – it was therefore clear that the adult carers offer needed to foster similar feelings / enthusiasm.
- 4.105. A final question was raised on the number of referrals received by Eastern Ravens from schools. The Trust Manager commented that schools were currently the fourth-highest referrer (this changed from year-to-year), though it was anticipated that referral rates would increase given the work being undertaken to support schools with their responsibilities around young carers. The Committee was informed that young people with caring roles often had exemplary school attendance records as their educational setting offered a safe space and a break from their home environment (they also had a tendency to ‘coast’ and were reluctant to ‘raise their head above the parapet’).

External carer-related SBC scrutiny

- 4.106. The Care Quality Commission (CQC) published its final report in October 2025 following the late-2024 inspection of SBC adult social care services. For the purposes of this review, commentary relating to ‘carer’ / ‘carers’ was highlighted for the Committee’s attention, as were any carer/s-related references from the preceding Local Government Association (LGA) peer review that was conducted and reported on prior to the CQCs visit (see **Appendix 2**).

LGA: Peer Assurance Challenge of SBC Adult Social Care (July 2024)

- 4.107. Undertaken in preparation for the anticipated CQC inspection of SBC adult social care services, the final report was published in August 2024 and considered by SBC Cabinet in October 2024 (<https://moderngov.stockton.gov.uk/documents/s8762/Peer%20Assurance%20Challenge%20of%20Adult%20Social%20Care%20by%20the%20LGA%20and%20CQC%20Assurance%20Update.pdf>). Comments from the peer review team included:

Case File Audit

- 'The voice of the person and the carer was apparent throughout.'
- 'There is good engagement with carers, but a limited reference to offer of carers assessment or other carers support services. Often carers are not recorded formally, despite being evident in notes.'

Lived Experience Feedback

- 'Staff were described as supportive, understanding and wanted to work together with people and carers.'

Theme 1: Working with People

- 'Carers support service has good uptake and provides meaningful, person-centred intervention for carers that they have a voice in.'
- 'The peer team were very impressed by the range and quality of these services and agreed with a staff member of the carers team – "what we do is real early intervention!"'

Theme 4: Leadership

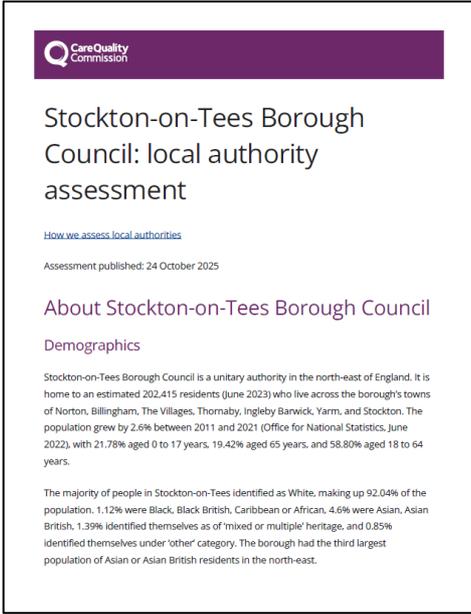
- '...the peer team felt that there were opportunities to charge for some services that are currently provided free of charge to the public and therefore create a further income stream. In particular, the provision of carers 'Time-Out' service was felt to have opportunity in this area, either with a 'standard charging model applied or 'means tested'. This may create opportunity to broaden this for more carers going forward enabling greater sustainability of its provision and importance.'

CQC: Stockton-on-Tees Borough Council Local Authority Assessment (late-2024)

- 4.108. In late-2024, the CQC undertook an inspection to look at how SBC was meeting its duties under [Part 1 of the Care Act \(2014\)](#). Its final report was published in October 2025 (see <https://www.cqc.org.uk/care-services/local-authority-assessment-reports/stocktonontees-1025>), with the summary section including the following carer-related observations:

Summary of people's experiences

- 'The needs of unpaid carers were recognised as distinct from the needs of the person they cared for and assessment and support options were available. Carer's feedback was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about the support available useful. People spoke highly of the timeout service, and said it supported them in their caring role. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a priority.'



The screenshot shows the cover page of a CQC report. At the top left is the Care Quality Commission logo. The main title is 'Stockton-on-Tees Borough Council: local authority assessment'. Below this is a link 'How we assess local authorities' and the date 'Assessment published: 24 October 2025'. There are two sub-sections: 'About Stockton-on-Tees Borough Council' and 'Demographics'. The 'Demographics' section contains text about the borough's population and ethnic diversity.

Summary of strengths, areas for development and next steps

- 'Assessment and support arrangements were in place for unpaid carers, but the local authority acknowledged the need to improve this and to improve ways to identify unpaid carers, particularly younger carers. The local authority was also seeking to improve the information and advice offer for people who were funding their own care. Some work had been undertaken to reshape the front door, but this was a work in progress and the impact had not yet come to fruition. There was a lack of clarity amongst the staff we spoke with about the next steps or timescales for the work.'

Other approaches to / good practice in supporting carers

4.109. Examples of carer-related support offers elsewhere across the UK were identified for the Committee's information:

- **East Riding of Yorkshire Council:** Newsletter for Carers (Winter 2025)
<https://downloads.eastriding.org.uk/ersab/carers-and-cared-for/we-care-newsletter/We%20Care%20Newsletter%20-%20Winter%202025.pdf>
- **Action for Carers Surrey:** Adult Carers (featuring carers stories)
<https://www.actionforcarers.org.uk/who-we-help/adult-carers/>
- **Swindon Carers Centre:** Adult Carers (featuring 'Frequently asked questions' and an 'Events and activities' section)
<https://www.swindoncarers.org.uk/support-for-unpaid-carers/adult-carers/>
- **Gateshead Council:** Support for adult caregivers (includes carers stories and a 'carers passport' initiative)
<https://www.gateshead.gov.uk/article/15878/Support-for-adult-caregivers>
- **Devon County Council:** Supporting you to look after someone (includes free training courses available to training and a 'Carer Ambassador' concept)
<https://www.devon.gov.uk/adult-social-care/carers-support/>
- **Suffolk Family Carers:** Adult Carers (includes 'technology to help your caring role' section)
<https://suffolkfamilycarers.org/who-do-we-support/adult-carers/>



4.110. Carer-related 'good practice' guidance was also shared with the Committee, with attention drawn to the Care Quality Commission (CQC) update given to the National Scrutiny Officer Network in March 2025 on its two-year programme of baselining to determine how well Local Authorities were meeting their social care duties under part 1 of the Care Act – this included an emerging theme around a need for improvement in supporting unpaid carers, particularly the personalisation of support in differing needs dependent on age and needs of the person being carer for (i.e. adult carer of a young person, children caring for adults):

- **National Institute for Health and Care Excellence (NICE):** Supporting adult carers (Jan 20) <https://www.nice.org.uk/guidance/ng150>
- **Association of Directors of Adult Social Services (ADASS):** Supporting Carers Hub (including 'Explore great practice from across the UK' section) <https://www.adass.org.uk/supporting-carers-hub-homepage/>
- **CQC Local Authority Assessments:** Update to National Scrutiny Officer Network on two-year programme of baselining to determine how well Local Authorities are meeting their social care duties under part 1 of the Care Act (Mar 25)
- **Carers Trust:** Time away from caring: Good practice in carer breaks (2023) (note: includes section on SBC Time Out service (page 23-24). <https://carers.org/downloads/carers-trust-carer-breaks-hwa-report2.pdf>

Emerging themes



- **Support for unpaid carers** is an area where there is a need for improvement including:
 - better identification,
 - improved range and capacity of services,
 - more timely assessments
 - personalisation of support in differing needs dependent on age and needs of the person being cared for (i.e. adult carer of a young person, children caring for adults)



4.111. Further to considerations around young carers transitioning into the adult carers support services, a number of related documents / links were highlighted to the Committee:

- **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
- **South Tyneside Young Carers:** Carers in Transition <https://www.southtynesideyoungcarers.org/young-carers-in-transition-16-24/>
- **Durham County Council:** During 2022-2023, Durham County Council undertook and completed a strategic review of its support offer for all unpaid carers. Following engagement and consultation with young carers and young adult carers, it was clear this cohort required and wanted bespoke support that helped them reach their aspirations and goals, and that they were supported to ensure their caring role(s) did not impact on their future. https://www.adass.org.uk/campaign_articles/young-adult-carer-support-service/
- **Carers Trust:** Developing young adult carer services – a practical guide (2024) <https://carers.org/downloads/good-practice-guided-developing-young-adult-carer-services--a-practical-guidehr.pdf>



Developing young adult carer services – a practical guide



CARERS TRUST



- 4.112. From an academic perspective, a 2025 [London School of Economics and Political Science \(Care Policy and Evaluation Centre\)](#) research project sought to identify what support combinations helped improve carers' lives and what works to facilitate availability of and access to this support (see https://www.lse.ac.uk/cpec/research/projects/unpaid-care/COSAC-Combinations-of-Support-for-Adult-Carers?utm_source=Dynamics%20365%20Customer%20Insights%20-%20Journeys&utm_medium=email&utm_term=N%2FA&utm_campaign=Health%2C%20adult%20social%20care%20and%20ageing%20bulletin%3A%20December%202025&utm_content=Health%2C%20adult%20social%20care%20and%20ageing%20bulletin%3A%20December%202025#msdynmkt_trackingcontext=e043fe42-db07-49e5-b006-bcace5260300).
- 4.113. Finally, complementing the [CQCs](#) findings following its late-2024 inspection of SBC adult social care services, the Committee was informed of the regulator's view on the eleven characteristics of 'good' and 'outstanding' Local Authorities in adult social care (see [CQC: What good and outstanding looks like in adult social care | Local Government Association](#)). Based solely on analysis of CQC-published Local Authority assessment reports, carers was one of the key areas outlined:

7. Carers and families

Carers are recognised as partners and system stabilisers. Co-produced strategies, discharge toolkits, rapid assessments, flexible breaks, financial and wellbeing advice, and primary care liaison are in place. Authorities track and improve carers' wellbeing and employment outcomes year on year.

F. Carers

Design features:

- Co-produced carers strategy linked to local wellbeing plans.
- Standardised carers' discharge toolkit in all hospital pathways.
- Rapid assessments and flexible breaks available on demand.
- GP liaison roles embedded in every neighbourhood.
- Carers' wellbeing, employment, and inclusion data reviewed quarterly.

Illustrative Good/Outstanding thresholds:

- No/limited waiting lists for carers' assessments.
- Improved year-on-year outcomes in carer wellbeing, financial resilience, and employment.

5.0 Conclusion & Recommendations

- 5.1. This review focused on the Stockton-on-Tees Adult Carers Support Service which offers local help for those providing unpaid care and support to a family member, partner, friend, or neighbour who is disabled, has an illness or long-term condition, or who needs extra help as they get older. Although the current service is considered to be effective, there was a desire to establish any potential areas for improvement to further strengthen support for the Borough's much-valued carers.
- 5.2. Caring for someone, particularly for those with greater needs, can be incredibly hard. It has the potential to have a profound and lasting impact which can affect an individual's physical and mental health, and compromise their ability to hold down employment (previous Carers UK research found that around 600 people per day were giving up work to care) or enjoy leisure / social activities. As well as the stress and worry over supporting a person close to them, caring roles can also result in adverse financial implications for those involved.
- 5.3. National estimates on the number of those carrying out an unpaid caring role vary (the most recent Census 2021 suggested that there were 5.8 million unpaid carers in the UK), and it is well acknowledged that ascertaining an accurate figure is challenging given many individuals do not view their support of a loved one as 'providing care'. That said, Stockton-on-Tees Borough Council (SBC) stated that there were approximately 20,000 unpaid carers across the Borough, which represents around 10% of the total population of Stockton-on-Tees. Given there were a total of around 3,500 carers open to the local Adult Carers Support Service in 2024, there appears to be significant potential for an increase in demand for the existing offer should a proportion of these people seek help.
- 5.4. The Stockton-on-Tees Adult Carers Support Service is a key feature of the Council's offer of support for the Borough's adult carers. Annual referrals have continually escalated from around 450 in 2018 (when SBC made the decision to bring the service in-house) to nearly 700 in 2024, with a subsequent increase in associated funding to manage this demand. The service provides a range of bespoke support, is widely promoted across the Council's various print and electronic platforms, and also works with external organisations to emphasise the importance of supporting carers and how SBC can assist. A crucial and much appreciated element of the local offer is the 'Time Out' service which gives carers up to eight hours of ad-hoc support per month free-of-charge, allowing them a break from their caring role.
- 5.5. The Council's ongoing work with Mobilise (the UK's digital platform for unpaid carers) was highlighted to the Committee which had helped to provide a range of free online services, as well as identify hidden carers. Given the recent decision to extend this partnership beyond the current contract deadline of April 2026, SBC will need to ensure it has the necessary quality and performance controls in place to monitor the effectiveness of this arrangement. Moving forward, SBCs work around its digital offer for clients and their carers will provide an opportunity to review any future arrangements with external providers with regard to this support.
- 5.6. In terms of wider health considerations around carers, NHS North East and North Cumbria Integrated Care Board (NENC ICB) personnel drew attention to the legal requirement (under the Health and Care Act 2022) for the NHS 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). Whilst the ICB did not have any direct responsibilities in this area, it did work collaboratively at a local level with Local Authority and 'system' partners (including operational teams to ensure clinical pathways considered carers) to support the adult carers agenda, and 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'. From a general practice perspective, 4,741 individuals had been

identified as a 'carer' or 'cares for a relative' – the Council should consider how best it can promote the local Adult Carers Support Service within these settings, as well as being mindful that improvements in carer-identification may ultimately result in more demand on the existing offer.

- 5.7. North Tees and Hartlepool NHS Foundation Trust (NTHFT) provided extensive evidence on the ways in which it considered carers (recognising them as partners in care) and promoted local support services. The recently implemented 'Carers Charter' was an encouraging development which should now be embedded and continually reinforced to staff and patients. NTHFT also highlighted the need for thinking around 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.
- 5.8. The Committee fully supports the acknowledgement from SBC of the need for an open culture to encourage engagement and listening with carers, and several examples were given demonstrating this endeavour. Whilst the response rate to the latest annual carers consultation survey was limited, important themes were nevertheless identified (including the value of peer support), and the Committee look forward to learning more about how the actions taken in light of this feedback have enhanced the local offer.
- 5.9. The Committee undertook its own engagement with local carers by visiting the LiveWell Dementia Hub in November 2025. The importance of being able to easily access carer-related services (aided by up-to-date contact details) and having the opportunity to share experiences with those who are going through the same challenges was reiterated, and it was clear that the ability to meet in-person (within a welcoming environment which provided an excellent source of carer-related information) was hugely valued, as was the Council's Time Out service. Regarding the latter, the Committee note the request from carers for more flexibility around the booking process (currently having to give over a month's notice which could be difficult as personal appointments were not always predictable), though commends the new 'Time Out Together' element which has the potential to benefit a greater number of those in a caring role (allowing multiple carers to have a break at the same time whilst their loved one partakes in group activities / games). Ensuring the Time Out offer is as efficient and effective as possible should be a cornerstone of the future service moving forward.
- 5.10. Recognising the Borough's young carers and the importance of their transition into adult support services, the Committee was pleased to receive a very informative contribution from Eastern Ravens Trust (a local charity supporting young carers within Stockton-on-Tees). Feedback from young carers highlighted concerns about dealing with change, how appropriate the local Adult Carers Support Service was for young adults, and a lack of knowledge of such an offer after they had reached adulthood – this suggests there is work to do to promote the options available to them once they reach the end of their time with Eastern Ravens (this should be helped through the already established relationships between the young carers and adult carers services), as well as making this offer as appealing as possible for those transitioning into it. The creation of some form of dedicated 'young adult' carers service / element may be more justifiable if there is an increase in the number of individuals aged 18-24 requesting / accessing support (as of early-November 2025, just 38 out of the 3,100+ carers open to the Stockton-on-Tees Adult Carers Support Service were in this age bracket).
- 5.11. In October 2025, the Care Quality Commission (CQC) published its final report following the late-2024 inspection of SBC adult social care services, and carer-related commentary was shared with the Committee for the purposes of this review (as was relevant feedback from the Local Government Association (LGA) peer assurance challenge of SBC Adult Social Care that was undertaken in July 2024 in preparation for the anticipated CQC inspection). The regulator's findings, whilst broadly positive, did highlight some concerns around the availability of information on support for unpaid carers, as well as the Council's own acknowledgement of the need for

further work to both identify these individuals and fully understand their needs. Clarity around improvements to the information and advice offer for people who were funding their own care, and in relation to the ongoing work to reshape the Council's 'front door', was also noted.

5.12. The CQC report also referenced national data from the Survey of Adult Carers in England (SACE, June 2024) which showed that:

- 90.7% of carers found information and advice from SBC helpful (better than the England average of 85.22%)
- 75% of carers engaged with the Local Authority said they found it easy to access information and advice (significantly better than the England average of 59.06%)
- more carers in Stockton-on-Tees (47.83%) were satisfied with support they received than the England average (36.83%)

However, there were also areas to work on, with outcomes from the same survey indicating:

- more could be done to improve the respite offer to unpaid carers
- more carers locally (34%) were unable to maintain paid employment because of their caring duties compared to the England average (26.7%)
- only 25.19% of carers said they were accessing a support group or someone to talk to in confidence (which was worse than the England average of 32.98%)

Encouragingly, the CQC concluded that the Council had 'a clear vision and strategy for adult social care which sought to improve outcomes for people with care and support needs, unpaid carers and reduce inequalities of experience and outcomes for people in the local area'. The Committee is therefore keen to understand how SBC proposes to respond to the regulator's feedback and, in related matters, encourages the Council to continue efforts to raise the profile of those staff working on the frontline / 'front door' of these support services.

5.13. Wider research demonstrated a range of approaches and initiatives regarding support for adult carers across the UK, some of which are already a feature of the local offer. Several carer-related good practice guides were also brought to the attention of the Committee, with the Council's Time Out service highlighted by the Carers Trust as a positive example in providing short breaks for carers. Increasing acknowledgement of the importance and role of unpaid carers will likely encourage the publication of further material which SBC should seek and consider as part of the ongoing development of the local support service.

5.14. The Stockton-on-Tees Adult Carers Support Service is clearly a highly valued and crucial element within the Council's adult social care offer, attracting wider recognition and appreciation for what it provides. That said, evidence collected as part of this review has flagged areas for attention in relation to carer-identification, signposting to / promotion of support, transitioning of young carers into the adult service, the ability to meet demand as more carers request / require help, and the need for continuous evaluation of the local offer. Unpaid carers save local organisations a vast amount of money – as such, despite the ongoing financial limitations on the Council, they must be supported as much as possible. Those accessing the service have reported very positive experiences – the challenge is ensuring this can be of benefit to a greater number of carers, many of whom remain hidden.

Recommendations

The Committee recommend that:

- 1) **In terms of general Stockton-on-Tees Adult Carers Support Service development, SBC should:**
 - a) **Ensure measures are put in place as part of the review of the Council's 'front door' to strengthen identification of carers and the promotion of the local support offer (including the Stockton-on-Tees Adult Carers Support Service).**
 - b) **Ascertain and consider the findings from the London School of Economics and Political Science (Care Policy and Evaluation Centre) research project on what support combinations help improve carers' lives and what works to facilitate availability of and access to this support.**
 - c) **Consider ways to increase the response rate for its annual carers consultation survey.**
- 2) **Regarding the partnership with Mobilise (the UK's digital platform for unpaid carers), SBC should:**
 - a) **Develop its own in-house digital support offer for local carers to build on / complement the services available through this external provider.**
 - b) **Ensure it has the necessary quality and performance controls in place (including the need to report on measurable targets) to monitor the effectiveness of this arrangement.**
 - c) **Seek to understand any separate arrangements that Council's outside the North East have with Mobilise and whether these enhance the offer to carers more than the ongoing partnership with the 10 North East Local Authorities.**
- 3) **In relation to the Stockton-on-Tees Adult Carers Support Service 'Time Out' element, SBC should:**
 - a) **Complete an internal review of the booking system to identify ways of creating more flexibility for carers when requested a break from their caring role.**
 - b) **Consider whether it would be appropriate to introduce a standing / means-tested charge for the service to broaden this for more carers going forward, enabling greater sustainability of its provision and importance (as identified via the LGA Peer Assurance Challenge of SBC Adult Social Care in July 2024).**
- 4) **Promotion of the Stockton-on-Tees Adult Carers Support Service offer to young carers should be strengthened so they are more informed about the support available to them when they reach 18.**
- 5) **Consideration should be given to the ways in which the Stockton-on-Tees Adult Carers Support Service can build on what appeals to young carers when they approach / reach 18 so they are more compelled to seek support in their caring role when they become young adults.**

(continued overleaf...)

Recommendations (continued)

The Committee recommend that:

- 6) The new carers awareness e-learning module be rolled out to SBC staff, Members and external partners.**
- 7) SBC further considers how the local support offer for carers can be promoted within the wider health system (including general practices and community settings).**
- 8) SBC provides a response to the Committee on the carer-related commentary included within the Care Quality Commission (CQC) final report on SBC adult social care (published in October 2025).**

DRAFT

Appendix 1

Stockton-on-Tees Adult Carers Support Service: Newsletter (Autumn 2025)

Stockton-on-Tees Adult Carers' Support Service Newsletter

Autumn 2025 | Issue 20

Welcome to the Autumn edition of the Stockton-on-Tees Adult Carers Support Service Newsletter

As the leaves turn and the nights draw in, we'd like to take a moment to thank you for everything you do in your caring role. Autumn is often a busy time, but it also brings opportunities to pause, reflect, and connect.

In this edition, you'll find updates on new groups and events, practical tips to support you through the colder months, and information about where to find advice, support and wellbeing activities. We've also included some dates for your diary, so you don't miss out on what's happening locally. We hope this newsletter gives you helpful ideas, reminders, and a sense of connection with other carers across Stockton-on-Tees. Remember, you are not alone, and support is always here when you need it.

New Carers Group - Time Out Together

We're excited to launch a brand-new group for Time Out carers only, giving you the chance to take a well-earned break while your loved one enjoys a safe, friendly space.

Time Out Together will run on the last Wednesday of every month (excluding December 2025) at the LiveWell Hub, starting on Wednesday 26 November 2025.

This is a relaxed session in a welcoming space. We'll have music, activities, and plenty to keep everyone engaged to give you a break. You are more than welcome to stay at the LiveWell Hub and have a refreshment!

Spaces must be booked from 9am on the first working day of each month for the following month, so please make a note in your diary.

This is your time to recharge, connect with others, and take a well-deserved breather.

For more details or to book, please contact the Adult Carers Support Service on **01642 524494**.



Time Out Together
A welcoming space with music and activities to enable carer respite

1:30pm to 3:30pm - last Wednesday of the month
The LiveWell Hub, Thornaby, TS17 8AP

For Time Out carers only
Get more information
☎ 01642 524494

Stockton-on-Tees Borough Council

You said, we did - strengthening our community presence

In our spring carers consultation survey, many of you told us that you'd like the Adult Carers Support Service to be more visible in your local community, at places and events you already attend.

We listened to your views and, going forward, we'll be strengthening our presence at local community venues and events across Stockton-on-Tees. This means you'll be able to find us more easily, ask questions face-to-face and connect with support without needing to travel far. Whether it's a local community event, a drop-in session, we want to make sure carers have more opportunities to meet us in person, get information and feel supported right where you are.

Upcoming events and activities

- Adult Carers Support Service drop-in at the Wellbeing Hub in Wellington Square, Stockton, 9:30am to 4pm every Thursday. Pop in for support and information, or simply a chat about your caring role.

- Winter Health and Wellbeing Festival at Thornaby Pavillion, 10am to 2pm on Thursday 23 October. The Adult Carers Support Service, Dementia Service and Shared Lives Service will be hosting a stall. Pop along and see us!
- The LiveWell Hub is open 9am to 4:30pm Monday to Friday. If you need a welcoming space for any support or advice, our team are always on hand.

Thank you to everyone who shared their views. Your feedback is helping us shape the Stockton-on-Tees Adult Carers Support Service.



Carers Rights Day 2025

This year, Carers Rights Day takes place on Thursday 20 November 2025 - a national awareness day that shines a light on the vital role of unpaid carers. It's an important reminder that every carer is entitled to know their rights and access the support available to them. Here in Stockton-on-Tees, we'll be marking the day with information, advice, and resources to help carers feel informed and supported in their caring role. Keep an eye on our social media pages and the Carers Bulletin for details on our market stalls in Stockton Hight Street and

Thornaby Town Centre, drop-in at the Wellbeing Hub, and activities you can get involved in.

Carers Rights Day is about making sure no one misses out on help they're entitled to - whether that's financial support, practical advice, or simply knowing where to turn when you need a listening ear.

For more information on Carers Rights Day, visit www.carersuk.org/news-and-campaigns/our-campaigns/carers-rights-day/



Be wise, immunise with a free flu vaccine!

The NHS recommends the flu vaccine to those at highest risk from severe illness and to help reduce the spread of flu. Make sure you and your loved ones stay safe this winter.

The flu virus changes every year, so a new flu vaccine is needed each year.

From 1 October, the free vaccine will be offered to everyone aged 65 and over, and those who turn 65 years by 31 March 2026, people aged 18 to 65 with certain health conditions, carers, and close contacts of people with weak immune systems.

You can book a flu vaccine by using the NHS App, visiting www.nhs.uk/live-well/seasonal-health/keep-warm-keep-well, or calling 119 for free. If you're eligible, you'll also get an invitation.

The NHS is also visiting housebound patients and people in care homes to give the vaccine.

COVID-19 vaccines will be available from 1 October for:

- adults aged 75 years and over (including those who will be 75 by 31 January 2026)
- residents in a care home for older adults
- people aged 6 months and over who are immunosuppressed

You may also be eligible for other vaccinations, including the:

- pneumococcal vaccine (if you're aged 65 or over)
- RSV vaccine (if you're pregnant, aged 75 to 79, or turned 80 after 1 September 2024)

These vaccinations help protect against serious illnesses that are more common in the winter, including pneumonia.

Don't get caught out this winter - Be wise, immunise.



Service in the Spotlight - Stockton Mobile Library Services

The Stockton Mobile Library Team offer a wide range of services designed to bring books, information, and wellbeing support into the heart of our communities. From mobile libraries visiting schools and local organisations, to the popular home delivery service for people who can't easily get to a branch, the service helps make reading and resources accessible to everyone.

The team also support national health campaigns and provide specialist services such as reminiscence collections, dementia cafés, and health information resources - all aimed at helping people connect, learn, and thrive.

To find out more about what Stockton Mobile Library Services can offer you:

- ☎ 01642 528045
- ✉ mobilelibrary.services@stockton.gov.uk
- 🌐 www.stockton.gov.uk/mobile-library



Appendix 1

(continued)

Here to help



We know it can be even more difficult over the winter months, so want you to know about the support available across the Borough. Our 'Here to Help' guide gives an overview of the support available, including:

- Fuel, energy and housing
- Money and debt
- Food insecurity and poverty
- Winter wellbeing
- Community activities and support such as our Warm Welcome socials

The Here to Help guide is free to pick up from your local library and many community centres and organisations across the Borough.

You can also email FSOT@stockton.gov.uk to request a copy or visit www.stockton.gov.uk/here-to-help-hub

Stay in the loop - sign up to the Carers Bulletin!

Are you a carer in Stockton-on-Tees? Don't miss out on news, support and local events designed just for you!

Our Carers Bulletin is packed with useful updates, upcoming events, wellbeing tips and stories from carers like you.

Email us at carerssupport@stockton.gov.uk and ask to be added.

We're on social media too! Follow us:

 www.facebook.com/stocktononteesadultcarers

 www.instagram.com/sotadultcarers

 www.x.com/sotadultcarers



Priority Service Register

This free support service makes sure extra energy help is there for people in vulnerable situations and offers priority support in emergencies, power cuts and more.

Contact your energy supplier and ask to be added to their register or visit:

www.thepsr.co.uk

Carers' Emergency Card

It's important to keep details like emergency contacts updated so we can support you when you need it most. If your details have changed get in touch.

 **01642 524494**

Appendix 2

External carer-related SBC scrutiny

EXTERNAL SCRUTINY OF SBC ADULT SOCIAL CARE

Local Government Association (LGA): Peer Assurance Challenge of SBC Adult Social Care (July 2024)

<https://moderngov.stockton.gov.uk/documents/s8762/Peer%20Assurance%20Challenge%20of%20Adult%20Social%20Care%20by%20the%20LGA%20and%20CQC%20Assurance%20Update.pdf>

- Undertaken in preparation for anticipated CQC inspection of SBC adult social care services
- Final report published in August 2024
- Considered by SBC Cabinet in October 2024 (see link above)

Case File Audit

- [Page 12](#): 'The voice of the person and the carer was apparent throughout.'
- [Page 13](#): 'There is good engagement with carers, but a limited reference to offer of carers assessment or other carers support services. Often carers are not recorded formally, despite being evident in notes.'

Lived Experience Feedback

- [Page 13](#): 'Staff were described as supportive, understanding and wanted to work together with people and carers.'

Theme 1: Working with People

- [Page 15](#): 'Carers support service has good uptake and provides meaningful, person centred intervention for carers that they have a voice in.'
- [Page 22-23](#): 'As referenced within the Self-Assessment the Adult Carers Support Service was brought in-house in 2018 and supports adult carers (over 18) in Stockton on Tees who care for another adult. At the point of this transfer there were 103 carers registered with the service. In 2024, this is now recorded at 2436 which is seen as an estimated support to 12% of the unpaid carer's population in the Borough. 100% of carers receiving a service have a direct payment compared to the England average of 76.8%. Whilst support can vary from advice, support and signposting, there are others who have a range of practical levels of support such as the 'Time Out' service which offers up to 8 hours of support per month free of charge for carers to have a break from their caring role. The peer team were very impressed by the range and quality of these services and agreed with a staff member of the carers team – "what we do is real early intervention!"'

Theme 4: Leadership

- [Page 37](#): 'The peer team observed that there is strong oversight of the financial position of the service and a savings target of £1.893m for the council overall to reach a balanced budget position for 2024/25, primarily led through the work of the 'Powering Our Futures' programme. It is clear from what was observed and discussed with the leadership team that there is

Appendix 2

(continued)

External carer-related SBC scrutiny

increased scrutiny and forward planning being applied to the financial position, but the peer team felt that there were opportunities to charge for some services that are currently provided free of charge to the public and therefore create a further income stream. In particular, the provision of carers 'Time-Out' service was felt to have opportunity in this area, either with a 'standard charging model applied or 'means tested'. This may create opportunity to broaden this for more carers going forward enabling greater sustainability of its provision and importance.'

Lessons learned from other peer challenges

- **Page 40:** 'Councils need an authentic narrative for their adult social care service driven by data and personal experience. The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere. Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.'

Care Quality Commission (CQC): Stockton-on-Tees Borough Council Local Authority Assessment (late-2024)

<https://www.cqc.org.uk/care-services/local-authority-assessment-reports/stocktonontees-1025>

- Inspection to look at how SBC meets its duties under [Part 1 of the Care Act \(2014\)](#).
- Final report published in October 2025

Summary of people's experiences

- **Page 6:** 'The needs of unpaid carers were recognised as distinct from the needs of the person they cared for and assessment and support options were available. Carer's feedback was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about the support available useful. People spoke highly of the timeout service, and said it supported them in their caring role. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a priority.'

Summary of strengths, areas for development and next steps

- **Page 8:** 'Assessment and support arrangements were in place for unpaid carers, but the local authority acknowledged the need to improve this and to improve ways to identify unpaid carers, particularly younger carers. The local authority was also seeking to improve the information and advice offer for people who were funding their own care. Some work had been undertaken to reshape the front door, but this was a work in progress and the impact had not yet come to fruition. There was a lack of clarity amongst the staff we spoke with about the next steps or timescales for the work.'

Assessment and care planning for unpaid carers, child's carers and child carers

- **Page 15-16:** 'The needs of unpaid carers were recognised as distinct from the needs of the person they cared for. Staff told us carers assessments were completed alongside, but separately to Care Act assessments for the person with support needs. Carers were also referred to the Carers Hub for support specific to their own wellbeing. Staff were able to explain the processes and pathways for carers to access an assessment. They told us carers were

also signposted to other support services or placed on mailing list so the local authority could maintain contact with them. However, there were some barriers to accessing support. For example, a carer said they were not always able to access support from the Community Livewell Dementia Hub (a centre providing information about dementia, support, and training for those living in Stockton-on-Tees) due to transport costs and was unaware they were able to access this support virtually.

People's feedback on the local authority's approach to carers' assessments, planning, and support was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about support available useful. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a strategic priority. This commitment to improving carers' access to support was demonstrated through the local authority's 2024 partnership with a carer-led and designed technology platform that provided enhanced, on-demand services to anyone with caring responsibilities in the region.

Unpaid carers experienced waits for a carer's assessment from the local authority. In June 2024, 83 people were waiting for a carers assessment. There was a median wait of 23 days over the previous 12 months, with a maximum wait of 63 days. Local authority leaders told us variability in time taken to process assessments was due to accommodation of client commitments and choice. At the time of the CQC assessment, there were no outstanding reviews of carers needs.

There was a process to refer young carers to an external organisation which was understood by staff who worked with them. For example, 14 referrals were made for young carers between October 2023 and September 2024. However, leaders told us more work was needed to increase the identification of young carers to meet their specific needs.'

Arrangements to prevent, delay or reduce needs for care and support

- **Page 22:** '... There was an ambition among leaders to make use of community partnerships to better identify and target vulnerable groups such as unidentified unpaid carers, victims and survivors of domestic abuse, and those with substance misuse issues. This indicated a joined-up approach to prevention across adult social care, the wider organisation, and partners.

Consideration was given to supporting unpaid carers and people at greatest risk of a decline in their independence and wellbeing, but more practical support and resources were required to help carers live as they wanted. For example, there was a timeout service in place which provided free short-term respite for unpaid carers and aimed to delay or reduce further need for carers' support. Carers who had accessed this service valued it highly and said it supported them in their caring role. However, there were approximately 20 people waiting for the timeout service at the time of the assessment, meaning that not everyone who could benefit from the service was able to do so.

National data from the Survey of Adult Carers in England (SACE, June 2024) showed that 90.7% of carers found information and advice from the local authority helpful. This was better than the England average of 85.22%. However, the same survey also indicated more could be done to improve the respite offer to unpaid carers; only 15.15% of carers in the borough said they were able to spend time doing things they value or enjoy – although this was in line with the England average of 15.97%. In relation to employment, 34% of carers said they could not maintain paid employment because of their caring duties, which was above the England

average of 26.7% (SACE, June 2024). Further work was in train to build on the existing support offer for unpaid carers.'

Provision of accessible information and advice

- **Page 25:** 'People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. For example, people said they were impressed with the range of services provided in Stockton-on-Tees compared to neighbouring boroughs, and 75% of carers engaged with the local authority said they found it easy to access information and advice, which was significantly better than the England average of 59.06% (SACE, June 2024). Additionally, the local authority was aware of feedback from some carers who wanted better access to information and advice, and work was ongoing towards this.'

Direct payments

- **Page 26-27:** 'The effectiveness of arrangements to support people to take up direct payments were reflected in national data. Uptake of direct payments across all age groups was higher than the England average, particularly for those aged between 18 and 64 (49.51% compared to 37.12% for England, Adult Social Care Outcomes Framework (ASCOF), December 2024). Local authority data indicated that 100% of identified carers had also received direct payments in the last year.'

The local authority understood some of the barriers for people using direct payments and took steps to remove them. For example, the direct payment team worked closely with the carers' service to ensure they had a point of contact for support. The local authority also recognised national and local challenges around recruiting and retaining Personal Assistants (PA) and the impact of this on residents in Stockton-on-Tees wishing to employ a PA.

Promotion initiatives for the Personal Assistant role were underway to address recruitment issues in partnership with local carers' services. To further increase awareness and uptake of direct payments, staff attended job centre fairs and community-based parent/carer groups. This was positive action to increase the equity of their direct payment offer and make use of community assets to reach people. This work was ongoing, and leaders told us it evolved according to demand and available opportunities.'

Market shaping and commissioning to meet local needs

- **Page 35:** 'The carer's service was provided in-house. Approximately 73 new carers per month were being identified at the time of the assessment. There was regard for the provision of services to meet the needs of unpaid carers. However, only 25.19% of carers said they were accessing a support group or someone to talk to in confidence, which was worse than the England average of 32.98% (SACE, June 2024). Some carers said they received no support from the local authority despite assurances from staff that they would receive help. The local authority was aware of the need to improve the offer for carers and work was ongoing working towards maximising support available to them. This included entering into a 2024 partnership with an online carer-led platform that offered carers advice, tools, and community networks to support them in their caring roles. In July 2024, the platform had provided 165 carers with support that included emails, a peer support community, and a financial toolkit to help them manage their carers' allowance.'

Ensuring sufficient capacity in local services to meet demand

- [Page 38](#): 'There was consideration for the provision of services to meet the needs of unpaid carers. Significant investment into carers' services had been made by the local authority, and more carers in Stockton-on-Tees were satisfied with support they received than the England average (47.83% compared to 36.83%, Survey of Adult Carers in England (SACE), June 2024).

National data showed that 10.77% of carers said they were accessing support or services that enabled them to take a break from caring at short notice or in an emergency, which was in line with the England average of 12.08% (SACE, June 2024). Numbers of carers able to access support enabling them to take a break from caring for up to 24 hours were higher at 19.08%, but still low overall and below the England average of 21.73%. The local authority had plans to review capacity for contingency planning in its carers' support offering.'

Safety during transitions

- [Page 52](#): '...While some people described workers providing support after they left hospital as informative and helpful, some people described a lack of communication between care professionals and limited care coordination or continuity. This had led to key information about people being missed or not communicated to carers and families. Some people said their discharge process was rushed, while others did not receive support with their transition between care services, which affected their wellbeing and that of their family...'

Contingency planning

- [Page 53](#): 'The local authority undertook contingency planning to ensure preparedness for possible interruptions to the provision of care and support. For example, leaders said they worked with community safety agencies and partners to plan for access to alternative support in the event of a community-wide emergency.'

Some unpaid carers said staff worked with them to plan for current and future needs, with one saying they had an emergency carers card detailing a plan in the event they could not fulfil their caring role.'

Strategic planning

- [Page 63](#): 'There was a clear vision and strategy for adult social care which sought to improve outcomes for people with care and support needs, unpaid carers and reduce inequalities of experience and outcomes for people in the local area. The strategy was based on a sound understanding of local priorities and was aligned with the strategic plans of other key agencies, for example health, public health and housing. Adult social care strategy and delivery plans were publicly available, and staff, council members and partners showed a good awareness of them. Additionally, the local authority scored highly in the category of 'Strategic Partnership', among others, in a recent Local Government Association (LGA) Annual Health Check, indicating strong strategic alignment with its partner agencies.'

Glossary of Terms

ADASS	Association of Directors of Adult Social Services
ARF	Accelerating Reform Fund
BCF	Better Care Fund
CQC	Care Quality Commission
ICB	Integrated Care Board
ICP	Integrated Care Partnership
LGA	Local Government Association
NENC ICB	NHS North East and North Cumbria Integrated Care Board
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NTHFT	North Tees and Hartlepool NHS Foundation Trust
POF	Powering Our Future (SBC)
SBC	Stockton-on-Tees Borough Council
SCIE	Social Care Institute for Excellence
SID	Stockton Information Directory
STHFT	South Tees Hospitals NHS Foundation Trust
TSAB	Teeswide Safeguarding Adults Board
UHT	University Hospitals Tees (NTHFT & STHFT)
VCSE	Voluntary, Community and Social Enterprise

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Adult Social Care and Health Select Committee

17 February 2026

ACTION PLAN FOR AGREED RECOMMENDATIONS – REVIEW OF REABLEMENT SERVICE

Summary

Members are asked to consider the proposed Action Plan setting out how the agreed recommendations from the review of Reablement Service will be implemented and target dates for completion.

Detail

1. The Committee's final report of the review of Reablement Service (see link below) was considered by Cabinet in December 2025. Cabinet accepted the recommendations contained within.

<https://moderngov.stockton.gov.uk/documents/s20581/Committee%20Report.pdf>

2. These are now subject to the procedure for monitoring the implementation of agreed recommendations. An Action Plan has been drawn up and is attached at **Appendix 1**. This sets out how the relevant departments will be taking forward the agreed recommendations and includes target dates for completion.
3. Members should consider and agree the Action Plan. The Committee will receive a detailed progress update on the implementation of recommendations approximately 12 months (or sooner if specifically requested) after the Action Plan has been agreed.

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APPENDIX 1
DRAFT ACTION PLAN: Review of Reablement Service

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Due Date
1	<p>The NHS North East and North Cumbria Integrated Care Board (NENC ICB):</p> <p>a) provides a summary on the gap analysis of the NHS England good practice guidance for ICBs (commissioners and providers) titled '<i>Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge</i>' (2023), along with assurance on how it and its partners will be addressing any identified issues (e.g. a self-assessment by all relevant organisations within the health and care 'system').</p> <p>b) more explicitly outlines the role and importance of reablement services (within the context of the overall health and care 'system') in future iterations of its overarching integrated care strategy.</p>	<p>As part of the SC03 Part 2 POF Programme, ICB / NTH reps will be asked to lead on the review and assessment.</p> <p>Identify the date and request to be considered as part of the new strategy to ensure this is considered and SBC give the opportunity to review prior to publication.</p>	<p>Completed analysis reported to SC03 programme Steering Group and agreed with any action included in the reablement project plan.</p> <p>New strategy reflects reablement services clearly.</p>	<p>NENC ICB Head of Commissioning</p> <p>NENC ICB Head of Commissioning</p>	<p>September 2026</p> <p>March 2027 (this may be brought forward if required)</p>
2	<p>North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital.</p>	<p>To include a review of the discharge processes through the planned review of the hospital discharge pathway (05 Feb 2026) under the ASC Front Door / TEC Programme.</p>	<p>SWOT report on the hospital discharge pathway.</p>	<p>SBC Service Manager – Assessment (Early Intervention)</p> <p>NTHFT Senior Operations Manager</p>	<p>April 2026</p>

APPENDIX 1
DRAFT ACTION PLAN: Review of Reablement Service

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Due Date
3	Principal links / contacts for Stockton-on-Tees Borough Council (SBC), NTHFT and the voluntary, community and social enterprise (VCSE) sector in relation to local reablement provision are identified / confirmed and shared in order to improve communication between key partners.	Review current people and agree process for ensuring contact list is current and reliable and accessible to appropriate people.	Accessible summary of key contacts.	SBC Service Manager – Commissioning SBC Service Manager – Direct Services NTHFT Senior Operations Manager	April 2026
4	SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.	Refer to actions under 2 above.	Refer to success measures under 2 above.	SBC Service Manager – Direct Services	May 2026
5	Regarding the future local reablement offer, SBC: a) provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services. b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and provides assurance on appropriate training uptake for new and existing staff.	Review differences in the report and feedback to SC03 Programme steering group for review. Implement review of reablement service as set out in the SC03 Project Plan (Reablement) on any proposed changes to the structure and model for reablement.	Report to Steering Group on 18 Feb 2026 then to ASCH. Report to SMT / POF Board.	SBC Service Manager – Commissioning SBC Service Manager – Direct Services	April 2026 August 2026

APPENDIX 1
DRAFT ACTION PLAN: Review of Reablement Service

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Due Date
	c) explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision.	See 5b.	See 5b.	SBC Service Manager – Commissioning	August 2026
6	SBC considers cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support.	Refer to actions under 2 above.	Refer to success measures under 2 above.	SBC Service Manager – Commissioning	March 2027
7	<p>To increase public understanding of the Borough's reablement offer:</p> <p>a) SBC and its partners assure themselves that they are adhering to the Social Care Institute for Excellence (SCIE) <i>'Supporting client and family engagement with reablement'</i> (2024) guidance, utilising this resource to effectively raise awareness and promote the Borough's reablement offer.</p> <p>b) SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve,</p>	<p>Consider SCIE guidance as part of the assessment of how we promote the current and future reablement offer in Borough.</p> <p>Agree communication plan for 2026/27 with NHS to promote the service (and align with any change in the offer / way the support is delivered).</p>	<p>Report back to SC03 Steering Group and production of new information / materials.</p> <p>Agreed communication plan / strategy for 2026/27.</p>	<p>SBC Service Manager – Direct Services</p> <p>SBC Senior Communications Officer</p> <p>SBC Senior Communications Officer</p>	<p>March 2026</p> <p>April 2026</p>

APPENDIX 1
DRAFT ACTION PLAN: Review of Reablement Service

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Due Date
	<p>how they are accessed (including contact details), and the principal benefits.</p>				
8	<p>Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service.</p>	<p>Healthwatch to undertake a targeted and meaningful approach to people who:</p> <ul style="list-style-type: none"> • have recently been discharged from hospital • are more likely to need reablement services • or may face additional challenges in accessing or understanding the offer <p>This would allow us to reach the people who are most likely to have direct experience of reablement or who face the biggest barriers in accessing services.</p>	<p>Scoping conversation and agreed plan with Healthwatch.</p> <p>Completed structured conversations.</p> <p>Report to SBC that will be shared with SMT / ASCH.</p>	Healthwatch Stockton-on-Tees	March 2027

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

QUARTER 3 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 October and December 2025 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **6** inspection 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:

- 1 Adult Service was reported on (1 rated 'Good')
- 5 Primary Medical Care Services were reported on (3 rated 'Good'; 1 rated 'Requires Improvement'; 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 **11** reports published between October and December 2025 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 10 rated 'Good'

APPENDIX 1

ADULT SERVICES

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

Provider Name	Care Matters (Homecare) Limited	
Service Name	Care Matters (Homecare) Limited Stockton	
Category of Care	Care at Home	
Address	Unit 11, Halegrove Court, Cygnet Drive, Stockton-on-Tees TS18 3DB	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-5203586490/reports/AP15475/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Not inspected
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Good
Date of Inspection	28th August – 14th October 2025	
Date Report Published	20th November 2025	
Date Previously Rated Report Published	7th January 2021 (focused inspection)	
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 care provider maintains a positive and professional relationship with the Quality Assurance and Compliance Team. They are consistently responsive to queries and requests, and there are currently no concerns regarding their performance or compliance.		
Engagement and Support from Transformation Managers		
Care Matters have shown strong and consistent engagement with the Transformation Team and wider partners throughout the recommissioning process. They contributed meaningfully to all engagement sessions, helping shape the new Framework.		

Since the contract began in November, we've had several one-to-one discussions to check how they are managing the changes. They've confirmed they do not require additional support, which reflects their strong internal management.

The manager and director have attended all Care at Home Development sessions and worked collaboratively with partners involved. They also take part in Provider Forums and recently shared their experience of a CQC inspection with the wider group, supporting shared learning across the sector.

Overall, Care Matters continue to demonstrate a proactive approach and a genuine commitment to partnership working, which is making a positive contribution to the success of the new arrangements.

Supporting Evidence and Supplementary Information

Risks to people were appropriately assessed and monitored, and safeguarding arrangements were effective.

People were generally supported by stable and well-trained staff and had their nutritional needs met, although some reported that care calls did not always occur at their preferred times; the provider has committed to reviewing staffing arrangements.

Medicines were managed safely, and assessments took account of individuals' communication, personal, and health needs. Staff worked collaboratively with other agencies to ensure smooth transitions and best outcomes, and people were supported to understand their care and give informed consent, with families involved when required. Care was person-centred, promoting choice and equality, and feedback systems were in place and acted upon.

People and relatives spoke positively about the kindness and knowledge of staff. While staff wellbeing was generally supported, some expressed concerns about communication and inclusion, and mixed feedback on service culture was noted; the provider had agreed to review these areas.

Systems to monitor and improve standards were in place, and managers engaged with the local community to deliver high-quality care.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	28/12/2023	Good

PRIMARY MEDICAL CARE SERVICES

Provider Name	A Vita Limited	
Service Name	A Vita Limited (also known as A Vita Laser, Aesthetic and Beauty Specialists)	
Category of Care	Doctors / GPs	
Address	22 High Street, Yarm, Stockton-on-Tees TS15 9AE	
Ward	Yarm	
CQC link	https://www.cqc.org.uk/location/1-13653797804/reports/AP10234/overall	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Requires Improvement
Safe	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Requires Improvement	Requires Improvement
Date of Inspection	18th March & 24th June 2025	
Date Report Published	1st October 2025	
Date Previously Rated Report Published	1st August 2023	
Further Information		
<p>A Vita Limited provides a private aesthetics service for fee-paying clients. This service is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide.</p> <p>There are some exemptions from regulation by the CQC which relate to particular types of regulated activities and services, and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, they offered a range of non-surgical cosmetic interventions, such as dermal filler injections, anti-wrinkle treatments and laser hair reduction, which are not within CQC scope of registration. Therefore, the CQC did not inspect these services.</p> <p>The provider offered the following services which were within the scope of registration:</p> <ul style="list-style-type: none"> • Excision of lesions • Upper and lower blepharoplasty • Slimming medication <p>The CQC's previous inspection of this service took place in April 2023 when the service was rated as 'Requires Improvement' overall, with 'Requires Improvement' for the 'Safe' and 'Well-Led' key questions, and 'Good' for 'Effective', 'Caring' and 'Responsive' key questions. The reason for the assessment was to follow-up on the areas which were rated as 'Requires Improvement' at the last inspection.</p>		

CQC view of the service

- Two breaches of the legal regulations were found in relation to 'safe care and treatment' and 'good governance'.
- The regulation breach for 'safe care and treatment' was in relation to infection control and safe management of medicines.
- The regulation breach for 'good governance' was in relation to there being no clear oversight of governance.
- The CQC asked the provider for Action Plans in relation to both of these breaches of regulation.

People's experience of this service

- The CQC shared a link on its website during this assessment, with the provider, for clients to give feedback on their care. No responses were received.
- There was one piece of feedback to the Commission in the last 12 months.
- The service stated they used Salon Spy which was a review platform for hair and beauty salons. The service had a rating of 4.95 out of 5 stars, from in excess of 1,600 reviews.
- There was no feedback available specifically for the activities which were regulated by CQC.

NOTE: This service was archived on 26 September 2025. Archived services are ones which are no longer part of a provider's registration with CQC. You can find out more about archived services and how you can use the information on the CQCs page about [searching for the history of care services](#).

Provider Name	The Dovecot Surgery	
Service Name	The Dovecot Surgery	
Category of Care	Doctors / GPs	
Address	The Health Centre, Lawson Street, Stockton-on-Tees TS18 1HU	
Ward	Stockton Town Centre	
CQC link	https://www.cqc.org.uk/location/1-548988122/reports/AP16977/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	9th – 14th October 2025	
Date Report Published	4th November 2025	
Date Previously Rated Report Published	21st June 2016	
Further Information		
<p>The Dovecot Surgery is a GP practice and delivers services to approximately 4,258 under a contract held with NHS England. The National General Practice Profiles states that 20.1% of patients are aged 65 years or over compared with the England average of 17.8%. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 2nd decile (2 of 10) – the lower the decile, the more deprived the practice population is relative to others. This assessment considered the demographics of the people using the service, the context the service was working within, and how this impacted service delivery. Where relevant, further commentary is provided in the quality statements section of this report.</p> <p>This was a comprehensive assessment, undertaken due to the length of time since the CQCs last assessment and the identification of potential risks.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> The service fostered a positive learning culture, with staff confident to raise concerns and incidents investigated thoroughly. People were kept safe, and staff understood and managed risks well. Facilities were clean, well-maintained, and met people's needs. While staff received training and appraisals, some risks remained. These included gaps in mandatory training, incomplete risk assessments, areas of prescribing oversight, and a lack of assurance that vaccination records were in place for both clinical and non-clinical staff. People were involved in assessments of their needs, and staff considered individuals' communication, personal, and health needs. Patients received care that was generally effective and informed by current guidance. Regular searches were used to support monitoring and diagnostic checks, and steps had been taken to recall patients at risk. Care was informed by current guidance. Some prescribing and monitoring practices required improvement to fully align with national standards. 		

- People were treated with kindness and compassion. Staff protected their privacy and dignity. They treated them as individuals and supported their preferences. People had choice in their care and treatment. The service supported staff wellbeing. Areas for improvement in staff interactions were identified.
- People were involved in decisions about their care and offered a choice in how they accessed services. While feedback mechanisms were in place, response rates were low. Care was delivered fairly and in line with individual needs, and efforts were made to support accessibility and inclusion. The practice identified that improvement was needed in access, and enhancements had been made to the telephone system to support better responsiveness.
- Governance arrangements were not consistently robust. Improvements were needed in areas such as policy updates, oversight of mandatory training, risk assessments, and record keeping to ensure safe and effective care. However, leaders were visible, knowledgeable and supportive, and most staff described the practice as a positive and well-managed place to work. Staff told the CQC they felt confident to raise concerns, understood their roles and responsibilities, and were encouraged to contribute ideas for improvement.

People's experience of this service

- According to the 2025 National GP Patient Survey, 57% of patients reported a positive overall experience with the practice, which was below the national average of 75%. Additionally, 59% rated the reception and administrative team as helpful, compared to the national average of 83%. However, 84% said the healthcare professionals they saw or spoke with treated them with care and concern, which was comparable to the national average of 86%.
- The CQC received a total of 10 feedback responses over the past 12 months. The feedback highlighted a mix of positive and negative experiences. Several patients praised the practice for caring staff, helpful service, and smooth appointment processes. However, concerns were raised in areas including access to appointments, emergency preparedness, staff communication, and administrative processes.
- The Patient Participation Group (PPG) worked well with the practice. Meeting agendas were set together, and communication was open and timely. Members felt listened to, and suggestions were considered when possible. However, the group was small and did not fully reflect the wider patient population, especially in terms of age and ethnicity. Recruiting new members had been difficult. The PPG had helped raise issues like improving phone access and communication. The practice responded by upgrading the telephone system. However, some patients still reported problems getting appointments and support.
- The response rate to the NHS Friends and Family Test was relatively low, with 14 submissions received between August and September 2025. Despite this, results indicated a good level of patient satisfaction with the overall experience of care. Of those who responded, 85.71% said they would recommend the service to friends and family.
- Staff from an aligned care home provided positive feedback regarding the standard of care delivered by The Dovecot Surgery to their residents, specifically noting that the care received from the practice was excellent.

Provider Name	The Eaglescliffe Medical Practice	
Service Name	The Eaglescliffe Medical Practice	
Category of Care	Doctors / GPs	
Address	Sunningdale Drive, Eaglescliffe, Stockton-on-Tees TS16 9EA	
Ward	Eaglescliffe East	
CQC link	https://www.cqc.org.uk/location/1-542237827/reports/AP13776/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Outstanding
Safe	Good	Good
Effective	Good	Outstanding
Caring	Good	Outstanding
Responsive	Good	Good
Well-Led	Good	Outstanding
Date of Inspection	26th – 28th August 2025	
Date Report Published	25th November 2025	
Date Previously Rated Report Published	19th November 2015	
Further Information		
<p>The Eaglescliffe Medical Practice is a GP practice and delivers service to 12,961 patients under a contract held with NHS England. The National General Practice Profiles states that 94% of the practice population are white, 3% are Asian, and less than 1% are black, mixed race, or of another ethnicity. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 10th decile (10 of 10) – the lower the decile, the more deprived the practice population is relative to others. This assessment considered the demographics of the people using the service, the context the service was working within, and how this impacted service delivery. Where relevant, further commentary is provided in the quality statements section of this report.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> The service had a good learning culture and people could raise concerns. Managers investigated incidents thoroughly. People were protected and kept safe. Staff understood and managed risks. The facilities and equipment met the needs of people, were clean and were well-maintained. There were enough staff with the right skills, qualifications and experience. Managers made sure staff received training and regular appraisals to maintain high-quality care. The service did not always detect and control potential risks in the care environment, and did not always make sure that medicines and treatments were safe and met people's needs, capacities and preferences. People were involved in assessments of their needs. Staff reviewed assessments, taking account of people's communication, personal and health needs. Care was based on latest evidence and good practice. Staff worked with all agencies involved in people's care for the best outcomes and smooth transitions when moving services. Staff made sure people understood their care and treatment to enable them to give informed consent. Staff involved 		

those important to people and took decisions in people's best interests where they did not have capacity.

- People were treated with kindness and compassion. Staff protected their privacy and dignity. They treated them as individuals and supported their preferences. People had choice in their care and treatment. The service supported staff wellbeing.
- People were involved in decisions about their care. The service provided information people could understand. People knew how to give feedback and were confident the service took it seriously and acted on it. The service was easy to access and worked to eliminate discrimination. People received fair and equal care and treatment. The service worked to reduce health and care inequalities through training and feedback. People were involved in planning their care and understood options around choosing to withdraw or not receive care.
- Leaders and staff had a shared vision and culture based on listening, learning and trust. Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. Staff felt supported to give feedback and were treated equally, free from bullying or harassment. Staff understood their roles and responsibilities. Managers worked with the local community to deliver the best possible care and were receptive to new ideas. There was a culture of continuous improvement, with staff given time and resources to try new ideas.

People's experience of this service

- People were positive about the quality of their care and treatment. Recent survey results, including from the National GP Patient Survey and the NHS Friends and Family Test, showed people were satisfied with services. The National GP Patient Survey 2025 data showed that 93% of respondents would describe their overall experience of this GP practice as good, which was higher than the national average of 75%.
- There was an active Patient Participation Group (PPG) who represented the views of people using the service. Representatives from the PPG described how managers made positive changes because of feedback, such as changes to the appointments system and the website. Feedback received from people by the CQC was also positive.

Provider Name	Yarm Medical Practice	
Service Name	Yarm Medical Practice	
Category of Care	Doctors / GPs	
Address	1 Worsall Road, Yarm, Stockton-on-Tees TS15 9DD	
Ward	Yarm	
CQC link	https://www.cqc.org.uk/location/1-541990737/reports/AP13906/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Outstanding
Safe	Good	Good
Effective	Good	Outstanding
Caring	Good	Good
Responsive	Good	Good
Well-Led	Outstanding	Outstanding
Date of Inspection	18th – 25th September 2025	
Date Report Published	25th November 2025	
Date Previously Rated Report Published	17th November 2015	
Further Information		
<p>Yarm Medical Practice is a GP practice and provides care and treatment to over 14,300 patients of all ages under a contract held with NHS England. Data from The National General Practice Profiles showed that the practice has a higher proportion of patients aged 60 and above, when compared to England and local averages. Information published by Office for Health Improvement and Disparities showed that deprivation within the practice population group is in the last decile (10 of 10), meaning the practice population is in the least deprived group relative to others. This assessment considered the demographics of the people using the service, the context the service was working within, and how this impacted service delivery. Where relevant, further commentary is provided in the quality statements section of this report.</p> <p>This was a planned comprehensive assessment carried out to assess the quality of services being delivered due to length of time since last inspection. Yarm Medical Practice was last inspected in December 2015, when it was rated 'outstanding' for the key questions of 'effective' and 'well-led', 'good' for 'safe', 'caring' and 'responsive', and was 'outstanding' overall.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • Safe: People were safe and protected from avoidable harm. The service had a good learning culture and people could raise concerns. Managers investigated incidents thoroughly. Staff understood and managed risks. The facilities and equipment met the needs of people, were clean and well-maintained, and any risks mitigated. There were enough staff with the right skills, qualifications and experience. Managers made sure staff received training and regular appraisals to maintain high-quality care. • Effective: People were involved in assessments of their needs. Staff reviewed assessments taking account of people's communication, personal and health needs. Care was based on latest evidence and good practice. Staff worked with all agencies involved in people's care 		

for the best outcomes and smooth transitions when moving services. Staff made sure people understood their care and treatment to enable them to give informed consent. Staff involved those important to people, and took decisions in people's best interests where they did not have capacity.

- **Caring:** People were treated with kindness and compassion. Staff protected their privacy and dignity. They treated them as individuals and supported their preferences. People had choice in their care and treatment. The service supported staff wellbeing.
- **Responsive:** People were involved in decisions about their care. The service provided information people could understand. People knew how to give feedback and were confident the service took it seriously and acted on it. People received fair and equal care and treatment. The service worked to reduce health and care inequalities through training and feedback. People were involved in planning their care. Patient feedback highlighted difficulties people had in accessing the service – the practice was working to improve this.
- **Well-led:** The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Leaders and staff had a shared vision and culture based on listening, learning and trust. Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. Staff spoke highly of leaders and were heavily invested in the practice vision and ethos. Staff were well supported to give feedback and were treated equally, free from bullying or harassment. Staff had a thorough understanding of their roles and responsibilities, and were supported with development and training opportunities. Managers worked with the local community to deliver the best possible care and were innovative in exploring means of continuous improvement.

People's experience of this service

- The latest national GP patient survey showed that while overall patient experience was in line with local and national averages, and patients felt involved in their care, patient satisfaction with access via the practice website, phone or NHS app was below local and national averages.
- Patient feedback the CQC reviewed during this assessment showed that patient experience overall was mixed, with staff being described as kind, friendly and understanding, but with other patients stating that it was difficult to contact the practice, and that they found it hard to get an appointment.
- There was an active Patient Participation Group (PPG) who represented the views of people using the service. Representatives from the PPG described how leaders made positive changes because of feedback, such as improving privacy at reception and car parking arrangements.

Provider Name	Yarm Lane Dental Practice	
Service Name	Yarm Lane Dental Practice	
Category of Care	Dentists	
Address	59 Yarm Lane, Stockton-on-Tees TS18 3DX	
Ward	Ropner	
CQC link	https://www.cqc.org.uk/location/1-189450392/reports/AP15376/overall	
	New CQC Rating	Previous CQC Rating
Overall	n/a	n/a
Safe	Regulations met	Regulations met
Effective	Regulations met	Regulations met
Caring	Regulations met	Not inspected
Responsive	Regulations met	Not inspected
Well-Led	Regulations met	Regulations met
Date of Inspection	19th November 2025	
Date Report Published	3rd December 2025	
Date Previously Rated Report Published	1st June 2022 (focused inspection)	
Further Information		
<p>Yarm Lane Dental Practice is in Stockton-on-Tees and provides NHS and private dental care and treatment for adults and children.</p> <p>The practice had three treatment rooms. At the time of the CQCs inspection, there was a total of 12 staff, of which there were three dentists, four dental nurses, three trainee dental nurses, and two receptionists. The CQC gathered feedback from staff and spoke to a range of staff during its inspection, including two dentists, one dental nurse, and two receptionists.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • 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. <p><i>People's experience of this service</i></p> <ul style="list-style-type: none"> • On the day of the CQCs inspection, feedback from five patients was seen. Patient feedback provided a positive view of the dental team and care provided by the practice. Comments included, 'Excellent service...', '...the Dentists have been very caring and patient with me...', 'Friendly staff and helpful.', and 'Very good service, caring and considerate...' • 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 told the CQC 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.
- Patients said when they were prescribed medicines, sufficient information was given.
- Patients told the CQC 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	Elysium Care Limited	
Service Name	Stockton Lodge Care Home	
Category of Care	Residential / Residential Dementia	
Address	Harrowgate Lane, Stockton-on-Tees TS19 8HD	
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	22nd – 24th September 2025	
Date Assessment Published	10th October 2025	
Date Previous Assessment Published	27th January 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Stockton Lodge is a 42-bed home providing residential and dementia care. The home used an electronic care planning system; the system was well laid out and easy to use. Each resident had a dashboard / front page which contained pertinent information, however, some dashboards were found not to include the correct information such as Do Not Attempt Resuscitation (DNAR) status or allergies; this had been identified as an area requiring improvement. The home had a range of appropriate care in plans in place which were person-centred.</p> <p>Observations of staff interaction with residents demonstrated residents were treated with compassion and kindness. Staff were observed to promote dignity and respect in their working practice.</p> <p>The home had an Activity Co-ordinator and activity timetable in place. Activities were seen to be scheduled morning and afternoon, every day of the week. The activity programme was on display for residents in an accessible format. The programme included a range of activities and were seen to be well attended by residents.</p> <p>Mental Capacity Assessments were seen to be on file for residents, and those residents deemed not to have capacity had Deprivation of Liberty Safeguards (DoLS) best interest decisions in place. DoLS care plans were in place detailing if the resident had capacity and were seen to contain the pertinent information, including the date of authorisation, date of expiry, date to be</p>		

renewed, any conditions, and details of any Relevant Person's Representative where relevant. Care plans were also found to record any advanced decisions and appropriate documentation was maintained (for example, DNAR and Emergency Health Care Plans).

Care plans were seen to be person-centred and individual to residents to promote independence and maintain skills and abilities. Care plans were seen to details residents' preferences. The home used appropriate assessment tools to support with risk assessment of residents needs such as Malnutrition Universal Screening Tool (MUST) tools for nutrition, and Braiden for Skin integrity. All residents had a Personal Emergency Evacuation Plan (PEEP). Care plans and risk assessments were reviewed at least monthly, and family members spoken to during the assessment confirmed they were involved in their family members care plans. Family members confirmed they felt they could speak to staff / management about their family member's care and anything they would like to change.

All staff confirmed they had received appropriate safeguarding, Mental Capacity Act and DoLS training, and training was refreshed regularly.

The home's grounds were found to be well maintained; the external garden was nicely landscaped and well maintained. The home was observed to be clean and tidy with no malodour present. The décor was homely and welcoming. There were orientation points on the corridors with different murals on the walls such as shops, gardens, and benches for residents to rest. Dementia-friendly signage was observed on doors to different rooms, and red handrails were present throughout the corridors; one part of the home was adapted with dementia in mind, with different coloured door, etc. to help with orientation. The home had completed the Dementia Care Home Guide and had achieved the Dementia Accreditation.

Hand-washing signage and PPE was seen to be fully stocked and widely available, and bathrooms were found to be consistent to infection control. The home had an Infection Control Champion in place, and this information was on display.

The home last had their Food Standards Agency Inspection on 1 May 2025 and maintained a rating of 5/5.

The management and administration of medicines was found to be good. Staff were observed to handle medicines safely, securely and appropriately. Medication round was carried out in a person-centred manner, with appropriate hand-hygiene being carried out in between residents. The medication room was seen to be clean, tidy and secure. The medication trolleys were seen to be attached to the wall when not in use; controlled drugs were locked in a separate controlled drugs cabinet inside a locked cupboard. Medications were seen to be organised per resident. Appropriate records were maintained around the prescribing, administration, monitoring, and review of medications.

Entry to the home was restricted by double doors which were both key coded to prevent unauthorised entry to the home. The home was seen to be safe and secure; the kitchen, laundry and cleaning rooms had key-coded doors to prevent unauthorised access. Staff uniforms were in use with different uniforms / colours for different staff roles. Fire escapes were seen to be free from hazards and appropriate maglock, and alarms were seen to be in place. Smoke alarms and fire extinguishers were in place. Large pieces of furniture were seen to be secured to the walls and window restrictors in place. Appropriate service certification was seen to be in place and up-to-date.

Safer recruitment practices were in place including reference checks, Disclosure and Barring (DBS) checks, and right to work checks. Staff received induction at the start of employment, were subject to a probationary period, and received regular supervision and annual appraisal. The manager had appropriate checks in place for agency staff and visiting professionals.

<p>The manager used a range of information to be able to continually improve the home such as complaints / comments and compliments, residents / relative / staff meetings, audits, accidents / incidents / safeguarding monitoring and analysis, etc. There was a safeguarding file in place with a brief monthly analysis of number of incidents, outcome and other information, and evidence was seen of lessons learned in safeguarding's being discussed within staff supervision.</p> <p>The home had a range of audits in place which, overall, were seen to be carried out in line with the required frequency, except for the care plan audits – this had been identified as an area requiring improvement.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete a small Action Plan to address the three individual questions that were rated as 'Requires Improvement'. This will be monitored for compliance by the Quality Assurance & Compliance (QuAC) Officer.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The manager engages well with the QuAC Officer, responding promptly to requests and submitting provider submission in a timely manner. The manager is responsive to ideas and suggestions to further improve the service.</p>		
<p>Engagement and Support from Transformation Managers</p>		
<p>The manager is receptive to communication from the Transformation Team and attends Provider Forums and training (Medicines Optimisation, Infection Prevention Control, etc.), as well as discussing training needs and asking for support.</p> <p>The home attends Activity Co-ordinator networking, and activities and events in the community with residents. The Transformation Team will continue to discuss opportunities and initiatives that support the quality within the home.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>30/09/2022</p>	<p>Good</p>

Provider Name	Indigo Care Services Limited (also known as Orchard Care Homes)	
Service Name	Green Lodge	
Category of Care	Residential	
Address	The Green, Billingham, Stockton-on-Tees TS23 1EW	
Ward	Billingham South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Good
Quality of Management	Good	Requires Improvement
Date of Inspection	6th – 8th October 2025	
Date Assessment Published	13th October 2025	
Date Previous Assessment Published	22nd August 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans viewed were of a good standard. Individual care plans were personalised to the resident and had evidence including resident preferences in how they wished to be cared for. There was only one example found of information being conflicting, and no examples of incorrect names used. Front pages were detailed, with risks to be aware of, what the resident may like to talk about, a medical summary, equipment requirements, and key contacts. Care plans were seen to be reviewed monthly, and there was also evidence of care plans being updated more frequently as needs and preferences changed.</p> <p>Residents were treated with dignity, respect and kindness. Generally, staff were able to communicate well with those who were non-verbal or had limited communication, and staff were seen to be encouraging, polite and patient. There were lots of displays around the home which were colourful and engaging, but these were not always in accessible formats. Pictorial paperwork was seen, such as menus and activity timetables. A Resident's Guide was viewed; it was not currently in an easy-read format, though was under review. The home was beginning to tailor to being dementia-friendly as they undergo the Dementia Friend's accreditation, with most spaces having dementia-friendly signage.</p> <p>Care plans, risk assessments and best interest decisions were reviewed monthly. Reviews were personalised, though tended to be generic and some were repetitive. Most reviews seen were a recap of the care plan, explaining care needs as opposed to a review of the month, concerns, incidents, or anything needing monitoring for the next review. Evidence of involving residents and families in this was limited. Resident of the Day meetings were used and completed, though again did not always offer a lot of detail.</p> <p>Daily charts were completed frequently and reflected the needs of the residents. Notes were mostly recorded with details such as food and fluid amounts offered and taken, but this was not always consistently used. The new manager had implemented a weekly weight tracking system</p>		

for staff to colour-code and record paper-based weight tracking to ensure they were correctly monitoring and identifying weight changes.

A varied activities timetable was on offer and observed as attended well, with some good examples witnessed of full lounges where residents were encouraging each other to take part despite differing abilities. Residents afterwards told of how they had enjoyed the activity and liked how sociable they were in the home. Food choices were varied. Snacks and drinks were available to residents in communal areas, with choices of juice, water, biscuits, fruit and crisps. A tea trolley also moved around the home regularly. Those spoken with said they felt safe and looked after at the home, that the home helped them, they liked the food and activities, and spoke highly of staff.

All staff could recall having training on the Mental Capacity Act, Deprivation of Liberty, and safeguarding. Staff knew of the appropriate methods of reporting concerns if they had them; staff referred to the whistleblowing policy and knew where this was located.

Cleanliness practices around the home were to a good standard. Bathrooms were all clean, with 'I am clean' labels in use. There were good supplies of personal protective equipment and hand sanitisers. All staff were observed bare below the elbow with hair tied back. Food hygiene practices were also to a good standard; food was covered when in transit, and all food was labelled with the date. The home had their latest Food Standards Agency Inspection on 20 August 2025, attaining a rating of 5/5. The premises were safe and secured. High-risk rooms were locked when not in use, and stairwells and exits were key-coded and alarmed. The home was clean, tidy and fresh smelling, though would benefit from some cosmetic upgrades, particularly in communal spaces. A few items for repair were noticed and the manager had acted on these swiftly.

Medication rooms were clean and tidy, locked when not in use, and medication trolleys were attached to the wall in the rooms. Medications in the trolley were clearly labelled and included date of opening. Controlled Drugs were stored appropriately, with a double signed stock count in place and audits. Fridge temperatures were taken daily, and this was reported to management for oversight. All medications were on the Medication Administration Record (MAR) except one which was a recent addition and not yet uploaded. There were a few instances of labels not matching MAR charts, and the home were working with staff to ensure that this was checked and recorded correctly. Protocols were in place for medications taken as and when required. A range of manager oversight and audits were in place daily and monthly. Medication competencies were completed six-monthly in line with the Stockton-on-Tees Borough Council contract.

Staff files were completed to a good standard and evidenced safe recruitment practices. All staff had appropriate levels of identification, right to work, and Disclosure and Barring Service checks. References were verified and employment history checks were completed on any gaps. Induction paperwork was viewed; all staff completed a comprehensive induction which was evidenced to be tailored to their specific job role. All staff new to care completed the Skills for Care certificate as part of their induction. Training certificates were on file. Training completion at time of assessment was at 97% overall.

Supervisions were completed regularly and had made considerable improvements, though these did not adhere to the Stockton-on-Tees Borough Council contract as these were currently completed quarterly as per the provider's policy rather than bi-monthly. All staff were in the process of receiving their annual appraisal at the time of assessment. The previous year's appraisals for all staff were on file.

Monthly meetings took place for residents, their families and staff, with meeting minutes recorded and shared. Residents said that staff were supportive when they had problems and

<p>helped to solve them. Staff spoken with felt that they could report to the managers if they had concerns and that they had an open-door policy. Annual surveys were taken by head office.</p> <p>A range of health and safety certifications were in place and in date. The home utilised an online portal for auditing which was used by each department and management. Daily, weekly and monthly audits took place, and management received notifications of audits being completed in real-time. The new manager had implemented a situation report to compile all actions from the electronic system, in addition to any internal or external inspections, into a working Action Plan document which was shared and discussed with the regional manager, annotated and filed, to track continuous improvements.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>An action plan is to be created by the provider to address areas of improvement. This will be reviewed by the Quality Assurance and Compliance (QuAC) Officer with contract visits.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider has a good level of engagement with the Local Authority, and responds timely to emails and submissions. All levels of management communicate well with the Quality Assurance and Compliance (QuAC) Team and provide regular updates, when needed, on the home’s ongoing improvement plans.</p>		
<p>Engagement and Support from Transformation Managers</p>		
<p>Green Lodge engage with the Transformation Team initiatives, with the leadership team having completed the last cohort of the Well-Led Programme, and the Activity Co-ordinator accessing the activities network and events in the community. The Transformation Team will work with the home to identify new opportunities and leadership support.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>30/09/2020</p>	<p>Good</p>

Provider Name	Bondcare Wellington Limited	
Service Name	Allington House	
Category of Care	Residential / Residential Dementia	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3ET	
Ward	Billingham North	
	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	Good
Quality of Management	Good	Good
Date of Inspection	6th – 8th October 2025	
Date Assessment Published	29th October 2025	
Date Previous Assessment Published	3rd February 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Allington House used an electronic care planning system (Person Centred Software) that enabled the development of highly personalised care plans. Each resident’s plan included an ‘About Me’ section, outlining preferences, key relationships, communication styles, and specific needs. Real-time updates were logged throughout the day. Visual indicators – amber for overdue tasks and green for completed ones – helped ensure timely care delivery. Although the system did not support resident or family signatures, their input was captured through monthly reviews and designated sections such as ‘Supported to write this section’ or ‘Care need discussed with person or legitimate representative’.</p> <p>During the assessment, staff were consistently observed engaging positively with residents, demonstrating dignity, respect and kindness. Staff promoted independence by knocking before entering rooms and maintaining friendly, courteous interactions. These practices reflected a strong commitment to resident wellbeing, with individuals appearing well cared for and supported.</p> <p>Each resident’s room featured a coloured dot system at the entrance, indicating the presence of key documentation such as DoLS (Deprivation of Liberty Safeguards), DNAR (Do Not Attempt Resuscitation), or EHCP (Emergency Health Care Plan). Monthly reviews of care plans and risk assessments were evident, and daily records were consistently maintained across essential areas, including nutrition, mobility, toileting, meals, mattress checks, and hygiene.</p> <p>Residents had access to food and drinks outside standard mealtimes. A snack trolley offered fruit, biscuits, tea and coffee between meals, while refreshment stations with crisps and biscuits were available throughout the home. Jugs of juice were also accessible in residents’ rooms. During the food standards inspection on 29 September 2025, the home achieved a 5-star rating.</p>		

<p>The manager conducted thorough audits, with actions recorded in the Service Improvement Plan overseen by the regional manager. Fire safety checks – including alarms, detectors, lighting and equipment – were up-to-date. The latest fire risk assessment was completed in October 2024 and was due for renewal in October 2025. Fire drills were documented.</p> <p>A comprehensive maintenance matrix was maintained, covering Fire Risk Assessments, PAT testing (Portable Appliance Testing), Gas Safety Certificates, Fixed Wiring Certificates, Legionella assessments, and water temperature checks. Mattress inspections and window restrictor checks were also recorded.</p> <p>Staff-resident interactions indicated a secure and calm environment, with strong relationships evident. Staff demonstrated clear knowledge of safeguarding procedures, whistleblowing policies, and external reporting channels.</p> <p>Medication management was robust. The medication room was clean and secure, with Controlled Drugs stored in locked cupboards and trolleys. The home used paper MAR charts (Medication Administration Records), verified by two staff members upon receipt. Administration records were complete, and discrepancies were addressed through regular audits.</p> <p>Risk assessments and safe working systems were documented, covering areas such as oxygen storage and bath hoist usage. Clear signage supported navigation throughout the premises. Dementia-friendly design features included coloured handrails, distinctive bedroom doors, and clear bathroom signage. The manager was liaising with the Local Authority to implement the Stockton Dementia Friendly Care Home Guide (as required by contract).</p> <p>Staff files confirmed completion of all employment checks, including DBS (Disclosure and Barring Service) and right-to-work documentation. A structured 12-week induction programme was in place, followed by a probation review. Training aligned with the Skills for Care Certificate, with refresher sessions for NVQ3-qualified staff.</p> <p>All staff received supervision and appraisal within the past year, with additional supervisions scheduled for the current month. The manager had been advised to ensure bi-monthly supervisions were maintained (in line with the Local Authority contract).</p>		
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 and open relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
Allington House engages with a vast range of opportunities and initiatives available through the Transformation Team, including the Well-Led Programme, Activity Co-ordinator Network, training sessions, research projects through NIHR, and Provider Forums. The leadership team and wider staff team are keen to link with peer networks across the Borough and are open to working collaboratively.		
Current CQC Assessment - Date / Overall Rating	12/09/2019	Good

Provider Name	SSL Healthcare Ltd	
Service Name	The White House Care Home	
Category of Care	Residential	
Address	76a Darlington Road, Hartburn, Stockton-on-Tees TS18 5ET	
Ward	Hartburn	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	Good
Involvement & Information	Good	Good
Personalised Care / Support	Excellent	Excellent
Safeguarding & Safety	Good	Good
Suitability of Staffing	Excellent	Good
Quality of Management	Good	Good
Date of Inspection	7th October 2025	
Date Assessment Published	3rd November 2025	
Date Previous Assessment Published	7th August 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be personalised and contained pertinent personal information, including any advanced decisions. Mental capacity assessments were in place and decision-specific (i.e. accommodation, health, medication, finances), with Deprivation of Liberty authorisations in place for those residents who required them. Care plans identified residents likes / dislikes, hobbies, activities, social preferences, goals / actions, and promoted independence / maintaining of skills. Care plans evidenced residents were supported to access health and social care services when required. Care plans were paper-based – the home plans to move to electronic care planning system in the near future.</p> <p>Relevant risk assessments were in place to ensure the health and wellbeing of residents was maintained, such as Malnutrition Universal Screening Tool (MUST), Waterlow, and Personal Emergency Evacuation Plans (PEEPs). Care plans and risk assessments were reviewed at least monthly.</p> <p>Observations confirmed residents were placed at the centre of their care and were provided information and time to make their own decisions. Staff interactions with residents ensured their promoted dignity and respect, seeking appropriate consent prior to offering care and support, being patient with residents, and providing them with information and time to make their own choices and decisions. Residents appeared to have good relationships with the staff team, who knew residents well.</p> <p>The home had a key worker system in place; the key worker provides a monthly update to a key family member each month for each resident. Family members were also able to provide feedback on the plans.</p> <p>The home had two Activity Co-ordinators. The home was ambitious in their activity provision and undertook a range of activities outside of the home in the local community and further afield, including holidays to the Lake District, etc. The manager and deputy were creative in their</p>		

approach and undertook video risk assessments of places they intended to visit to ensure the activity was accessible. The home was also actively involved in several research projects and supported education sessions and placements from a local college.

On the whole, medication management, including the storing and administration of medication, was good, though staff competency assessments were found to be annually (the SBC contract required they were completed six-monthly). This was identified as an area requiring improvement and will be followed up in an Action Plan.

Discussion with staff confirmed they had the required knowledge for the role and had received appropriate induction, training and support. Staffing levels within the home were good, including a range of roles. Staff were visible around the home and call bells were answered promptly.

Safer recruitment practice was followed; references were requested and verbally verified, gaps in employment recorded and explored, and Disclosure and Barring checks and Right to Work checks were in place. Staff supervisions were found to take place regularly and were seen to be themed around pertinent topics encountered within the home. All staff had an annual appraisal. At the time of the assessment, overall staff training compliance was 94.8%.

The home was safe and secure to prevent unauthorised access, with double-entry, key-coded doors; visitors were required to sign in and out of the home. The home environment was homely and welcoming. The home was found to be clean and tidy, with furniture and furnishings in a good condition. The home had completed the Dementia Care Home Accreditation. Bathrooms had clear signage, were clean, and followed infection control guidelines. Local Authority Infection Prevention & Control (IPC) Audit was last completed in July 2024; the audit for 2025 was due to be received this month. The external grounds were also well maintained, with a drive to the front of the home and an enclosed garden to the rear which residents were able to access freely.

Access to areas which posed a risk to residents was seen to have appropriate controlled access such as kitchen and laundry rooms. The kitchen area was clean and tidy, with suitable equipment in place. The most recent Food Safety Inspection was conducted on 26 February 2025 and the home maintained its rating of 5/5. The laundry room was well organised. Cleaning records and risk assessments were seen to be in place.

Service Certification and Lifting Operations & Lifting Equipment Regulations (LOLER) testing were seen to be in date, including Gas Safety, Fixed wiring, and Portable Appliance Testing (PAT). Appropriate fire safety arrangements were in place, including fire risk assessment and monthly checks on extinguishers, emergency lighting, door closers, etc., and weekly fire alarm checks were conducted and regular fire drills.

The manager had a range of audits in place such as employment, health and safety, accidents, medication, etc., and identified actions were transferred onto an Action Plan which identified person responsible, a target date, update of actions, and sign off.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan for the one individual question identified as 'Requires Improvement' and the Quality Assurance & Compliance (QuAC) Officer will monitor this progress through contract visits.

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 positive relationship with the QuAC Officer; monthly reporting is received in a timely manner.		
Engagement and Support from Transformation Managers		
The White House Care Home engage to a very high level with the Transformation Team opportunities and initiatives, including peer networking, Provider Forums, training and development, research projects, Patient and Public Involvement (PPI) research meetings with residents and researchers, and the Activity Co-ordinator network.		
Current CQC Assessment - Date / Overall Rating	18/12/2019	Outstanding

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	
	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	1st October 2025	
Date Assessment Published	5th November 2025	
Date Previous Assessment Published	16th January 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<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, and offering choices. Residents spoken with confirmed that their privacy and dignity was maintained at all times and spoke highly of the staff.</p> <p>Care plans were not signed by the residents as an electronic care planning system was used. Responses to the question around involvement in care planning on the recent questionnaires evidenced that some residents did not feel involved enough. One commented '<i>I know that I have a care plan, but I haven't seen it</i>'. All care plans, risk assessments and PEEPs were reviewed monthly, and there was evidence of cross-referencing of needs across all. Care plans viewed were seen to be reflective of the current needs of the resident.</p> <p>Residents confirmed that they were provided with information in relation to food choices, they were informed of options available, and menus were on display in the dining rooms. During mealtimes, staff were observed encouraging residents to be as independent as possible with eating and drinking, offering specialist equipment and discrete support as necessary. A recent questionnaire around the mealtime experience had been completed, and the menu had been revised in line with suggestions made. The last Food Standard Agency visit was 26 March 2025 and the home retained its five-star rating.</p> <p>The observed medication rounds were conducted to a high standard. The trolley was cleaned prior to use, and excellent hand hygiene practices were consistently followed. The staff member communicated clearly throughout the process, obtained consent from residents before administering medication, and demonstrated respectful and engaging interactions. The overall approach was calm, thorough and unhurried. All staff administering held the level 3 qualification in medication and received regular training updates around medication. Twice-yearly medication competencies were conducted, together with an annual topical competency. Staff spoken with</p>		

confirmed that they were confident in managing medication because of the training and support they received.

Resident's dependency levels were reviewed monthly or upon a change of need. These levels fed into a dependency tool to assist the manager in producing the staff rota. The provider allowed managerial discretion to be able to override the dependency tool if they felt additional staffing was required – this then went to the regional manager for agreement. Rotas were checked and staffing levels reflected the staffing requirements as per the dependency tool.

All new staff completed an induction programme which covered the layout of the home, fire procedures, infection control, and competencies specific to the role. Two induction booklets were signed by the employee and the person supporting with the induction – this was evidenced on all staff files viewed. The modules contained in the induction programme were in line with the Skills for Care 'care certificate'. There was a lack of evidence in the staff files to support that regular 1:1 supervisions and an annual appraisal were taking place (it is a contractual requirement that staff receive six supervision meetings a year, together with an annual appraisal, to support performance management).

Risk assessments were in place where specific needs were identified for a resident and equipment required. Documented checks of wheelchairs, mattresses and profiling beds were conducted. The atmosphere was seen to be appropriate for those residents living with dementia, with orientation points throughout the unit. The home was currently working towards accreditation with the living well with dementia team.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified as 'Requires Improvement' to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance & 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 manager has a positive relationship with the 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 very well with the Transformation Team opportunities and initiates. Although the manager had completed a version of the Well-Led Programme in a differed Local Authority area, he engaged with the Stockton cohort, too. The Activity Co-ordinator engages to a high level, having completed the Level 2 Activity Provision for Wellbeing qualification, and attends all networking, workshops, training, and activities. The care home is also engaging in research opportunities.

Current CQC Assessment - Date / Overall Rating

24/09/2025

Good

Provider Name	Mrs J Stead	
Service Name	Chestnut Lodge Nursing Home	
Category of Care	Nursing / Residential	
Address	302 Norton Road, Norton, Stockton-on-Tees TS20 2PU	
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	10th & 11th November 2025	
Date Assessment Published	24th November 2025	
Date Previous Assessment Published	5th November 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be person-centred and written from the resident's perspective. Care plans included residents' desired outcomes, their strengths, actions for staff, and gave detail on resident preferences on how they liked to be cared for. Good detail was seen of what residents liked to talk about and how they liked staff to interact with them. Family involvement was seen across care plans, and families spoken with backed up this inclusion. Information around the home was in an accessible format.</p> <p>Interactions observed around the home were good. Resident choices were respected; staff supported with residents who had capacity to make unwise decisions. Feedback from families spoken with was exemplary. Staff gave constant reassurance to residents, explained what they were doing clearly, and always asked for consent. Residents in the home at this time were largely non-verbal, and the staff showed a good array of knowledge of how to read verbal cues to communicate effectively.</p> <p>Care plans were reviewed monthly, though review notes were limited, with the majority having no note or a basic note. The home had a specific 'monthly review' plan following previous feedback, though this was again either not completed or completed as a basic summary of the resident rather than a summary of the month. Daily notes were recorded often and varied with needs. Overall, daily notes were personalised, person-centred and contained good detail on the level of support offered and given.</p> <p>Residents' had two allocated keyworkers, as per contractual requirements, which they named buddies: one carer and one nurse. Families were aware of the buddy system, and this was clearly identifiable in bedrooms, with a poster listing their responsibilities.</p> <p>Staff had a good knowledge of resident preferences for food and drinks, and kitchen staff particularly knew without needing to reference care plans. Portion size was good, and menus were balanced. Food hygiene and infection control practices were good. The home's current</p>		

food hygiene rating was 5. Staff were observed as bare below the elbow, hair tied back, and using the correct colour-coded Personal Protective Equipment (PPE). Hand hygiene was good, with correct use of gloves. Appropriate waste management processes were followed. The home had an allocated Infection Prevention and Control (IPC) Champion, as per contractual requirements.

Medication rounds observed were good; staff were knowledgeable of resident preferences and needs, and spoke to them with respect. Good hand hygiene was observed, and the trolley was cleaned before and during use. Medications were in blister packs stored in a locked medication trolley which was secured to the wall in the office. Controlled drugs were stored in an appropriate locked cupboard, and the count book was signed by two members of staff, with regular audits and stock-checks. Medication administration records were completed to a good standard; correct codes were used, no missed entries, crossing out, or overwriting were seen, and all had a good standard of front covers in place. Regular manager audits took place, actioned accordingly. Staff competencies were completed six-monthly, in line with the contract requirements.

All staff confirmed they had received training on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), and safeguarding, and were able to explain their purpose, and gave good examples of how they put them into practice for the residents in the home. Staff were all very knowledgeable on the correct processes to follow if they had concerns to be raised.

The premises were seen to be secured and safe. Corridors were free of clutter, there was no inappropriate storage, external doors were alarmed, and windows had restrictors. An audit was in place monthly to monitor environment risks. The home had recently undertaken dementia-friendly consultation and commenced the Dementia Friends accreditation; the home was in the process of adapting communal spaces to meet these needs. Fire risk assessments were in place and seen to be reviewed annually. There were some decor updates that needed to be made for the overall presentation of the home; however, the home was clean and tidy throughout with no evidence of malodours.

A comprehensive induction process was in place, which utilised the Care Certificate. Staff confirmed they had supervisions and appraisals; on review of the supervisions matrix and paperwork, these were not taking place regularly and were not compliant with contractual requirements. No staff reported concerns with staffing levels, and when the rota was viewed against the dependency tool, staffing was appropriately split.

A range of audits and servicing certificates were in place and in date, and the manager also undertook a range of weekly and monthly audits. Maintenance, domestic and kitchen audits took place daily and were recorded, with no gaps seen. Cleaning sheets were on display around the home which were coloured in once completed; one per room and for each communal space, and included daily, weekly and monthly tasks.

An open-door policy for the manager and nursing staff was utilised by families, and families advised that any concerns they did raise were handled timely. Families gave good feedback on communication by management and staff. Staff also reported feeling highly supported by the management structure. Annual surveys were taken for residents, families and staff.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan is to be created by the provider to address the few areas that were found that require improvement – this will be assessed by the Quality Assurance and Compliance (QuAC) Officer through contractual visits.

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, is responsive to emails, and is always on time with submissions.		
Engagement and Support from Transformation Managers		
Chestnut Lodge engage with the Transformation Team in a number of ways, including the Well Led Programme, training opportunities, Provider Forum, and Leadership Networks. The staff team are always open to conversations about opportunities and look to how they can participate in the initiatives suggested to them.		
Current CQC Assessment - Date / Overall Rating	09/03/2023	Requires Improvement

Provider Name	The Poplars (Thornaby) Limited	
Service Name	The Poplars Care Home	
Category of Care	Residential / Nursing / Dementia	
Address	375 Thornaby Road, Thornaby, Stockton-on-Tees TS17 8QN	
Ward	Village	
	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	12th November 2025	
Date Assessment Published	3rd December 2025	
Date Previous Assessment Published	30th January 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>There had been a change in management since the last assessment; the current manager had been in post approximately 6 months.</p> <p>The home used an electronic care planning system. Care plans were found to be person-centred, and included personal and pertinent details and other important information such as risks to be aware of, information you should know, equipment needed, a medical and care summary, along with key contact information such as family members, social worker and GP. Mental Capacity Assessments were seen to be in place and Deprivation of Liberty Safeguards (DoLS) authorisations for those residents who were deemed to lack capacity, with details such as expiry date / date to renew recorded in relevant care plans. Documentation was seen to be in place for any advanced decisions such as DNACPR and Emergency Hospital Care Plans (EHCP), with detail recorded in care plans and on residents' profiles. All residents had allocated key workers as per the Council's contractual requirement.</p> <p>Resident and family members / representatives were provided with a service-user guide on admission to the home which contained details of how to raise concerns and / or make a complaint, and further information was observed to be on display in the home. Evidence was seen of resident / family / representative involvement in care plans and reviews. Care plans were seen to promote independence, detailing what residents could do for themselves and what they required support with.</p> <p>Appropriate assessments were used to ensure residents needs were met and their welfare protected, such as Malnutrition Universal Screening Tool (MUST), Waterlow, pain, continence, dependency, falls, mobility, Personal Emergency Evacuation Plans (PEEP), etc. All care plans and assessments were reviewed at least monthly. Daily notes contained a good level of detail. Care plans were seen to include dietary requirements or restrictions, although some 'likes' and 'dislikes' recorded information was quite limited.</p>		

Feedback from residents spoken to was positive, who advised they felt safe and were well looked after. Residents provided positive feedback regarding the activities and food in the home.

Staff had the required knowledge and confirmed they received sufficient training for the job role. Staff rotas were reviewed against the dependency tool and evidenced sufficient staffing, however, a visiting family member advised they did not feel there was enough staff available in the home. During the assessment, staff were generally seen to be visible throughout the home, however, there were times when staff were observed in the lounge with residents, due to the layout of the home reducing staff visibility for residents. Safer recruitment practises were followed within the home; on commencement of employment, all staff received an induction, mandatory training and competency assessments. Training was seen to be monitored and refreshed regularly; at the time of the assessment, training compliance was 94%. Regular supervision was in place for staff, however, annual appraisals were overdue – the manager was aware of this and had plans in place to complete.

At the time of the assessment, substantial work was underway on replacing a number of doors and door frames as required due to fire regulations. The home was under an Enforcement Notice; this had been reviewed and reduced to an Action Plan. The home was observed to be clean and tidy, however, due to the repairs, required redecoration – the manager had identified a number of improvements they would like to make.

The home was split over two floors and part of the top floor was a dementia unit with key-coded access. Appropriate dementia signage was seen to be in place on some toilets / bathrooms but not on others. The manager was currently working towards the dementia care home guide. Some issues were observed in bathrooms; one bathroom had equipment stored in it preventing use, and a shower chair was seen to be rusting – these were raised with the manager to address.

Appropriate waste disposal arrangements were in place; foot-operated bin not seen to be overflowing. Bedrooms were seen to be personalised. Areas which posed a risk to residents such as laundry, kitchen, sluice were seen to have appropriate key-code restrictions in place. COSHH data sheets were in place. The most recent Food Standards inspection was 25/09/2024 and the home maintained the 5-star rating. Infection control audits were carried out; the IPC nurse had visited the home, and the manager was in the process of arranging a visit to undertake the LA IPC audit.

Staff were observed to administer medication in a safe and person-centred way, and good hand hygiene followed. Medication was stored securely, with room and fridge temperature checks in place, however, improvements were found in relation to medication records, handwritten Medication Administration Records (MAR) were missing details such as strength and special instructions, and a PRN protocol viewed had not been reviewed within the required timescale.

The manager had a range of methods to gather information about the quality of services delivered such as comments and complaints, accidents and incidents recordings, audits, staff, resident / relative meetings audits, surveys, suggestions, etc. The manager analysed feedback and created an Action Plan for the negative comments received.

A range of monthly audits were seen to be in place such as Health and Safety Management, Food Hygiene Practices, Fire Safety – Staff, Fire Safety – Environment, Care Plans, Service Use, Dignity, Medication, Kitchen & Dining, and Domestic & Laundry. Further quality improvements and policy quarterly audits were in place. Actions identified in audits were transferred onto an Action Plan. Appropriate maintenance checks were seen to in place, including fire system checks, water temperature checks, etc., with management oversight.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer.</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 manager engages well with the QuAC Officer, is responsive to requests, and submits performance information in a timely manner.</p>		
Engagement and Support from Transformation Managers		
<p>The manager at The Poplars is relatively new to the role but has demonstrated strong engagement and commitment. He regularly attends Care Home Provider Forums, actively collaborates with partners and stakeholders, and responds promptly to communication from the Transformation Team. Plans are in place for the Transformation Team to visit the home and provide an overview of the resources and support available in Stockton to strengthen the sector. The manager has been very receptive to this approach, and we look forward to building a positive and productive relationship with the home in the coming months.</p>		
Current CQC Assessment - Date / Overall Rating	16/05/2023	Good

Provider Name	Care UK Community Partnerships Ltd	
Service Name	Hadrian Park	
Category of Care	Residential / Residential Dementia	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3DF	
Ward	Billingham East	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	24th & 25th November 2025	
Date Assessment Published	4th December 2025	
Date Previous Assessment Published	24th January 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were person-centred and included comprehensive details about each individual's life history and preferences. Pre-assessment documentation was noted to have been accurately transposed into care plans, ensuring continuity of information. Needs-specific assessments were regularly reviewed, and the findings were integrated into care plans. Personal Emergency Evacuation Plans (PEEPs) were in place and maintained accurately. Monitoring forms and welfare checks were implemented where required, particularly following incidents such as falls, demonstrating an ongoing commitment to resident safety and wellbeing. Care and support plans were reviewed at least monthly and contained up-to-date information, and daily notes accurately reflected the individual's current presentation and interventions from external professionals. Person-centred care was reinforced through the 'Resident of the Day' initiative.</p> <p>Families and pets frequently visited, and residents were supported to access activities both inside and outside of the home. The home used its Facebook page and the Relish app to share updates and personalised information with relatives, including newsletters and photographs of residents' daily activities. A diverse range of activities was offered daily, including arts and crafts, quizzes, pampering sessions, and outings. Residents' requests were accommodated where possible, such as a recent beach trip arranged in response to a wish tree request.</p> <p>Observations during the assessment confirmed a culture of dignity, respect and kindness throughout the home, and resident engagement was actively promoted. Friendly conversations were frequently noted, reflective of the warm and supportive environment. Residents were observed receiving food and beverages outside standard mealtimes, with snack trolleys and stations offering a variety of options including fortified juices, fresh fruit and pastries. Domestic fridges and kettles were available in dining areas, providing residents with additional autonomy. The home maintained a calm atmosphere, and positive relationships between staff and residents were evident. The home was clean and tidy and received a 'Very Good (5)' rating in its August 2025 food hygiene inspection.</p>		

Staff demonstrated clear knowledge of safeguarding principles, whistleblowing policies, and reporting procedures, including awareness of external agencies. A review of staff files confirmed that all essential employment checks, including DBS certification and right-to-work documentation, were completed and recorded. All staff completed a structured 12-week induction programme that included shadowing and the completion of an induction booklet, followed by a probation review signed off by management. Training was aligned with Skills for Care standards (as per SBC contract), including the Care Certificate for new employees and refresher training for those holding NVQ3 qualifications. A supervision and appraisal matrix was in place, evidencing annual appraisals and bi-monthly supervisions (as per SBC contract), with only a small number of missing entries.

Monthly EMAR checklists and medication audits showed compliance scores of 76% in September and 71% in October. Additionally, the NECS Medication Optimisation Team conducted a review in September 2025, resulting in a score of 75.5% and an associated Action Plan that was currently being implemented. MAR charts and patch application records were completed appropriately on the electronic system, though there were some issues around medication labels which required attention. Otherwise, medication was stored appropriately, with clean and tidy medication rooms and trolleys. Controlled drugs were securely stored, and records were properly maintained. Room and fridge temperatures were consistently monitored and recorded within the required limits. Competency assessments were conducted every six months in line with contractual requirements. Three staff members involved in medication administration had not yet achieved the contractually required Level 3 medication qualification, and the manager was addressing this.

Safety and compliance measures were found to be satisfactory. Fire escapes and corridors were free from obstruction, and keypad security systems were in place where restricted entry was required. The Lifting Operations & Lifting Equipment Regs (LOLER) testing certificate was valid, and staff were seen using moving and handling equipment correctly, promoting dignity and respect throughout. Equipment servicing and maintenance checks were completed regularly and within the required timeframes, and were tracked via a new electronic system, which scheduled checks at set intervals and provided compliance dashboards. Orientation points and signage were visible throughout. The home had a dementia-friendly environment, particularly on the Chesters Suite where those with advanced dementia resided, and the Dementia Friendly Guide had been completed as per contract.

Quality assurance processes were robust, with feedback collected through multiple channels, including QR codes, surveys and meetings. Actions taken were communicated via 'You Said, We Did' boards and other documented formats. Monthly random audits were conducted alongside eight-weekly appraisals by the Care UK Quality Manager, and case studies were used to support learning. All incidents, accidents, near misses and complaints were thoroughly investigated, with outcomes and lessons learned shared transparently.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will draft and complete a small Action Plan to address any recommendations made, as well as the one area identified to require improvement, and the Quality Assurance and Compliance (QuAC) Officer will monitor progress against this to ensure the expected standard has been achieved.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The managers at Hadrian Park are responsive and engage well the QuAC Officer.

Engagement and Support from Transformation Managers		
<p>Hadrian Park engage fully with the Transformation Team. Both the manager and the deputy have completed the Well-Led Programme, as have some of the wider staff team. They attend all networking, Provider Forums, Activity Co-ordinator Networks, research meetings, and events and activities in the community. They work collaboratively with other care homes across Stockton.</p>		
Current CQC Assessment - Date / Overall Rating	15/06/2023	Good

Provider Name	Bondcare (Ambassador) Limited	
Service Name	Elton Hall Care Home	
Category of Care	Residential / Residential Dementia / Functional Mental Health Unit	
Address	Elton Village, Elton, Stockton-on-Tees TS21 1AG	
Ward	Eaglescliffe West	
	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	8th December 2025	
Date Assessment Published	17th December 2025	
Date Previous Assessment Published	21st March 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The home used an electronic care planning system (PCS) that enabled highly personalised care plans. Each resident's profile included a photograph, room number, and a clear summary of their risks, care needs, medical history, preferences, required equipment, and key contacts.</p> <p>An 'About Me' section was included for every resident, capturing personal preferences, significant relationships, communication needs, and individual do's and don'ts. Care updates were logged in real-time throughout the day, with visual indicators amber for overdue tasks and green for completed ones.</p> <p>Care plans incorporated Deprivation of Liberty Safeguards (DoLS) and capacity assessments. Each DoLS plan records application and expiry dates, with status displayed prominently on the homepage. While initial gaps in identifying residents subject to DoLS were noted, these were promptly corrected during the assessment.</p> <p>Staff interactions consistently demonstrated dignity and respect. Observations confirmed that team members encouraged independence, knocked before entering rooms, introduced themselves, and prioritised residents' wellbeing.</p> <p>A varied activity programme, led by three Activity Co-ordinators, ensured daily engagement. Recent activities included a church service, Christmas show, arts and crafts, movie afternoons, bingo, shopping trips, and one-to-one sessions. Residents were actively involved, and photographs of these events were displayed throughout the home.</p> <p>Risk assessments were embedded within care plans, and Personal Emergency Evacuation Plans (PEEPs) were maintained in both electronic and printed formats, reviewed monthly. Malnutrition Universal Screening Tool (MUST) assessments were monitored consistently. Daily charts tracked mobility, toileting, meals, mattress checks, and hygiene, with</p>		

accurate, live updates recorded via PCS. Food and fluid intake was logged daily, and a health passport could be generated from the system.

The manager conducted regular audits, recording actions in a Service Improvement Plan monitored by the regional manager. Key Performance Indicator (KPI) data was reviewed to identify trends and address issues. Fire safety compliance was strong, with checks on alarms, detectors, emergency lighting, and equipment. A full fire risk assessment was completed in October 2025, and drill records were maintained. A compliance matrix ensured all safety documentation (Fire Risk Assessments, Portable Appliance Testing (PAT) testing, gas and electrical certificates, Legionella monitoring, and water temperature checks) are up-to-date. Additional audits covered bed rails, mattresses and window restrictors.

The home maintained a calm, secure environment, with positive staff-resident relationships. Staff demonstrated clear knowledge of safeguarding, whistleblowing, and escalation procedures. The building blended historical character with modernisation, supported by a phased refurbishment plan. Bathrooms had been upgraded, and while some areas showed age, all spaces remained clean, organised, and clutter-free. The home achieved a 5-star food hygiene rating in March 2025.

Infection control was overseen by a dedicated champion who monitored hand hygiene, conducted observations, and attended network meetings and training. The medication room was clean, organised and secure, with Controlled Drugs stored in locked cupboards and medication trolleys secured when not in use.

Dementia-friendly design features such as colour-coded handrails, distinctive bedroom doors, and clear bathroom signage were evident. The manager adhered to the Stockton Dementia Friendly Care Home Guide and met Local Authority standards.

Medication policies were current and included guidance on home remedies and covert administration (last reviewed in August 2025). Staff competencies aligned with the Council's contract requirements, with six-monthly assessments. Care plans showed evidence of supporting residents with annual health checks and medication reviews. Medication labelling was generally clear, with only minor exceptions noted.

Medication administration was recorded on paper Medication Admin Record (MAR) charts. Staff verified charts against medication labels upon receipt, with a second team member confirming accuracy. Observations confirmed records were complete and free from gaps. Discrepancies were addressed promptly through audit processes. Regular audits covered MAR chart reviews and controlled drug counts, with findings and corrective actions documented.

Staffing levels were appropriate, with team members visible and responsive, and call bells were answered promptly. Interactions reflected a calm atmosphere and positive relationships.

A review of staff files confirmed all mandatory checks, including DBS certification, employment history, references, contracts, health checks, and right-to-work documentation. New staff completed shadow shifts and a structured induction within 12 weeks, following Skills for Care standards. Induction booklets were signed by mentors and managers. NVQ Level 3 staff followed the same process. Medication competencies were reviewed every six months. All staff had received supervision and appraisal within the past year, with bi-monthly supervision sessions in line with Local Authority requirements.

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		
Elton Hall engages well with the Transformation Team, and have participated in Provider Forums, the Activity Co-ordinator Network, and other opportunities offered, as well as communicating with the Transformation Managers around training and requests for information. We will continue to promote further innovative opportunities such as research and more collaborative working.		
Current CQC Assessment - Date / Overall Rating	07/12/2019	Good

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	
	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	17th & 18th November 2025	
Date Assessment Published	23rd December 2025	
Date Previous Assessment Published	27th February 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The Home used an electronic care planning system, with management completing the initial care plan based on information gathered during a thorough pre-admission assessment. The care plans reviewed included detailed front pages containing a concise overview, key risks, a medical summary, essential contacts, and information regarding POA and DNAR decisions. The documentation was consistent throughout, and there was clear evidence of regular reviews being undertaken to ensure that each care plan accurately reflected the resident's current needs, abilities, and preferences.</p> <p>Care plans referenced the Deprivation of Liberty Safeguards (DoLS) and the resident's capacity. Each DoLS care plan included the application and expiry dates, and the DoLS status was clearly displayed on the main homepage. Some Mental Capacity assessments were included within the care plan, but these needed to be in place for more areas of care delivery, and least restrictive options should be evidenced.</p> <p>Residents who were spoken with reported feeling well supported, treated fairly, and respected by all staff. This was consistent with observations, which showed staff interacting respectfully, addressing individuals according to their preferences, and seeking consent before carrying out any task. Staff were also consistently observed knocking on residents' doors and waiting for a response before entering.</p> <p>Residents were offered three main meals each day and were observed to receive a balanced and nutritious diet. Morning and afternoon snack trolleys were available, providing a wide selection of drinks and snacks, including tea, coffee, juice, cakes, biscuits, and fresh fruit. Residents were asked about their preferred mealtime locations, and staff supported and accommodated their choices. The home had its last food hygiene inspection on 11 February 2025 and received a five-star (very good) rating.</p>		

Residents spoken with confirmed they felt satisfied with the support they received around medication and felt sufficiently involved with decisions made. Staff were observed asking residents if they required PRN medication and clearly knew how they preferred to take their medication. Staff administering held the level 3 qualification in medication and received regular training updates around medication. Twice-yearly medication competencies were carried out together with an annual topical competency. Staff spoken with confirmed that they were confident in managing medication because of the training and support they received.

Staff spoken with confirmed that they received regular supervision sessions and an annual appraisal. Staff said that supervisions were supportive and gave them the opportunity to discuss areas of improvement and career progression. A staff training matrix was maintained to show all mandatory and specialist training for staff, when this training was completed, and when updates were required. Training was a mixture of online courses, workbooks and face-to-face training sessions. The home used an online training platform 'Your Hippo'; overall compliance for mandatory training at the time of the assessment was 96%.

The atmosphere was seen to be appropriate for those residents living with dementia, with orientation points throughout the unit. The home was awarded a dementia-friendly certificate on 12 May 2025.

Monthly audits were completed by the Manager in accordance with the annual schedule and appeared to be thorough and effective. The quality assurance process was further strengthened by additional audits conducted during visits from the Regional Manager and Quality Assurance Manager. All service-related documentation and safety checks were stored in a dedicated file, which included a summary sheet highlighting certificate renewal dates. Compliance was monitored by the Manager through routine health and safety audits. All required certificates were available and up-to-date.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan to address the areas identified as 'Requires Improvement' to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance & 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 Manager has a positive relationship with the 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 engage to a high level with initiatives, opportunities and training from the Transformation Team. The Manager has completed the Well-Led Programme, and the home attends the Provider Forums, Leadership Networks, Activity Co-ordinator Networks, and engages with training opportunities, workshops, and research in care homes projects.		
Current CQC Assessment - Date / Overall Rating	31/07/2025	Requires Improvement

Provider Name	St Philips Care Limited	
Service Name	The Maple Care Home	
Category of Care	Residential / Residential Dementia	
Address	Dover Road, Stockton-on-Tees TS19 0JS	
Ward	Newtown	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Requires Improvement
Date of Inspection	13th & 14th November 2025	
Date Assessment Published	26th December 2025	
Date Previous Assessment Published	10th September 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The home used an electronic care planning system. Management created the initial care plans based on information gathered during a comprehensive pre-admission assessment. The care plans reviewed featured detailed front pages, including a concise overview, identified risks, a medical summary, key contacts, and information regarding Power of Attorney (POA) and Do Not Attempt Resuscitation (DNAR) status. Care plans were designed to promote independence by clearly outlining the tasks residents could manage themselves and those requiring support. Reviews of care plans demonstrated changes in the level of need and support in response to residents' declining health.</p> <p>Staff could confidently explain how they respected the privacy and dignity of residents. Staff could give examples of how they respected resident choice, and the choices they offered them. Staff spoken with were aware of, and support, equal opportunities and diversity; they received copies of the policies during induction and had also completed training. Staff understood the need to always be respectful to residents and maintain their privacy and dignity. Staff spoke of knocking on residents' doors before entering their room, always seeking consent, and allowing choice and independence.</p> <p>During the assessment, staff consistently demonstrated respectful, person-centred care practices. Consent was obtained from residents both before and throughout the delivery of care. Staff knocked prior to entering rooms and allowed sufficient time for residents to respond. They displayed patience and attentiveness, showing strong skills in interpreting non-verbal clues. Staff were able to explain how they supported residents who were non-verbal or unable to provide verbal consent. Throughout care interactions, staff communicated clearly, explaining each step of the process and seeking ongoing consent.</p> <p>Staff were observed discussing meal choices available that day with the residents and a pictorial menu was also available to help those who found visual information useful. Portion sizes were good, and more was offered to the resident if required. Staff were observed to give choices of</p>		

drinks and snacks from the trollies, morning and afternoon. The menus evidenced a good level of seasonal dishes, with a wide range of choice across the week. Staff were observed wearing suitable PPE in relation to food hygiene. Food was seen to be covered when being transported. The Maple had its last food hygiene inspection on 1 October 2025 and received a five-star (very good) rating.

The observed medication rounds were conducted to a high standard. The trolley was cleaned prior to use, and excellent hand hygiene practices were consistently followed. The staff member communicated clearly throughout the process, obtained consent from residents before administering medication, and demonstrated respectful and engaging interactions. Support with eye drops and topical medication was also observed. The overall approach was calm, thorough, and unhurried. All staff administering medication held the level 3 qualification in medication and received regular training updates. Twice-yearly, medication competencies were carried out, together with an annual topical competency, which were due at the end of November and beginning of December.

Appraisals had been carried out the beginning of 2025, but supervisions had not been conducted in the first half of the year. Supervisions had been carried out over the last three months, but were still not at the required contractual level for the previous 12-month period.

Regular departmental and general staff meetings had been put in place by the new Manager. These were advertised in advance, an agenda displayed for discussion points to be added, and minutes circulated following the meeting. Only one residents meeting had been held; these need to be scheduled on a regular basis and advertised so that visitors and representative can attend and contribute.

The provider had put in place the necessary tools to allow individuals to voice their concerns. A current Safeguarding Policy was displayed in the home, the Complaints Policy was also displayed and included in the Service-Users Guide. Both the Whistleblowing and Safeguarding Policies were contained in the Staff Handbook and discussion with staff confirmed their knowledge. The home displayed the Quality Assurance report, compiled using survey feedback, in the foyer of the home to show how they had acted on comments. Management had an open-door policy and staff spoken with confirmed that they had opportunity to voice any concerns and would be happy to do so if necessary.

The building appeared well maintained and was very homely. No visual hazards were apparent during the days of the PAMMS assessment, exits were clear of obstruction, and flooring was in good repair. External doors were secured, and visitors were asked to produce suitable identification and sign in and out. The home incorporated dementia-friendly design features, such as coloured bedroom doors, clear bathroom signage, and an orientation board displaying the season, month, day, and current weather. The home received its dementia-friendly award on 12 May 2025.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified as ‘Requires Improvement’ to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance & 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 Manager has a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The home engages on some level with the Transformation Team – the Activity Co-ordinators attend all networking and activities in the community, and the Manager attends the Provider Forums. The Transformation Team will work with the care home to identify new opportunities that they can participate in to sustain the quality within the home.		
Current CQC Assessment - Date / Overall Rating	05/10/2022	Requires Improvement

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 24 September 2025.

Present: Cllr Lisa Evans (Chair), Cllr Clare Besford, Cllr Pauline Beall, Cllr Diane Clarke, Dr Deepak Dwarakanath, Cllr Sufi Mubeen, Cllr Lynn Hall (Sub for Cllr Sufi Mubeen) Cllr John Coulson (Sub for Cllr Stephen Richardson), Cllr Marcus Vickers, Cllr Sylvia Walmsley, Majella McCarthy, Sarah Bowman Abouna, Fiona Adamson, Karen Hawkins, Tracey Bushnall (Sub for Lucy Owens), Peter Smith, Jamie Todd

Officers: Michael Henderson, John Devine, Jo Linton, Yvonne Cheung, Stacie Thursby, Sid Wong

Also in attendance:

Apologies: Nigel Cooke, Peter Smith, Cllr Dan Fagan, Carolyn Nice, Jonathan Slade, Matt Storey, Lucy Owens, Cllr Stephen Richardson,

1 Declarations of Interest

There were no declarations of interest.

2 Minutes

RESOLVED that the minutes of the meeting held on 30 July be confirmed as a correct record and signed by the Chair.

3 Better Care Fund – Quarter 1 Update

The Board received a report providing an update on the Quarter 1 Better Care Fund (BCF) return for 2025/26, which had been submitted to NHS England on 15 August 2025.

The Board was informed that all national Better Care Fund conditions had been met, including financial reporting, performance metrics and assurance requirements. Progress was highlighted in relation to hospital discharge, admissions avoidance, reablement and the continued strengthening of integrated working arrangements between the Council, NHS and wider partners.

Members noted the ongoing pressures across the health and care system, including capacity and workforce challenges. The Board was informed that joint governance and performance monitoring arrangements were in place to maintain oversight of risks and delivery throughout the year.

RESOLVED: That the Quarter 1 Better Care Fund update be noted.

4 SEND and Alternative Provision Strategy and Action Plan 2025–2029

The Board considered the updated SEND and Alternative Provision Strategy and associated Action Plan for the period 2025–2029.

The Board was informed that the Strategy responded to increasing levels of need, rising numbers of Education, Health and Care Plans, pressures on specialist provision and workforce challenges across the system. It was confirmed that the Strategy had been developed in partnership and set out a clear framework for early identification, timely intervention and improved joint working across education, health and social care.

Governance and monitoring arrangements to support delivery of the Strategy were outlined.

RESOLVED: That the SEND and Alternative Provision Strategy and Action Plan 2025–2029 be approved.

6 Pharmaceutical Needs Assessment 2025

The Board was advised that the statutory review of the Pharmaceutical Needs Assessment (PNA) had been completed in accordance with legislative requirements.

The Board was informed that consultation responses had been reviewed and incorporated where appropriate, and that the final document was robust, compliant and ready for publication by 1 October 2025.

Members noted the role of the PNA in informing future commissioning decisions and assessing pharmaceutical service provision across the borough.

RESOLVED:

1. that completion of the statutory review be noted.

2. that the Pharmaceutical Needs Assessment 2025 be approved for publication.

7 Joint Strategic Needs Assessment - Update

An update was provided on ongoing Joint Strategic Needs Assessment (JSNA) work, including emerging population health trends, health inequalities and locality-based analysis.

The Board was informed that JSNA development work was ongoing and that outputs would continue to inform strategy, commissioning and partnership priorities across the health and wellbeing system.

RESOLVED that the JSNA update be noted.

8 Health and Wellbeing Board – Forward Plan/Deep Dive Sessions

The Board considered the proposed forward plan for future deep-dive sessions aligned to the Health and Wellbeing Strategy. Members were informed that the programme would support shared understanding of priority areas.

RESOLVED that the plan be noted

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 29 October 2025.

Present: Cllr Lisa Evans (Chair), Fiona Adamson Cllr Pauline Beall, Cllr Clare Besford, Dr Deepak Dwarakanath, Tracey Carter, Cllr Lynn Hall, Majella McCarthy, Carolyn Nice, Sarah Bowman Abouna, Karen Hawkins, Tracy Bushnall (Sub for Lucy Owens), Peter Smith, Sean Mayo (Sub for Jamie Todd)

Officers: Michael Henderson, Stacie Thursby, Sid Wong, Junita Agyapong

Also in attendance:

Apologies: Cllr Jack Miller, Matt Storey, Lucy Owens, Jamie Todd

1 Declarations of Interest

There were no declarations of interest.

2 Care and Health Winter Plan Update

The Board received a comprehensive update on Winter Planning across Adult Social Care, Public Health, NHS partners and the wider system.

Challenges highlighted included seasonal illness, Covid circulation, capacity pressures, and workforce resilience across sectors.

The update covered emergency planning, infectious disease surveillance, vaccination uptake, market capacity, Home First, virtual frailty pathways, community resilience initiatives, and warm spaces provision.

Members raised issues about reduced flu vaccination uptake compared to the previous winter, the national and regional picture, and the importance of improving vaccination coverage among health and social care staff.

The Board discussed COVID 19 vaccination delivery in Stockton including access routes, recent supply issues, communication activity and local engagement between partners. Members noted that a supplementary briefing note would be circulated to the Board on this issue and would include comparative uptake data.

RESOLVED that the update be noted.

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Health and Wellbeing Board

A meeting of Health & Wellbeing Board was held on 17 December 2025

Present: Cllr Lisa Evans (Chair), Cllr Clare Besford, Cllr Pauline Beall, Sarah Bowman-Abouna, Fiona Adamson, Natasha Douglas (Sub for Peter Smith), Jamie Todd, Karen Hawkins, Lucy Owens, Cllr Shakeel Hussain (Sub for Cllr Lynn Hall), Majella McCarthy and Cllr Jack Miller

Officers: Michael Hemderson, Yvonne Cheung, Sid Wong, Tracie Thursby, Steve Errington

Apologies: Peter Smith, Cllr Lynn Hall, Carolyn Nice, Matt Storey, Tracey Carter, Diane Monkhouse

1 Evacuation Procedure

The evacuation procedure and housekeeping arrangements for the Council Chamber were noted.

2 Declarations of interest

There were no declarations of interest

3 Minutes

RESOLVED that the minutes of the meetings held on 29 September 2025 and 24 October 2025 be approved as a correct record.

6 Better Care Fund – Q2

The Board considered a report providing an update on the submission of the Stockton-on-Tees Better Care Fund (BCF) Quarter 2 2025/26 return to NHS England.

Members were advised that the Quarter 2 return had been completed in collaboration with system partners, endorsed by the Better Care Fund Assurance Group and formally approved by the Pooled Budget Partnership Board. The return was submitted to NHS England on 11 November 2025 in line with national reporting requirements. The report confirmed compliance with the four national BCF conditions and provided an overview of income, expenditure and activity for Quarter 2.

The Board was informed of progress against the four national BCF metrics. Performance on discharge on the Discharge Ready Date and delayed discharge days was reported as broadly on track and performing better than regional and national comparators. Performance on reducing non-elective admissions for people aged 65+ was slightly below plan, while admissions to long-term residential and nursing care were reported as above the planned level, reflecting increased acuity and complexity of need.

Key points raised in discussion:

Members noted that delivery of some schemes remained challenging and would be kept under review.

The Board discussed pressure relating to delayed discharge.

It was recognised that performance on discharge was influenced by wider system pressures, including workforce capacity and acute demand, and that progress would be dependent on addressing these pressures collectively.

Members noted the positive benefits of collaborative system working.

The Board discussed the challenges associated with rising complexity of need and carer breakdown, and the impact this had on long-term care admissions.

Assurance was provided regarding the actions in place to mitigate pressures, including reablement, additional therapy support and continued focus on Home First approaches.

RESOLVED that: the submission of the Stockton-on-Tees Better Care Fund Quarter 2 2025/26 report to NHS England be acknowledged.

7. **Director of Public Health Annual Report**

The Board received the Director of Public Health Annual Report 2025, entitled Building Healthy Communities – Connecting People and Place.

The report focused on the importance of placing communities at the heart of efforts to shape healthy places and reduce health inequalities. It highlighted how health and wellbeing are influenced by both physical environments and the communities people identify with, and set out a community-centred public health approach to improving outcomes across the Borough.

The report reviewed progress against the recommendations of the 2024 Director of Public Health Annual Report and outlined examples of local work already underway, including community wellbeing champions, peer advocacy, neighbourhood health pilots and the integration of health considerations into planning processes. A series of proposed actions were identified to further embed health creation, address inequalities and strengthen community-centred approaches across the system.

Key points raised in discussion:

Members welcomed the strong emphasis on community-centred approaches and the clear links to the priorities within the Joint Health and Wellbeing Strategy.

The Board noted the importance of partnership working across the Council, the NHS and the voluntary and community sector in addressing the wider determinants of health.

The proposed actions were supported as a practical framework for taking the work forward.

RESOLVED that the Director of Public Health Annual Report 2025 be noted and the proposed actions supported.

8. **Joint Health and Wellbeing Strategy 2025 - 2030**

The Board considered a report and presentation relating to the Joint Health and Wellbeing Strategy 2025–2030.

Members were reminded that the Strategy set out the collective priorities and goals for improving health and wellbeing and addressing inequalities across Stockton-on-Tees. The Strategy was underpinned by a set of shared principles for working together, including Health in All Policies, prevention and early intervention, levelling the playing field and a place-based approach.

Key points raised in discussion:

Members emphasised the importance of translating the Strategy into clear actions, measures and accountability through the associated action plan and monitoring framework.

Members provided feedback on the draft Strategy and welcomed the significant amount of positive work already taking place across the Borough to support health and wellbeing. It was recognised that much good work was underway, but that this was not always visible or well understood.

The Board discussed the importance of the Strategy being accessible and clearly communicated. Members supported the development of a two-page, easy-read version of the Strategy, alongside the full document, and noted that short videos were also being developed to support engagement, particularly with younger people.

It was suggested that the Strategy should be supported by a clear web presence, explaining what partners were doing, how residents could get involved and how the Strategy translated into practical action locally. Members agreed that further discussion would be helpful on how best to present this information and engage communities.

The Board noted that a deeper dive discussion on the Joint Health and Wellbeing Strategy would be scheduled for January, to allow further consideration of delivery, priorities and accountability.

Members also discussed the scale of ambition set out in the Strategy and the need to be realistic about what could be delivered, particularly in the context of capacity and system pressures. The importance of linking the Strategy clearly to outcomes, priorities and measurable impact was emphasised.

Members highlighted accessibility, including for the Deaf community, and encouraged greater connection between groups and organisations developing accessible approaches, so that effective practice can be shared and replicated

RESOLVED that the Strategy 2025–2030 and discussion be noted and /or action as appropriate.

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 CQC: Stockton-on-Tees Borough Council - Local Authority Assessment 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 Cllr Pauline Beall / Angela Connor Philip Kerr Graham Lyons / Rebecca Gray / Kimberley Edwards
20 January 2026 (informal)	Review of Adult Carers Support Service <ul style="list-style-type: none"> • Summary of Evidence / Draft Recommendations 	Graham Lyons
17 February	Review of Adult Carers Support Service <ul style="list-style-type: none"> • (Draft) Final Report Monitoring: Action Plan – Reablement Service	Cllr Pauline Beall / Carolyn Nice / Graham Lyons Rob Papworth

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

Date (4.30pm unless stated)	Topic	Attendance
	CQC / PAMMS Quarterly Update: Q3 2025-2026 Health and Wellbeing Board: Previous Minutes (Sep, Oct & Dec 25)	
17 March		

2025-2026 Scrutiny Reviews

- Adult Carers Support Service
- Adult Education and Skills

Monitoring Items

- Access to GPs and Primary Medical Care (Progress Update) – May 26
- Reablement Service (Action Plan) – Feb 26

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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