Stockton-on-Tees BOROUGH COUNCIL

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Adult Social Care and Health Select Committee

Agenda

Date:
Tuesday 21 July 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, Cllr Sylvia Walmsley

Agenda

1. Livestreaming

This meeting will be filmed for live and / or subsequent broadcast on the Council's website. The whole of the meeting will be filmed, except where there are confidential or exempt items, and the footage will be on the website for 12 months. A copy of it will also be retained in accordance with the Council's data retention policy.

If you attend and make a representation to the meeting, you will be deemed to have consented to being filmed. When admitted to the Council Chamber you are also consenting to being filmed and to the possible use of those images and sound recordings for livestreaming and / or training purposes. If you do not wish to have your image captured, please contact Democratic Services prior to attending the meeting.

If there are any technical difficulties with the livestreaming, the meeting will still proceed.

2. Evacuation Procedure (Pages 7 - 10)

3. Apologies for Absence

4. Declarations of Interest

5. Minutes (Pages 11 - 20)

To approve the minutes of the last meeting held on 23 June 2026.

6. Healthwatch Stockton-on-Tees - Annual Report 2025-2026 (Pages 21 - 70)

7. Tees Valley Care and Health Innovation Zone (Pages 71 - 74)

To receive an update on developments around this initiative.

8. Scrutiny Review of Protection of Property (Pages 75 - 80)

To consider and agree the scope and project plan for the review.

9. Chair's Update and Select Committee Work 2026-2027 (Pages 81 - 84)

Ged Morton
Director of Corporate Services
Monday 13 July 2026

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.

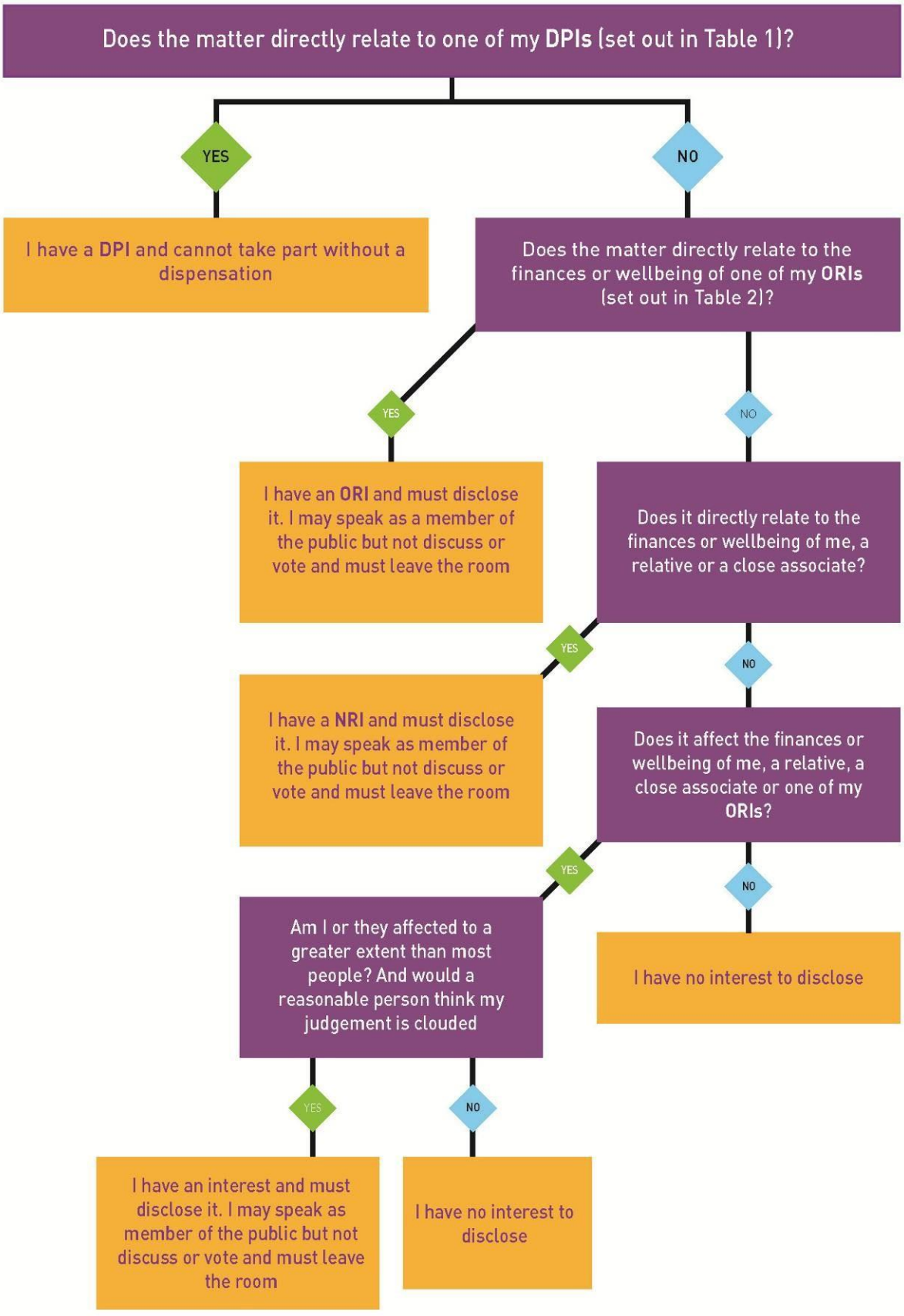
Contact: Senior Scrutiny Officer, Gary Woods on email gary.woods@stockton.gov.uk

Stockton-on-Tees BOROUGH COUNCIL

Key – Declarable interests are :-

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

Members – Declaration of Interest Guidance



Stockton-on-Tees
BOROUGH COUNCIL

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

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.

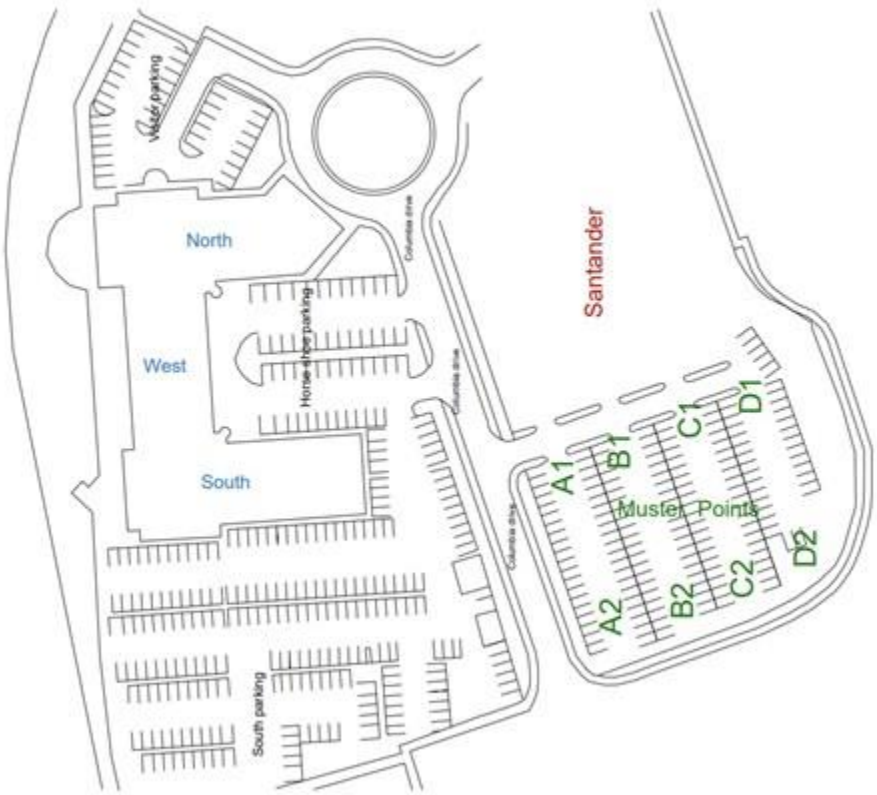
The emergency exits are located via the doors on either side of the raised seating area at the front of the Council Chamber.

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 23 June 2026.

Present: Cllr Marc Besford (Chair), Cllr Stefan Barnes, Cllr John Coulson, Cllr Lynn Hall, Cllr Vanessa Sewell

Officers: Angela Connor (A,H&W); Darren Boyd, Gary Woods (CS)

Also in attendance: Dr Girish Chawla, Jackie Jameson (Cleveland Local Medical Committee); Jennifer Long, Rebecca Warden (NHS North East and North Cumbria Integrated Care Board); Dr Mohammed Al-Damlooji, Felicity Brown, Dr Laila Fazluddin, Dr David Viva (Norton Medical Centre)

Apologies: Cllr Carol Clark, Cllr Jack Miller, Cllr Sylvia Walmsley

ASCH/17/25 Livestreaming

The Chair announced to those present that the meeting would be livestreamed.

ASCH/18/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/19/25 Declarations of Interest

There were no interests declared.

ASCH/20/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 19 May 2026, with specific attention drawn to the following item:

- North Tees and Hartlepool NHS Foundation Trust – Quality Account 2025-2026: Members asked whether any further information had been provided by University Hospitals Tees (UHT) in relation to the possible addition of a DEXA (Dual-Energy X-ray Absorptiometry) scanner to the local Community Diagnostic Centre (CDC) in Stockton, as well as the requested performance data on cancer-related targets. It was confirmed that no correspondence had been received since the last Committee meeting in May 2026, but that UHT did provide additional cancer-related performance information at the subsequent Tees Valley Joint Health Scrutiny Committee meeting in early-June 2026 during a similar Quality Account presentation – this would be re-circulated to Members, and UHT would be contacted for a response to the DEXA scanner query.

AGREED that the minutes of the meeting on 19 May 2026 be approved as a correct record and signed by the Chair.

ASCH/21/25 CQC / PAMMS Inspection Results – Quarterly Summary (Q4 2025-2026)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Eight inspection reports were published during this period (January to March 2026 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:

Providers rated 'Good' overall (2)

- Stockton Lodge Care Home retained its 'Good' overall rating which it last attained during a previous focused inspection (the outcomes of which were published in September 2022).

- Partners4Care Limited, a care at home / supported living provider, had its overall rating upgraded to 'Good'. A previous focused inspection (the outcomes of which were published in June 2023) deemed that the service required improvement, but all five CQC domains were now judged 'Good'.

The remaining six reports involved four primary medical care services and two hospital / other health care services. Regarding the former category, Riverside Medical Practice and The Densham Surgery maintained an overall rating of 'Good' (though improvements were required at Riverside in relation to safe care and treatment following identification of a breach of regulation), whilst McCormick & Harrington Limited (also known as Billingham Dental) was meeting regulations in all five inspection domains. However, Norton Medical Centre remained 'Requires Improvement' (repeating its overall rating from its previous inspection, the outcomes of which were published in March 2025) following two identified breaches of regulation with regard to safe care and treatment, good governance, and fit and proper persons employed – this saw the 'safe' and 'responsive' domains graded 'Requires Improvement' and the 'well-led' domain deemed 'Inadequate'. For the latter category, Stockton Dialysis Clinic (based within the University Hospital of North Tees) was judged 'Good' overall and across all five inspection domains, but HQ (an ambulance service provided by Direct Medical Transport Limited) received an overall rating of 'Requires Improvement' following its first ever inspection – this included an 'Inadequate' grading for the 'well-led' domain.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were twelve reports published during this period (January to March 2026 (inclusive)):

- Woodside Grange Care Home, Wellburn House, Victoria House Nursing Home, Cherry Tree Care Centre, Willow View Care Home, and Allison House all maintained an overall rating of 'Good' – the same grading all six services achieved following their previous inspections. Wellburn House saw improvements in the 'quality of management' domain, Victoria House in the 'safeguarding and safety' domain, and Allison House in the 'suitability of staffing' domain. However, shortfalls were identified at Willow View in terms of 'suitability of staffing' (which had been downgraded from 'Good' to 'Requires Improvement').

- CEL Homecare Teesside, Parkside Court and Aspen Gardens received a 'Good' overall rating after being inspected for the first time, though all three required improvements within the 'suitability of staffing' domain. Vestra Homecare

Hartlepool, which provided services within Stockton-on-Tees, was also graded 'Good' overall (and across all five PAMMS domains) following its first inspection.

- Roseville Care Centre and Ingleby Care Home had been upgraded to 'Good' overall (deemed 'Good' in all five domains) following the previous 'Requires Improvement' positions both received in February 2025 and March 2025 respectively.

The Committee thanked the SBC Quality Assurance and Compliance (QuAC) Manager for presenting the report which, particularly from a PAMMS perspective, was a very positive quarterly period.

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q4 2025-2026) report be noted.

ASCH/22/25 PAMMS Annual Report 2025-2026

The Committee was presented with the PAMMS Annual Report 2025-2026. Summarised by the Stockton-on-Tees Borough Council (SBC) Quality Assurance and Compliance (QuAC) Manager, key content was relayed as follows:

- The Provider Assessment and Market Management Solutions (PAMMS) was an online assessment tool developed in collaboration with Association of Directors of Adult Social Services (ADASS) East and regional Local Authorities. It was designed to assist users in assessing the quality of care delivered by providers. The assessment was a requirement of the Framework Agreement (the 'Contract') with providers, and they were contractually obliged to engage with the process.

- Due to SBCs contractual commitment to the Framework Agreement, priorities for 2025-2026 were focused on homes that had a place on the 'Older Persons Residential Framework Agreement 2024-2029'. Assessments were planned around priority of support / level of risk, taking into account factors including date and rating of the last Care Quality Commission (CQC) / PAMMS assessment, outcomes from the most recent CQC / PAMMS assessment report, other intelligence and data that increased the risk of service quality deterioration, and the number of PAMMS assessments that could be completed within current team resources. Assessments were also conducted on newly contracted providers delivering Care at Home and Housing with Care services within the Borough (that had not previously been assessed).

- A summary table of assessments for contracted care homes (covering nursing, residential, learning disabilities, and mental health) undertaken by the SBC QuAC Team throughout 2025-2026 showed that, of the 29 inspections carried out, two services (Park House Rest Home and The White House Care Home) were rated 'Excellent' overall, 26 services had received a 'Good' overall PAMMS rating, and one service (Churchview Nursing and Residential Home) had been graded 'Requires Improvement' overall. As was the case in 2024-2025, none of the 16 learning disability-focused (14) or mental health-focused (2) services were assessed during 2025-2026.

  Overall ratings following assessments published during both 2023-2024 and 2024-2025 were also included for comparison. 2025-2026 had seen a further improvement in ratings when set against the outcomes of inspections from the

previous two years (2024-2025 results showed one service graded ‘Excellent’, 22 services rated ‘Good’, and six receiving a ‘Requires Improvement’ judgement). Accompanying graphs illustrated ratings levels for 2023-2026 across services with a nursing, residential, learning disability, and mental health focus.

- Summary tables of assessments for contracted Care at Home (2) and Housing with Care (2) services undertaken by the SBC QuAC Team throughout 2025-2026 showed that, of the four inspections carried out, all provision was rated ‘Good’ overall.

- Key themes from assessments that scored an ‘Excellent’ or ‘Good’ rating were listed, much of which echoed the content of previous Annual Reports – these included highly detailed and well-structured care plans (supporting a person-centred approach and clearly reflecting the wishes of the service-user), the operation of a strong key worker system, the safe and effective management of medication, evidence of thorough and consistent monthly audits across all service areas, robust recruitment procedures, the promotion of choice and independence, the quality and choice of resident meals, positive feedback from service-users and their families, and a diverse and engaging programme of activities (tailored to meet individual and group needs, and promoting social interaction and overall wellbeing).

- Key themes arising from those assessments that scored ‘Requires Improvement’ were outlined, including incomplete / insufficient life history sections within care planning, improvements to care planning not being sustained over time, inconsistent and conflicting assessment information, care plan reviews not being meaningful (e.g. content being copied and pasted rather than properly reviewed), key worker systems not being used effectively, minor gaps in medication records, and the need for stronger managerial oversight of audit systems. As noted in last year’s (2024-2025) report, two areas that had consistently shown a direct correlation with a ‘Requires Improvement’ rating were ‘quality of management’ and ‘management of medicines’. These domains had seen real improvements in quality and service delivery throughout 2025-2026, though remained the primary areas of concern and risk for homes – as such, SBC constantly monitored and reviewed intelligence to ensure risks were mitigated through targeted support for providers.

- Despite internal re-organisations of NHS England, the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and North England Commissioning Support (NECS), co-ordinated working to assist providers with the medication elements of the PAMMS assessments had continued for 2025-2026. However, for 2026-2027, operational service delivery had to evolve. NECS continued to undertake medicines audits within the Borough’s care homes, but combined team visits were not possible due to their own internal priorities and operational commitments (SBC still received audit outcomes and utilised this intelligence for risk management and response planning). Further details on the future plans of the NECS Medicines Optimisation Team was anticipated in the new year, and SBC would review its own strategy once this was confirmed.

- The final element of the report (‘Summary and Next Steps’) emphasised the clear improvements in PAMMS ratings during 2025-2026, and documented what happened following a PAMMS inspection. As well as the formulation of an action plan to address any identified concerns (monitored regularly by the responsible

SBC QuAC Officer), inspection outcomes were shared with the CQC and ICB to help inform their own intelligence-gathering. Key themes were also communicated to the SBC Transformation Managers so they could use the evidence to design projects and further interventions to support all care homes improve quality of care (a section summarising the work of the SBC Transformation Team during 2025-2026 was also included). Additionally, PAMMS ratings were provided to social workers who could share with families searching for a care home so they could access up-to-date information about the Council's view of quality, and PAMMS summary briefing reports were also available on the Stockton Information Directory (SID) (linked from the Older Persons Care Home Ranked List) for families / potential residents to access.

The Committee praised this latest annual report and the very positive nature of its content. Regarding the one care home which had been rated below a 'Good' standard (Churchview Nursing and Residential Home), Members noted the reduced frequency of CQC inspections and asked if SBC had any indication when the regulator may re-visit the service. Although this was not known, assurance was given that SBC did discuss intelligence with the CQC and that all areas which required improvement at Churchview had now been signed off as complete – the service would also undergo another PAMMS inspection in 2026-2027. Whilst welcoming the response (particularly given the good reputation the care home historically had), the Committee stressed that the CQC still needed to maintain appropriate oversight of this service.

AGREED that the PAMMS Annual Report 2025-2026 be noted.

ASCH/23/25 Norton Medical Centre - Response to latest CQC inspection

Following a recent Committee request, representatives of Norton Medical Centre were in attendance to provide a response to the latest Care Quality Commission (CQC) inspection of its services.

In response to the CQCs previous mid-2024 inspection (published in March 2025) which saw Norton Medical Centre downgraded from 'Good' to 'Requires Improvement' (the 'responsive' domain being deemed 'Inadequate'), the Committee invited the practice to provide its response to the regulator's findings – this was subsequently considered at the Committee meeting in May 2025.

In March 2026, the CQC published its latest view of Norton Medical Centre following an inspection in October 2025. The practice's overall rating remained 'Requires Improvement', but whilst the 'effective' and 'responsive' domains had been upgraded, the 'well-led' domain was downgraded to 'Inadequate'. Prior to the publication of these findings, the CQC served a warning notice on Norton Medical Centre on 17 November 2025 for failing to meet the regulations relating to safe care and treatment.

Reflecting on these latest outcomes, the Committee agreed that the practice should provide a further response. Representatives were therefore in attendance at this meeting and, led by the Interim Practice Manager and supported by three GP Partners, a presentation was given which included the following:

- Latest Inspection: Conducted by the CQC on 2 October 2025 and published on 6 March 2026, the practice was graded 'Good' in the 'effective' and 'caring' domains, 'Requires Improvement' in the 'safe' and 'responsive' domains, and 'Inadequate' in the 'well-led' domain.

- Safe: Areas of improvements and strengths were found in relation to safeguarding, clinical systems and continuity, environmental and infection control, and patient safety in practice. However, focus was required around safety culture and learning, staffing and competency, medicines safety (it was noted that previous medication issues involved an external agency that was supporting the practice), and incident-reporting and governance.

- Responsive: Achievements around person-centred care, equity and inclusion, and future planning were seen as areas of improvements and strengths, whilst work was needed on service access, listening and engagement, communication and information, and care co-ordination.

- Well-Led: Shortfalls were identified in terms of equality, diversity and inclusion, governance and risk management, partnership and stakeholder working, learning and improvement, leadership and culture, leadership capability, and 'freedom to speak up'.

- Well-Led Action Plan: To improve leadership and accountability, action would be taken around recruitment, establishing the practice's 'vision', strengthening staffing and meeting structures, reviewing the risk register, and enhancing communication with staff and patients (e.g. 'You said, we did'). Further actions in relation to staff engagement, wellbeing and support (staff survey; 1:1s and appraisals), patient and public involvement (Patient Participation Group (PPG); patient feedback), responding to concerns (complaints process; 'freedom to speak up'), and monitoring and demonstrating improvement (regular reviews; engagement with staff; engagement with stakeholders for feedback) had also been identified.

- Staff Survey: Results were relayed from a post-inspection staff survey which focused on eight areas – safety and speaking up, leadership and management, workload and pressure, learning from mistakes, behaviour, respect and culture, wellbeing and support, and confidence in improvement:

    - 74% strongly agreed that mistakes were treated as an opportunity to learn
    - 95% strongly agreed / agreed that they felt safe to speak up if something did not feel right
    - 64% agreed leadership communicated clearly with staff
    - 61% agreed that their workload was manageable
    - 65% strongly agreed / agreed that there was a culture of kindness and professionalism
    - 43% agreed that they knew there was wellbeing support available to them
    - 48% felt informed of the CQC improvement actions being taken

    Specific questions on what was working well and one change that would make a big, positive difference were included in the survey, with examples of feedback provided within the presentation.

- Changes: A number of changes had been implemented to address concerns raised by the regulator – these included locums being in place to support with capacity and demand, use of the Digital Staff Pool (facilitated by Hartlepool and Stockton Health (H&SH)), recruitment for a Practice Manager (and Deputy Practice Manager) and a further GP Partner, the re-introduction of the staff newsletter, and use of TeamNet (a knowledge, compliance and workforce management solution

for primary care functions) to support with incidents / complaints. A revised meeting structure, a review of pay structure, work with the PPG on a patient survey, and the introduction of appraisals with the clinical team were further developments, with the practice also benefitting from the support of the Local Medical Committee (LMC), H&SH and the Primary Care Network (PCN) it was a member of.

- Access: A graphic illustrated the themes that patients were contacting Norton Medical Centre for, with administrative help (e.g. fit notes, test results, updates on previous queries) being comfortably the most prevalent reason (over 16%). The number of weekly eConsults submitted to the practice between 18 May 2026 and 14 June 2026 ranged from around 700 to approximately 850 (a total of 3,035 (by 2,431 individual patients) over this four-week period).

Thanking Norton Medical Centre representatives for their attendance and the information provided, the Committee reflected on this being the second time in just over a year that the practice had been asked to respond to issues raised by the CQC and emphasised the need for assurance that concerns were being addressed.

Referencing the CQCs most recent report, the Committee highlighted comments from staff questioning the '*professionalism of management, including attitudes towards staff members, breaches of staff confidentiality and allegations of foul language being used*', as well as staff stating they felt threatened by redundancies. The Interim Practice Manager responded by stating that significant changes had been made to the leadership team since the last inspection, and that there was now a different culture / environment around the surgery (as evidenced by the recent staff survey responses). Attempts were being made to recruit management personnel who would work well with GP Partners.

Regarding the practice's Patient Participation Group (PPG), the Committee noted the CQCs findings that '*Representatives from the PPG described feeling unsure of their role. They told us they often felt useless and not informed or consulted with in relation to changes made within the practice' and 'The PPG also told us that their concerns were not always taken seriously*'. The Interim Practice Manager felt there had previously been a lack of clarity on the issues raised by the PPG and that the agenda had been changed for future group meetings to assist in this regard. Following this up, Members noted the stated ambition during last year's presentation to the Committee to get more appropriate representation on the group and asked what had been done to realise this. The practice offered to provide further details after the meeting, though confirmed that timings of meetings had been varied to make them more accessible (particularly to those who were employed and struggled to attend during the standard working day), also stating that PPG members were offered the opportunity to take on specific roles / responsibilities (though this was still a work-in-progress).

The Committee expressed particular concern over the CQCs observation that the practice '*did not always ensure medicines and treatments were safely managed*', something which was surely a fundamental requirement of a general practice. Norton Medical Centre personnel expressed confidence that the work undertaken in response to these latest CQC findings would ensure there were no further issues in relation to medication.

Attention was drawn to the numerous references within the CQCs inspection report relating to practice leaders not listening, with Members also emphasising how vital respect to and from staff was as it was they who ensured the service was operational. Again, recent changes to the leadership structure were highlighted, as was the sense of a re-energised workforce who were vital in providing safe and effective care.

Focus turned to the staff survey undertaken by the practice since its latest CQC outcomes were published. Responding to several Committee queries, it was confirmed that staff could remain anonymous if they wished (four of the 39 respondents included their name when submitting their views), there was now a wellbeing lead within the clinical team, staff appraisal format / paperwork had been changed, training opportunities had been discussed and supported, and department leads had met to discuss the CQC improvement actions being taken (to increase the number of staff who felt informed about these).

Seeking clarity on Norton Medical Centre's patient list size and its current clinical staffing capacity, Members were informed that there were around 16,500 individuals registered with the practice at present, with three GP Partners, four salaried GPs, six nurses, two advanced clinical practitioners, and three healthcare assistants (HCAs) employed. The Committee asked if the intended Business Manager had been appointed and heard that an Operations Manager was instead recruited to work alongside the Practice Manager but was no longer in post (the plans to make the PPG more representative of the patient list had therefore not been implemented yet). Additionally, Members noted the issues raised by the CQC around shortfalls in skills to administer vaccinations – the practice stated the individual in question did have the required training, though evidence was not to hand. HR processes had since been changed to ensure there would not be a repeat incident.

The Committee asked how supportive the NHS North East and North Cumbria Integrated Care Board (NENC ICB) had been in helping the practice address the concerns identified by the CQC. The Interim Practice Manager confirmed that offers of support had been forthcoming, and taken up, from the ICB and others (e.g. LMC / PCN / H&SH), with ICB officers who were also in attendance at this meeting commenting that Norton Medical Centre understood the seriousness of the situation and had made promising changes as a result. Members were reminded of the new 'You and Your GP' Patient Charter which enabled views to be submitted either directly to practices or via the ICB – the latter would liaise with a practice should any feedback be received (no comments had yet been sent to the ICB about Norton Medical Centre).

A final question for the ICB concluded this item, with the Committee enquiring what options it had if Norton Medical Centre did not make the required improvement. Support would continue to be given, and there were plans for the development of a general practice improvement programme – the practice would be given an opportunity to engage with this. In-hours closures could also be facilitated to enable training and development to be undertaken. From a contracting perspective, the ICB would continue to monitor progress of actions needed to address concerns, along with the information that had to be submitted evidencing this.

AGREED that the Norton Medical Centre response to the latest Care Quality Commission (CQC) inspection of its services be noted.

ASCH/24/25 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: Middlesbrough Council was hosting the Committee in 2026-2027. The first meeting of the new municipal year took place on 2 June 2026 where agenda items included the appointment of the new Chair, a NHS England / Northern Neonatal Network presentation on the delivery of neonatal care across the North East and North Cumbria region, and a Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) update on its review of Adult Eating Disorder Services. Senior University Hospitals Tees (UHT) personnel also presented the joint (North Tees and Hartlepool NHS Foundation Trust (NTHFT), and South Tees Hospitals NHS Foundation Trust (STHFT)) Quality Account 2025-2026 and provided details of planned workforce reductions across the UHT footprint.

  The next meeting was scheduled for 23 July 2026. Although the agenda was still to be confirmed, a request was made at the June 2026 meeting for an item to be included on access to specialist community perinatal mental health services.

- 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 April 2026. 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, the award-winning North East and North Cumbria Staff Mental Health and Wellbeing Hub, significant developments in lung-health care, improved performance against the NHS four-hour treatment standard, a NHS patient transport services survey, and the NENC ICB Annual Involvement Report 2025-2026.

  At a more local level, some recent North Tees and Hartlepool NHS Foundation Trust (NTHFT) news items were noted in relation to a new Perinatal Pelvic Health Service (PPHS), national recognition for a Stockton volunteer, a new nurse-led biopsy service within the urology offer at the University Hospital of North Tees, and involvement in a national trial looking into a condition known as broken heart syndrome.

AGREED that the Regional Health Scrutiny Update report be noted.

ASCH/25/25 Chair's Update and Select Committee Work 2026-2027

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 21 July 2026 and would include the presentation of

a new Stockton-on-Tees Borough Council (SBC) Adult Services Complaints Report, the Healthwatch Stockton-on-Tees Annual Report 2025-2026 (brought forward from the stated September 2026 meeting), and the draft scope and plan for the Committee's next in-depth review of Protection of Property. The annual update on developments relating to the Tees Valley Care and Health Innovation Zone (TVCHIZ) was also anticipated, though this was yet to be confirmed by relevant senior officers.

Members expressed disappointment that the scope and plan for the forthcoming Protection of Property review could not be considered at this June 2026 meeting and hoped that the expected TVCHIZ update would not also be pushed back to a later date.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2026-2027 be noted.

Chair: …….

Agenda Item 6

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

21 JULY 2026

Healthwatch Stockton-on-Tees – Annual Report 2025-2026

Summary

The Committee is requested to consider the Healthwatch Stockton-on-Tees Annual Report for 2025-2026 and comment as appropriate.

Detail

1. Local Healthwatch organisations are required to produce an Annual Report setting out their aims and achievements.

2. Healthwatch Stockton-on-Tees has recently published its latest report covering the 2025-2026 period, and this is attached for the Committee's consideration (the report will also be shared with the SBC Children and Young People Select Committee). The Manager of Healthwatch Stockton-on-Tees is scheduled to be in attendance to present the report and respond to any Committee comments / questions.

3. Members are reminded of the discussion points raised when the last Healthwatch Stockton-on-Tees Annual Report (2024-2025) was presented in September 2025 – these (along with the Annual Report 2024-2025) can be found at the following link:

   https://moderngov.stockton.gov.uk/mgAi.aspx?ID=5211

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healthwatch Stockton-on-Tees

Working together with the NENC Healthwatch Network

Speaking up for better care

Healthwatch Stockton-on-Tees Annual Report 2025/26

Contents

Chris McCann

Acting Chief Executive Healthwatch England

"The NHS plays a vital role in our lives, and we know it faces real challenges. Listening to people's thoughts about their care is one of the best ways to improve services. Every comment, concern, and compliment helps health and care professionals see what works and what needs to change, so care can be safer and better for everyone.

"We want to say a heartfelt thanks to all the local people who have taken the time to share their experiences, and to the health and social care professionals who have listened and acted on that feedback. Your commitment has helped make a real difference for our community."

A message from our chair

"The NHS and social care system continues to operate under intense pressure, with many people experiencing longer waits, fragmented services and difficulty accessing support at the point they need it most. These challenges are felt directly by individuals and families trying to navigate mental health services, primary care and community support.

"Over the past year, Healthwatch Stockton-on-Tees has played a vital role in ensuring people's real experiences influence how the system understands risk, safety and recovery. Much of what we heard was difficult, and at times deeply concerning, particularly where gaps in care left people feeling frightened, isolated or unsupported.

"By bringing this lived experience into decision making spaces, Healthwatch helped ensure concerns were not dismissed as individual stories, but recognised as patterns that required reflection, learning and change. This has been especially important in relation to mental health rehabilitation and the need for continuity, clarity and joined up support.

Chair
Peter Smith

"Listening to local people's experiences remains essential if services are to stay accountable and responsive. "

A message from our chair

"People who shared their experiences with Healthwatch this year trusted us with stories about vulnerability, risk and resilience. These were not always easy conversations, but they were essential if services are to respond honestly to what people are experiencing in real life.

"This year's work went beyond listening alone. Healthwatch insight informed system level conversations, supported service development, and strengthened the focus on trauma aware, relationship-based approaches to care. Our mental health work in particular reinforced how continuity, communication and safe transitions can determine whether recovery is supported or undermined.

"I would like to thank everyone who shared their experiences, alongside our staff, volunteers and partners, whose persistence and professionalism ensured those voices were heard where they could make a difference. Their commitment continues to shape safer, more responsive care across Stockton-on-Tees."

> "Whether highlighting compassionate care and dedicated staff, or raising concerns about barriers and frustrations, every contribution helps build a better understanding of how the system is experienced day to day."

About Healthwatch Stockton-on-Tees

Healthwatch Stockton-on-Tees is your local health and care champion. We make sure the voices of people who use health and social care services are heard by those who plan and deliver services.

We listen to people's experiences, share what we hear with decision makers, and help information flow both ways so people understand their choices and where to get support. As an independent statutory body, our agenda is driven by the public and rooted in lived experience.

Our work is shaped by what matters most to local people, from access to GPs and mental health support, to the experiences of carers, families and communities facing the greatest inequalities.

Our vision

A local health and care system where people are heard, included and able to access safe, fair and person-centred care.

Our mission

To listen to people's experiences, amplify local voices, and ensure lived experience informs decisions about health and care at local, regional and national level.

We do this by:

- **Listening in different ways and in trusted spaces**
- **Sharing insight with those who plan and deliver services**
- **Supporting learning, reflection and improvement**
- **Remaining independent, transparent and publicly accountable**

About Healthwatch Stockton-on-Tees

Our values are:

Equity

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

Empowerment

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

Collaboration

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

Independence

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

Truth

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

Impact

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

Our year in numbers

In 2025/2026 we supported more than 16,600 people to have their say and get information about their care. We employed four staff and, our work was supported by 13 volunteers and 33 Health & Care Ambassadors.

Reaching out:

2,424 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

5,557 people came to us via website, events, email or telephone for clear advice and information on topics such as advocacy support for making a healthcare complaint, finding an NHS dentist and how to access mental health services.

14,274 people were able to access up-to-date health and care advice and information through our website, social media platforms and newsletters.

We sent out 16 newsletters to over 430 members.

Championing your voice:

We published 9 reports about the improvements people would like to see in areas like Pharmacy First, the NHS app and accessing GPs, as well as support for the Deaf community.

Our most popular report was Case Study: Mental Health – Jane's Story, highlighting the experience of a young adult who waited nearly two years for mental health support.

Statutory funding:

We're funded by Stockton-on-Tees Borough Council. In 2025/26 we received £129,000, which is the same as last year.

A year of making a difference

This year, we focused on where people's experiences revealed risk, gaps in care, and opportunities for change. We took those insights into conversations that matter.

Mental health: recovery, rehabilitation and risk

People shared powerful experiences of moving through mental health crisis services, inpatient care, discharge, and life in the community. They told us where support felt unsafe, fragmented, or unclear, and what helps recovery really happen. Their voices shaped system-level discussions about continuity, access, and the future of rehabilitation services.

Cancer care pathways: navigating complexity

We listened to people affected by cancer about diagnosis, treatment, and follow-up care. They described the difficulty of navigating complex pathways, gaps in communication between services, and the emotional toll of uncertainty. This insight highlighted where clearer coordination and better support are needed alongside clinical care.

Hearing from people least likely to be heard

We prioritised reaching communities whose voices are often missing, including Deaf residents, kinship carers, people experiencing homelessness, and people facing multiple disadvantage. By working through trusted relationships, people were able to speak openly about barriers to access, fear, dignity, and what feeling safe in services really means.

Following up where improvement mattered

We returned to earlier areas of concern, including drug and alcohol services and community pharmacy, to understand what had changed, and what had not. This follow-up kept learning visible, strengthened accountability, and ensured people's experiences continued to influence improvement, rather than being treated as a one-off exercise.

Why this mattered

This work helped ensure people's experiences were not only heard, but taken seriously in conversations about risk, recovery, access and system change, locally and across the wider region.

Working together regionally

Raising voices across the North East and North Cumbria

This section highlights how the Healthwatch NENC network worked collectively during 2025–2026 to bring people's experiences into system decision making, from local services to national policy.

During 2025–2026, the Healthwatch North East and North Cumbria (NENC) network brought together insight from local communities to inform decision making across health and care. Working as a coordinated network of 14 local Healthwatch, we supported the system to understand what people experience in real life. What works, what doesn't, and what needs to change.

Our role is to be an independent, trusted voice. Sometimes that means leading large scale engagement. Sometimes it means supporting early service design, testing communications, or carefully gathering lived experience on sensitive issues.

Across all this work, one thing is clear, people are more willing to share their experiences when they feel listened to, included, and able to take part through people and organisations they trust, in ways that work for them.

Primary Care Access

Primary care access: understanding what works and what doesn't

Healthwatch NENC supported the rollout of Modern General Practice Access (MGPA) across all 14 local areas.

As changes to GP access were being introduced, Healthwatch teams worked together to help raise awareness and support understanding across local communities.

Teams went out into GP practices, pharmacies, libraries, warm spaces, foodbanks and other community venues. Using MGPA leaflets alongside face-to-face conversations, we were able to give people time to ask questions and better understand their options, particularly those often missed by digital only campaigns.

People told us they welcome having more choice, including the NHS App, Pharmacy First and Extended Access appointments. When systems work well, people experience quicker access and less stress.

Primary Care Access

Primary care access: understanding what works and what doesn't

Many people were unaware of Extended Access or told us they were never offered it. Understanding of Pharmacy First varied, with some people unsure what it could help with or receiving inconsistent information. Digital access worked for some but excluded others, particularly older people, Disabled people and those without confidence, devices or reliable internet access.

The biggest concern raised, continues to be getting a GP appointment. People told us about long waits on phone lines, frustration with online forms, the '8am rush', and difficulties maintaining continuity for ongoing or complex conditions.

Why this mattered

Bringing insight together across the region helped highlight where system intentions were not yet landing in people's real experiences. This strengthened the focus on clearer communication, more consistent offers, accessible information from day one, and non-digital routes that work for everyone, not just those who find systems easy to navigate.

> **"I didn't know about Extended Access until Healthwatch explained it. No one had ever mentioned it before."**

> **"Online works for some people, but if you're not confident or don't have the right phone, it just shuts you out."**

> **"I still go to the surgery in person because I can't get through on the phone, but then you're told there's nothing available."**

Primary Care Access

Primary care access: understanding what works and what doesn't

Winter Care

Helping people understand winter care and pharmacy options

Working with the North East and North Cumbria Integrated Care Board (ICB), Healthwatch supported work to understand whether information about winter care and pharmacy services was clear and useful for local people.

People told us that while some messages were helpful, others were confusing or easy to miss, particularly for those who don't use digital channels or who rely on clear, simple explanations. Testing information face-to-face helped show where messages needed to be clearer, more consistent and easier to act on.

This insight was shared with the ICB to support improvements to winter communications, helping ensure information about pharmacy options and access routes was easier to understand and more likely to reach people who might otherwise be missed.

What this helped change

Testing information with local people helped the ICB understand which messages were working and where clarity was missing, supporting improvements to how winter and pharmacy information was shared across the region.

Winter Care

Helping people understand winter care and pharmacy options

"I'd seen the posters, but I didn't really understand what they were asking me to do until someone explained it."

"Pharmacies can help with more than people realise, but the information isn't always clear."

"If you're not online, it's easy to miss important messages."

WorkWell

Shaping WorkWell: early service design through lived experience

Healthwatch supported the North East and North Cumbria Integrated Care Board (ICB) with early engagement to inform the development of WorkWell, a new service designed to help people with long-term health conditions stay in or return to work.

At the ICB's request, Healthwatch helped gather targeted feedback from people with lived experience of managing health, disability and work. Given tight timescales and a limited number of sessions, this was delivered through a small number of focus groups, either directly by Healthwatch or through trusted community partners.

People shared the real barriers they face when trying to balance health and work, including caring responsibilities, mental health challenges, stigma and the difficulty of navigating joined up support. Their feedback highlighted the importance of flexibility, trauma informed approaches, and better awareness and understanding from employers.

This work helped ensure that early service design was grounded in lived experience, demonstrating how Healthwatch adds value at the earliest stages by supporting services to be shaped around people's real lives and needs.

What this influenced

This insight helped ensure that WorkWell was shaped early around people's real circumstances, rather than assumptions, particularly for those balancing health, work and caring responsibilities.

"It's not just about my health, it's juggling work, appointments and caring responsibilities."

"Employers don't always understand what people are managing alongside their job."

Palliative Care

Listening on sensitive issues: Palliative and end of life care

Healthwatch supported system-led engagement to inform future palliative and end-of-life care planning across the region.

While the primary approach relied on a regional survey, Healthwatch involvement focused on engaging people who are least likely to share their views through standard engagement routes. Conversations about death, dying and end-of-life care are deeply personal and can be especially difficult for people facing multiple disadvantage.

Healthwatch's contribution highlighted important learning for the system, people do not all engage in the same way. Meaningful insight comes from trusted relationships, safe and supportive environments, and the right approach for the people involved.

Feedback gathered through Healthwatch helped complement survey findings and ensured that voices often missed were considered in future planning.

What this reinforced

This work reinforced the importance of using trusted, supportive approaches when engaging on sensitive topics, ensuring insight from people least likely to take part in surveys was considered alongside wider findings.

"Talking about end-of-life isn't easy, you need time and people you trust."

"I wouldn't have taken part in a survey, but I was able to talk openly in person."

"You don't speak up unless you feel safe."

NHS Digital

Influencing national policy: Developing NHS Online

During 2025–2026, the Healthwatch NENC network submitted a joint response to a national consultation on Developing NHS Online, bringing together what people across the region have told Healthwatch about digital health services.

Based on what people have told Healthwatch over several years, the response reflected mixed experiences of digital health services. Many people value the convenience of online access, particularly the NHS App.

However, people also raised ongoing concerns about:

- Digital exclusion
- Communication
- Continuity of care
- Having real choice about how they access services

Healthwatch highlighted that online services must remain an option, not an expectation. Essential to ensure people are not excluded or disadvantaged as services change are:

- Clear communication
- Meeting the Accessible Information Standard
- Strong non-digital alternatives

This work demonstrates how collective Healthwatch insight helps ensure local people's experiences are heard in national discussions about the future of health and care.

Why this mattered

By bringing together experiences from across the region, Healthwatch helped ensure national discussions about digital health reflected both the benefits people value and the risks of exclusion if choice and accessibility are not protected.

Workforce Voices

Making national work more accessible

Through the NIHR-funded Workforce Voices programme, Healthwatch across the North East and North Cumbria played a direct role in improving how national projects involve people with real experience of health and care.

Healthwatch helped challenge the way information is usually written and shared. We pushed for clearer language, simpler formats and more accessible ways of involving people, so they can understand what's being asked of them and feel confident giving their views.

What difference this made

This work led to clear, practical guidance and tools that show project teams how to communicate better and involve people more meaningfully. It helps prevent people being excluded because information is too technical, unclear or overwhelming.

Why this matters

By working together at a network level within a national programme, Healthwatch showed how lived experience from across the region can change how involvement is done. This helps ensure people's voices are a core part of how national work is designed and delivered.

Mental Health Rehabilitation

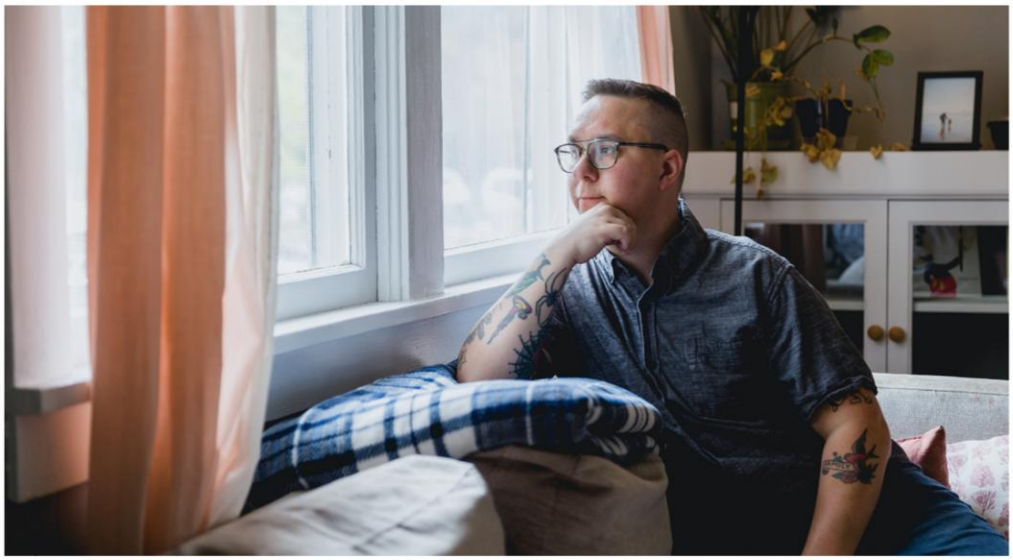
Mental health rehabilitation: what helps people recover – and what puts them at risk

This year Healthwatch supported Tees, Esk and Wear Valleys NHS Foundation Trust to gather in-depth lived experience insight to inform mental health rehabilitation and reablement services across County Durham and Tees Valley.

This work focused on people's stories, not statistics, capturing what it actually feels like to move through crisis services, inpatient care, discharge and community mental health support.

Across all areas, people consistently told us about:

- Long waits for help
- Calls and appointments that didn't happen
- Being passed between services with no one clearly responsible
- Discharge feeling rushed, unsafe or unclear



> **"Discharge feeling rushed, unsafe or unclear."**

Mental Health Rehabilitation

Mental health rehabilitation: what helps people recover – and what puts them at risk

These experiences often left people frightened, isolated and less likely to seek help again.

At the same time, people were very clear about what makes recovery possible.

They told us they need:

- One person or team who stays involved
- Face-to-face contact when distressed
- Clear follow up and communication that actually happens
- Safe, joined-up discharge planning
- Support that understands trauma and neurodiversity
- Strong links to trusted voluntary and community organisations

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

"As part of our commitment to co production and improvement, we approached Healthwatch to gather insight on people's experiences of mental health rehabilitation services. This feedback has directly shaped a programme of investment responding to the issues and opportunities identified.

"As we move forward, rehabilitation teams will continue to work collaboratively with partners across our local communities to ensure services are embedded in ways that promote equitable access and respond to local need."

Jamie Todd
Director of Operations and Transformation
Tees, Esk and Wear Valleys NHS Foundation Trust

Mental Health Rehabilitation

Mental health rehabilitation: what helps people recover – and what puts them at risk

Families and carers described carrying huge responsibility, often managing risk alone. Many said the only consistent support came from local VCSE organisations, offering familiarity, safety and continuity when statutory services could not.

The findings were brought together in a published insight report with practical, constructive recommendations focused on continuity, safe transitions and community-based support.

System partners have welcomed this insight as a powerful reminder that rehabilitation succeeds when relationships, not just pathways, are in place.

This work shows the unique role Healthwatch plays in bringing lived experience into mental health service design, safely, independently and with the depth needed to drive meaningful change.

What this changed

The report provided system partners with a clear, human picture of how continuity, communication and safe transitions affect recovery, helping reinforce the importance of relationship-based approaches alongside pathway redesign.

"I just want someone to listen."

"I don't fit anywhere in the system."

"I was discharged without a plan and didn't know who to contact."

"They saved my life."

University Hospital Tees

Keeping people involved during system change: University Hospitals Tees

Healthwatch continued to support University Hospitals Tees and system partners as they developed and implemented their Group Model.

Although the main community research took place in 2024 and was published in 2025, Healthwatch's role continued into 2025–2026. This included supporting follow up work, reflecting on what was learned, and helping shape public-facing engagement so people could see how their feedback was being used.

Healthwatch involvement helped maintain trust with local communities by ensuring conversations remained open, transparent and focused on 'you said, we did'. This reinforced the importance of ongoing dialogue, not one-off consultation, when major service changes are being planned and delivered.

"We want to know what happened after we shared our views."

"It makes a difference when you can see change, not just be asked again."

"Keep involving people, don't just consult once."

Looking Ahead

Across this work, one thing comes through clearly, engagement makes the biggest difference when it is inclusive, trusted and built in from the start.

As services and policies change, the Healthwatch NENC network has shown it can respond quickly and meaningfully, working across 14 local Healthwatch to bring together what people are experiencing in real time.

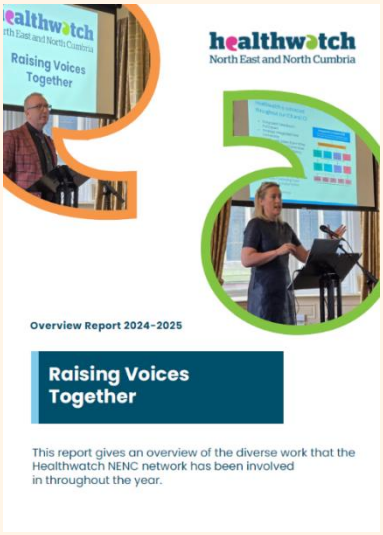
Our independence means people are willing to speak honestly, especially when things are confusing, difficult or not working as planned.

Looking ahead, Healthwatch will continue to build on this position of trust. This includes contributing to Fit for the Future, an ICB-led programme focused on strengthening the health and care workforce and supporting services to meet future demand.

Healthwatch's role in this work is to bring forward the experiences of people and staff, particularly where access, communication and everyday experiences shape how care is received.

Looking Ahead

We are also continuing our involvement in workforce work linked to the National Institute for Health Research (NIHR), building on the Healthwatch NENC partnership set out in last year's Raising Voices Together report.



For Healthwatch, this means helping ensure learning about the health and care workforce is grounded in lived experience, from patients, communities and staff themselves.

This includes understanding the everyday realities of roles such as GP reception and practice teams, and how these experiences affect access to care.

By connecting local insight with regional and national conversations, Healthwatch NENC helps ensure decisions are shaped by real lives. This can be seen clearly in areas such as dentistry, where people's experiences have helped drive change.

As the system continues to evolve, we will remain independent, responsive and firmly focused on making sure people's experiences lead to meaningful change.

Dentistry: making a difference

People told Healthwatch they were struggling to access NHS dental care and didn't know where to go for urgent help.

Healthwatch brought these experiences directly into system discussions. At ICB Board level, leaders confirmed that progress in dentistry would not have been possible without Healthwatch's involvement. This has led to clearer urgent dental pathways, online booking for urgent care, and improved access across the region.

"By connecting local insight with regional and national conversations, Healthwatch NENC helps ensure decisions are shaped by real lives."

Reflecting on Impact

Reflecting on impact: recognition and moving forward together

Healthwatch's impact is often built over time. Through sustained engagement and trusted relationships, earlier work across the North East and North Cumbria is now influencing system priorities and discussions.

Over the past year, Healthwatch insight has been recognised at system level, including through ICB Board discussions on women's health, dentistry and University Hospitals Tees. This reflects the value of Healthwatch's independent role in bringing people's experiences into decision making beyond one off consultations.

Messages people have consistently shared with Healthwatch, about access, communication, continuity and meaningful engagement, are now visible in current system priorities, including the growing focus on Neighbourhood Health and care closer to home.

This provides a strong foundation for continued collaboration as the system moves forward.

'Over the past year, Healthwatch insight has been recognised at system level, including through ICB Board discussions on women's health, dentistry and University Hospitals Tees.'

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Stockton-on-Tees this year:

Making a difference in the community

Improving access to care for Deaf people

Healthwatch Stockton-on-Tees worked with Deaf residents to understand the barriers they face when accessing health and care services. People told us about missed appointments, difficulties booking interpreters, and information that was not accessible in formats they could use.

In response, we produced accessible versions of our findings and supported the development of British Sign Language (BSL) content to help share key messages more widely.

This work has since informed further engagement and follow-up activity, including planned Enter and View work with University Hospitals Tees to explore how Deaf access is experienced in practice.

Shaping employment support through lived experience

Kinship carers and young people

Through our involvement with the WorkWell programme, we listened to kinship carers and young people, including those affected by fetal alcohol spectrum conditions. People shared how caring responsibilities, hidden disabilities and lack of understanding from employers create barriers to work and wellbeing.

This engagement highlighted the importance of flexibility, trust and tailored support if employment services are to work for people with complex lives. The insight gathered has been shared with partners to help shape future approaches in a way that reflects lived experience.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Stockton-on-Tees this year:

Advocacy that led to service improvement

Mental health access

Healthwatch Stockton-on-Tees supported advocacy around mental health access after hearing from a young person who experienced significant delays and communication breakdowns when trying to access support. Working alongside community partners, the issues raised were formally shared with the service.

This resulted in changes to communication processes, waiting list contact, and discharge arrangements, helping reduce the risk of people being lost from support.

"Advocacy and community support organisations play an essential role in helping people access services that can provide life changing help.

"Healthwatch's involvement helped address communication issues, improve processes, and ensure that learning was taken seriously."

Impact on Teesside – Alliance Psychological Services

Listening to your experiences

Listening is at the centre of everything Healthwatch Stockton-on-Tees does. Throughout the year, we listened in different ways and in different places, recognising that people share their experiences in ways that suit them.

Some conversations happened through planned engagement and follow-up work. Others took place informally, at community events, drop-ins or during everyday conversations. Some people shared their experiences in depth, while others spoke briefly about one issue that mattered to them.

Together, these experiences helped us understand not just what was happening across local health and care services, but how it felt for people trying to access support, navigate change, or get answers when things were not working as they should.

What difference did this make?

Our Word on the Street reports played an important role in identifying emerging concerns, checking whether issues we were already hearing about were still present, and shaping where further engagement or follow up was needed.

Health and Care Ambassador Programme

The Health and Care Ambassador Programme allowed us to stay close to communities across Stockton-on-Tees.

What did we do

Ambassadors joined local events, drop-ins and sessions, working alongside trusted organisations to hear people's experiences first-hand.

Conversations were often informal and focused on everyday issues, such as access to services, making sense of health and care systems, and knowing what to do when things felt unclear.

What difference did this make?

What we heard through this programme helped shape our understanding of common concerns and ensured our wider work reflected people's real experiences.

Hearing from all communities

Reaching people who are rarely heard

Healthwatch Stockton-on-Tees worked with The Moses Project to hear the views of people experiencing homelessness, particularly in relation to end-of-life care.

What difference did this make?

People spoke openly about fear, isolation and mistrust of services, and about what dignity, safety and compassion mean to them. This work reinforced the importance of trauma aware, relationship-based engagement and the role of trusted community organisations in reaching people who would otherwise remain unheard.

> "I wouldn't be here without them."
>
> "If I'm talking about death, this is the only place I'd go."

Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

This year 16,620 people have reached out to us for advice, support or help finding services via our website, newsletters and social media platforms, as well as through our engagement team.

These conversations also help us to understand where, and how, your care can be made better.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services

Information and signposting

We often supported people to make sense of health and care systems when things felt confusing or difficult to navigate. These conversations usually happened when people were unsure about next steps or where to turn for help.

Helping people navigate services

A significant number of enquiries related to difficulties navigating services, particularly around GP access, referrals, and follow-up appointments. People told us about referrals not being actioned, long waits with little information, and uncertainty about who was responsible for next steps.

We supported people by explaining how services work, what options were available, and where to go for further help. This insight also helped inform our wider understanding of where access and communication continued to be challenging.

> ‘A patient was unhappy with the care from their GP after their own opinions were dismissed, resulting in an NHS 111 call and being admitted to a hospital ward with an infection.’

Information and signposting

Access, eligibility and understanding options

We regularly heard from people struggling to access NHS dental care, often after contacting multiple practices without success. Others contacted us for clarity around eligibility for services, vaccinations, funding decisions, and age-related thresholds.

In response, we provided clear, neutral information and signposted people to appropriate routes, including NHS 111, community pharmacies, GP practices, and relevant advice and support services.

Digital access and support

Many people told us that digital access alone does not mean digital confidence. Older people in particular described having phones, tablets or internet access but feeling stuck when systems did not work as expected or information was difficult to find.

These experiences reinforced what we were already hearing: that people need practical, human support alongside digital systems. This continues to shape our understanding of digital inclusion and access locally.

Information and signposting plays an important role in helping people feel less isolated when navigating complex systems, while also highlighting common points of difficulty that can inform future improvement.

"I have to log on to app at 6 o'clock in the morning to see if I can get an appointment for that day!"

Making change over time

Following up on drug and alcohol services

In 2024, Healthwatch Stockton-on-Tees reported on the experiences of people accessing drug and alcohol services.

Rather than treating this as a one-off exercise, we continued to follow how the findings were used and what had changed.

Making change over time

Following up on drug and alcohol services

In 2026, we revisited engagement with Bridges Family and Carer Service to understand how recommendations had been received and where improvements were visible. We also identified areas requiring further follow up with other partners, reflecting our commitment to supporting learning over time.

"The Healthwatch report provided valuable insight from a lived experience perspective on the experiences of people who use substances in the Stockton area.

"Healthwatch offers a 'critical friend' perspective to assist in service and quality improvement initiatives, and their findings have been considered by senior leaders in the service, as well as in the design of our new psychology pilot scheme."

Dr Cat O'Neill, Consultant Clinical Psychologist, Change Grow Live

Making change over time

Following up on local pharmacy services

Synergise Pharmacy

As part of our ongoing monitoring role, Healthwatch returned to Synergise Pharmacy following earlier Enter and View work in 2024. The 2026 follow up identified improvements in communication, support for older people, and stock management, alongside continued system pressures such as medication shortages and GP communication challenges.

This follow up shows how Healthwatch returns to earlier work, recognising where change has happened and keeping ongoing issues visible as neighbourhood-based models of care continue to develop.

> ‘The public felt comfortable asking questions or requesting assistance.’

Helping people have their say

Throughout the year, Healthwatch Stockton-on-Tees helped promote opportunities for people to share their views on local and national health and care changes.

This included signposting consultations and surveys on issues such as gluten free prescriptions, changes to the NHS dental contract, and regional plans to improve access to dental services. Sharing these opportunities helped people understand what was changing and how they could feed into decision-making processes.

Volunteers at the heart of our work

Our fantastic volunteers have given 382 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Visited communities to promote our work
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve

Volunteers at the heart of our work

Volunteers play a vital role in ensuring Healthwatch Stockton-on-Tees remains independent, community-focused and grounded in lived experience.

Our Board of volunteers brings a wide range of skills, knowledge and local insight, helping to guide our work and ensure the voices of local people remain central to decision-making. Board members provide challenge, support and oversight, and help ensure our work reflects what matters most to communities across Stockton-on-Tees.

Alongside this, our Health and Care Ambassadors commit their time to engaging with people in communities, supporting conversations about health and care, and helping us stay connected to everyday experiences. Ambassadors help support access to information, listen to concerns, and highlight where people experience barriers, as well as what is working well.

Together, our volunteers support Healthwatch's role in listening to people, sharing lived experience, and contributing to learning and improvement across local health and care services. Their involvement strengthens our ability to reach different communities and ensures our work remains rooted in real life experience.

Volunteers at the heart of our work

Reflecting on impact: recognition and moving forward together

This year, we welcomed Colleen Metcalfe to the Healthwatch Stockton-on-Tees Board.

Colleen brings professional experience from her work with Starfish Health & Wellbeing, where she supports individuals accessing local health and wellbeing services, including working alongside young people as they navigate employment and support routes.

Colleen is deaf and brings lived experience of the challenges faced by the Deaf community in accessing health and social care. She is keen to help highlight these issues and support improvements in accessibility and communication.

Colleen is committed to strengthening the voice of local residents and contributing to meaningful service improvement across Stockton on Tees. Outside of her professional work, she is a poet who performs in both British Sign Language (BSL) and spoken English and also translates and performs songs in BSL at open mics and festivals across the country.

"I'm overjoyed to have been invited to stand with Healthwatch on their Board and hope to bring a fresh perspective to their important work. I have much to learn. I also have much to offer."

Finance and future priorities

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

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	129,000	Expenditure on pay	127,862.58
Additional income	19,754	Non-pay expenditure	4,963.39
		Office and management fee	28,138.02
Total income	**148,754**	**Total Expenditure**	**160,963.99**

Additional income is broken down into:

NENC Integrated Care System (ICS) funding:

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

Purpose of ICS funding		Amount
Stockton-on-Tees 2025/26: Network funding		**£4,000**
Stockton-on-Tees: Area Coordinator		**£12,445**
Additional Projects		**£3,309**

Finance and future priorities

Healthwatch Stockton-on-Tees will continue to focus its resources on work that reflects what people tell us matters most, while remaining flexible and responsive as the system continues to change.

Our priorities:

Access and communication in hospital care

Building on our Deaf community work, we will carry out Enter and View activity at University Hospitals Tees (North and South Tees), with a focus on access, communication and reasonable adjustments.

Neighbourhood Health

We will listen to how neighbourhood-based models of care are developing locally and how these changes are experienced by people, particularly those with complex needs or barriers to access.

Voices hardest to hear

We will deepen our engagement with people who are less often heard, including people experiencing homelessness, working alongside trusted organisations to ensure lived experience informs learning and improvement.

Statutory statements

People First Conference Centre, Milbourne Street, Carlisle, Cumbria, CA2 5XB. Registered Charity No: 1184112.

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

The way we work

Our Healthwatch Board consists of seven members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Strong governance is at the heart of Healthwatch Stockton-on-Tees' work, helping ensure we remain independent, transparent and focused on what matters most to local people.

During 2025–26, the Board met in person on four occasions, with additional meetings held as needed to review progress, agree priorities and reflect on what people were telling us about local health and care services.

The Board plays an active role in guiding Healthwatch's work, including agreeing areas of focus, overseeing reports and follow-up activity, and ensuring learning from lived experience is shared appropriately. Alongside this, the Board fulfils its statutory responsibilities, including governance, safeguarding, conflicts of interest, health and safety and financial oversight.

By bringing together lived experience, local knowledge and professional insight, the Board helps ensure Healthwatch Stockton-on-Tees continues to work in the public interest as a strong, independent voice for local people.

Methods and systems: our approach

Healthwatch Stockton-on-Tees uses a range of listening methods to understand people's experiences of health and care and ensure those experiences are shared where they can make a difference.

We recognise that people share their views in different ways. Our approach reflects this by combining planned engagement with ongoing, informal listening, allowing people to take part in ways that suit them.

We gather insight through community engagement, targeted work with specific communities, Enter and View activity, and everyday conversations. This helps us respond to emerging issues as well as carry out focused work linked to our priorities.

Statutory statements

Methods and systems: our approach

Alongside listening, we work within local and regional systems to ensure learning from lived experience reaches the right conversations. Independence is central to this work, allowing people to speak openly and ensuring insight is brought together carefully, focusing on shared themes rather than individual cases.

By combining different ways of listening with system engagement, Healthwatch Stockton-on-Tees helps ensure decisions are shaped by real experiences and everyday realities.

Looking ahead

Healthwatch Stockton-on-Tees will continue to focus on listening to people's experiences, following up on what we hear, and ensuring access, communication and inclusion remain central as health and care services continue to change.

Building on the work set out in this report, we will continue to listen closely to how care is experienced locally, including access to hospital services, neighbourhood-based care, and the experiences of people whose voices are hardest to hear. This approach will help ensure lived experience continues to inform learning and improvement across the system.

Thank you to our communities

Thank you to everyone who took the time to share their experiences with Healthwatch Stockton-on-Tees during the year. We are grateful to the individuals, families and carers who spoke openly with us, often about sensitive or difficult experiences.

Your insight helps ensure local voices remain visible, understood and taken seriously, and continues to shape our work.

Thank you to our partners and volunteers

We would also like to thank our partners, community organisations and volunteers who supported our work throughout the year. By working alongside trusted organisations and committed volunteers, we are able to listen in ways that feel safe, accessible and meaningful.

Your support helps Healthwatch Stockton-on-Tees remain independent, responsive and rooted in real life experience.

Statutory statements

Responses to recommendations

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

Taking people's experiences to decision-makers

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

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

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

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

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

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

Representing Your Voice at Every Level

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

In 2025/26, Peter:

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

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

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

Enter and view

Location	Reason for visit	What you did as a result
Elm Tree Medical Centre (GP Practice)	• Understand patient experience in primary care • Identify examples of effective practice	• Gathered insight on what works well • Learning to inform future reporting and share good practice
Bridges Family Carer & Support Service	• Follow-up on 2024 engagement relating to drug and alcohol services • Understand whether experiences had improved	• Captured updated experiences from carers and families • Shared findings with partners to support ongoing improvement • Ensured previous concerns remained visible
Synergise Pharmacy	• Follow-up on earlier Enter and View work (2024) • Understand what had changed in practice	• Identified improvements in communication and patient support • Highlighted ongoing challenges (e.g. medication supply, service coordination) • Shared findings to support continued learning

2025 – 2026 Outcomes

Across 2025–26, Healthwatch ensured people's experiences influenced learning and improvement across local and regional health and care.

Project/activity	Outcomes achieved
Mental health	Experiences shaped conversations about recovery, access and safe transitions
Access to care	Insight into GP access and digital systems highlighted barriers around communication, continuity and digital exclusion
Information and communication	Feedback supported clearer messaging around pharmacy services and access routes
Inequality and inclusion	Work with Deaf residents, people experiencing homelessness and carers strengthened understanding of barriers to care
Follow-up and accountability	Previous concerns (e.g. pharmacy, drug and alcohol services) continued to influence improvement over time
Service improvement	Advocacy contributed to changes in communication and follow-up processes within mental health services
Influence across the system	Insight shared locally, regionally and nationally to support decision-making based on real experiences

healthwatch Stockton-on-Tees

Working together with the NENC Healthwatch Network

Hosted by People First

People First

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Agenda Item 7

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

21 JULY 2026

Tees Valley Care and Health Innovation Zone

Summary

The Committee will receive an update on developments in relation to the Tees Valley Care and Health Innovation Zone.

Detail

1. In October 2023, proposals to develop a 'Care and Health Innovation Zone' in Stockton were considered by the Stockton-on-Tees Borough Council (SBC) Cabinet.

   https://www.stockton.gov.uk/article/11268/Vision-to-create-a-care-and-health-innovation-zone-in-Stockton-receives-green-light-from-Councillors

2. An initial vision statement was collated and included an overview of the vision, why it would be important to Stockton-on-Tees and Tees Valley, key facts, and partnerships.

   https://moderngov.stockton.gov.uk/documents/s3168/Tees%20Valley%20Health%20and%20Social%20Care%20Innovation%20Zone%20-%20Initial%20Vision%20Statement%20-%20FINAL.pdf

3. Further details about this initiative can be found on the Tees Valley Combined Authority website – see https://teesvalley-ca.gov.uk/business/investees/tees-valley-care-and-health-innovation-zone/.

4. The Committee received an initial briefing on this concept in June 2024 (see https://moderngov.stockton.gov.uk/mgAi.aspx?ID=3335), with a second update on developments provided at the Committee meeting in July 2025 (see https://moderngov.stockton.gov.uk/mgAi.aspx?ID=5015).

5. A further year on, the Committee has requested another update on developments, with specific information sought on the following elements:

   - *A reminder of who is actively involved with this initiative (internal departments and external partners) and to what extent?*
   - *Any significant changes to the plans (including financial commitments) since the previous update to the Committee in July 2025?*
   - *A summary of what has been achieved in the last 12 months by the:*
     - *Strategic Programme Board*
     - *Skills Working Group*
     - *Research & Innovation Working Group*
     - *Masterplanning & Infrastructure Working Group*

- *What engagement has taken place with Elected Members and the public / community over the last 12 months in relation to this initiative?*
- *What is the plan for the next 12 months? What are the current timescales (and the intended outputs) for the short, medium and long-term?*

6. A report has been prepared and is included within these meeting papers. SBC officers are scheduled to be in attendance to provide an overview and address any Member comments / questions.

Name of Contact Officer: Gary Woods
Post Title: Senior Scrutiny Officer
Telephone Number: 01642 526187
Email Address: gary.woods@stockton.gov.uk

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

21 JULY 2026

TEES VALLEY CARE AND HEALTH INNOVATION ZONE

Summary

The Committee will receive an update on developments in relation to the Tees Valley Care and Health Innovation Zone.

Detail

1. In October 2023, proposals to develop a 'Care and Health Innovation Zone' in Stockton were considered by the Stockton-on-Tees Borough Council (SBC) Cabinet. This set a long-term Vision to**:**
    - Breathe new life into Teesdale Business Park
    - Bring forward the regeneration of Tees Marshalling Yards
    - Grow all aspects of the health, public health and social care sector, establishing a recognized UK cluster
    - Link the Care & Health Innovation Zone with Stockton Town Centre.

2. The Care & Health Innovation Zone brings together health and social care providers, academic institutions and the business community to create a world-class innovation ecosystem. Developing this alongside one of the largest brownfield regeneration opportunities in the country, Tees Central, will support the continued inclusive growth of the region, strengthen the global position of the UK health innovation sector as well as helping to tackle the stark health inequalities that exist in the borough and further afield.

3. The Care and Health Innovation Zone is not a single capital project. It is a long-term place-based programme that coordinates multiple projects and investment opportunities across the Borough and wider Tees Valley. Its purpose is to align regeneration, NHS investment, research, education, skills and commercial growth around a common vision. As a result, Members should expect individual projects to come forward separately through the Council's normal governance processes, rather than as one comprehensive scheme.

4. A full copy of the Vision statement can be found at: Tees Valley Health and Social Care Innovation Zone - Initial Vision Statement

5. Activity supporting the achievement of our long-term vision is structured around 3 key workstreams:

6. Research and Innovation
   Role: To establish the Tees Valley as a nationally significant centre for health and care innovation, research and commercialisation.
   Focus: Developing partnerships with universities, the NHS and industry to support research, clinical trials, digital health, MedTech, innovation adoption and business growth, with the ambition of becoming a leading location for bringing healthcare innovations into the NHS

7. Skills and Workforce Development
   Role: To ensure the health and social care sector has a sustainable, highly skilled workforce capable of meeting future demand.
   Focus: Developing education pathways, supporting workforce planning, strengthening links between health and social care careers, promoting apprenticeships and vocational qualifications, and exploring opportunities such as a new medical school and neighbourhood health training facilities.

8. Place and Regeneration
   Role: To create the physical environment that enables the Care and Health Innovation Zone to flourish.
   Focus: Bringing forward the regeneration of the Tees Central site and surrounding areas to provide space for healthcare innovation, research, education, commercial activity, housing and supporting infrastructure, creating a recognised health and care cluster within the Tees Valley. Activity will also ensure physical assets and facilities support integrated, modern and accessible health and care services, including opportunities for co-location of services, improving utilisation of public sector assets, supporting neighbourhood health developments, and aligning estate planning with the wider Care and Health Innovation Zone vision and regeneration ambitions.

9. Collectively, the workstreams provide a coordinated framework for delivering the Tees Valley Care and Health Innovation Zone. By aligning regeneration, research, innovation, skills, workforce development and infrastructure investment, the programme seeks to improve health outcomes, reduce inequalities, create high-value employment, attract inward investment and establish Stockton-on-Tees as a nationally recognised centre for care and health innovation. The programme will be delivered incrementally over the coming years through collaboration between the Council, NHS, academic institutions, Tees Valley Combined Authority and private sector partners.

10. The Programme remains in the development and delivery phase. Progress is expected to be incremental, with projects progressing as opportunities, funding, partner priorities and business cases mature. The Strategic Programme Board continues to oversee the programme, ensuring that individual initiatives contribute to the overall vision while recognising that delivery will take place over many years.

Adult Social Care and Health Select Committee

Review of Protection of Property

Outline Scope

Scrutiny Chair (Project Director): Cllr Marc Besford	**Contact details:** marc.besford@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	**Contact details:** gary.woods@stockton.gov.uk 01642 526187
Departmental Link Officer: Carol Malham (SBC Service Manager – Assessment (Early Intervention))	**Contact details:** carol.malham@stockton.gov.uk

Which of our strategic corporate objectives does this topic address?

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

- *Priority 2: Healthy and resilient communities*: Protecting property prevents escalation of need, avoids crisis situations, and assists people to return to their home safely, maintaining independence, safety, and community wellbeing.

- *Priority 5: A sustainable Council*: A focus on early intervention and prevention will see us create the conditions for people in the Borough to be healthy and maximise their potential, by providing support for them in the right place and at the right time. Our approach will prevent, reduce and delay demand for services.

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

Under Section 47 of the Care Act 2014, Local Authorities must take reasonable steps to protect the moveable property of adults with care and support needs who are being cared for away from home (such as in hospital or residential care). This duty applies when no suitable arrangements have been made and requires the Local Authority to prevent or mitigate the loss or damage of the adult's personal property.

The Local Authority has the power to enter the persons property and deal with the moveable property in any way which is deemed reasonably necessary (the person must give permission for this, or a best interest decision can be made under the Mental Capacity Act 2005). In Stockton-on-Tees, this process is managed by the Adult Social Care Financial Services (ASCFS) team which makes the necessary arrangements. Presently, the team hold the keys for 26 properties (as of May 2026) which are visited weekly to maintain their insurance and upkeep.

On a personal level, effective protection of property supports vulnerable adults to maintain stability, reduce financial harm, and avoid homelessness due to property deterioration. Supporting individuals in this way helps maintain their dignity, stops potential exploitation, and assists in their safe return home (when ready). From a wider social perspective, timely and

appropriate protection can also reduce environmental risks such as damage and unsafe conditions in empty properties within neighbourhoods, as well as deter vandalism.

The main aims for this review will be to determine whether:

- Existing Stockton-on-Tees Borough Council (SBC) arrangements for fulfilling the Care Act duty to protect properties are fit for purpose.
- ASCFS has the capacity, procedures and resources to manage increasing numbers of properties (including clarity around what is defined as 'property').
- SBC is recovering reasonable expenses (as allowed by legislation).
- Risk, accountability and decision-making processes (including those involving mental capacity act decisions) are clear, consistent and auditable.

Note: the review will not include the protection of pets as this is currently being considered by the Place Select Committee as part of a review of Animal Welfare.

The Committee will undertake the following key lines of enquiry:

With regard Section 47 of the Care Act 2014, how does SBC define the terms 'reasonable steps' and 'moveable property'?

How does the Council know / learn if an individual requires their property to be protected? How is it kept informed about how long this protection may be required for, and when does this obligation end?

What capacity does the Council's ASCFS team have and what do their visits to properties being protected entail?

How many individuals have had their property protected by the Council in recent years (and for how long)? What has been the cost to the Council over this time?

In terms of recovering costs, how are 'reasonable expenses' defined, how robust is this process, and what has SBC claimed back in recent years? Who pays these costs, and have there been any unsuccessful attempts to collect expenses?

How does the Council / other relevant agencies make the public aware of this legal duty for Local Authorities? Who holds Councils to account for ensuring this obligation is carried out?

Are local health and care partners aware of the Council's duty around the protection of property; are they identifying if an individual may require such support?

Does the Council seek any feedback from those whose property they have protected?

How do other Local Authorities approach this legal duty?

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

Council, Cabinet, residents requiring such support.

Expected duration of review and key milestones:

4 months (report to Cabinet in January 2027)

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- Care Act 2014 (Section 47): https://www.legislation.gov.uk/ukpga/2014/23/section/47
- tri.x (Safeguarding Adults Board Multi-Agency Policy and Procedures): https://www.proceduresonline.com/templates/adultsg/web/p_protect_property.html
- SBC Adult Social Care Financial Services (ASCFS): https://www.stockton.gov.uk/adult-social-care-financial-services

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)	*What specific areas do we want them to cover when they give evidence?*
SBC Adult Social Care	➢ Legal definitions / interpretations ➢ Identification of eligible individuals ➢ Support provided ➢ Data on / costs associated with this support ➢ Service evaluation
SBC Community Safety	➢ Derelict properties
Local NHS Trusts	➢ Awareness of this legal duty ➢ Identification of eligible individuals
Housing Services (SBC / Thirteen Housing Group / North Star)	➢ Communication with SBC (prior to and during property being protected)
Teeswide Safeguarding Adults Board (TSAB)	➢ Oversight of this legal duty
Other Local Authority Areas	➢ Activity in relation to this legal requirement ➢ Recovery of costs associated with this duty ➢ Publicity of this obligation

How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)

Committee meetings, reports, research, case studies, benchmarking (TBC).

How will key partners and the public be involved in the review?

Committee meetings, information submissions.

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

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

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

Stockton-on-Tees Joint Health and Wellbeing Strategy 2025-2030: The places where we live (our homes and neighbourhoods), the communities we are part of… all have a significant influence on our mental and physical health and wellbeing (*Focus Area 3: Everyone lives in health and sustainable places and communities*).

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

This review could:

- Identify opportunities to streamline weekly inspections, reduce unnecessary visits, and clarify where responsibility lie.
- Ascertain whether there is scope to recover more reasonable expenses in line with the Care Act, therefore reducing the net cost to the Council.
- Improve consistency and clarity in decision-making, reducing the number of inappropriate referrals and cases requiring prolonged involvement.
- Propose improvement in performance, reduce demand on ASCFS, and ensure statutory activity is being delivered efficiently.

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	**May 2026**	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	**03.06.26**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	**21.07.26**	Select Committee
Publicity of Review	Determine whether Communications Plan needed	**TBC**	Link Officer, Scrutiny Officer
Obtaining Evidence		**22.09.26** **20.10.26**	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	**17.11.26**	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	**November 2026**	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	**TBC**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	**15.12.26**	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	**19.01.27**	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	**21.01.27**	Cabinet / Approving Body

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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2026-2027

Date (4.30pm unless stated)	**Topic**	**Attendance**
21 April 2026	Monitoring: Action Plan – Stockton-on-Tees Adult Carers Support Service Stockton-on-Tees Wellbeing Hub Overview Report: SBC Adults, Health & Wellbeing (Adult Social Care / Strategy & Transformation) Regional Health Scrutiny Update	Graham Lyons Sarah Jones Cllr Pauline Beall / Carolyn Nice / Angela Connor / James O'Donnell / Jacqui Warrior
19 May	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2025-2026 Monitoring: Progress Update – Access to GPs and Primary Medical Care Health and Wellbeing Board: Previous Minutes (January 2026)	Matt Neligan / Judith Connor / Helen Wilson / Rachel Scrimgour Sarah Bowman-Abouna / Rebecca Warden
23 June	Norton Medical Centre: Response to latest CQC inspection PAMMS Annual Report: 2025-2026 CQC / PAMMS Quarterly Update: Q4 2025-2026 Regional Health Scrutiny Update	Dr Laila Fazluddin / Dr David Viva / Dr Mohammed Al-Damlooji / Felicity Brown / Rebecca Warden / Jennifer Long Darren Boyd Darren Boyd
21 July	Healthwatch Stockton-on-Tees: Annual Report 2025-2026 Tees Valley Care and Health Innovation Zone Review of Protection of Property • (Draft) Scope and Project Plan	Natasha Douglas TBC Carol Malham
22 September	Monitoring: Progress Update – Reablement Service Overview and Performance Report: Adults, Health & Wellbeing (Public Health) CQC / PAMMS Quarterly Update: Q1 2026-2027 SBC Adult Services Complaints Report 2025-2026 Tees Valley Care and Health Innovation Zone	Rob Papworth Cllr Pauline Beall / Carolyn Nice / Sarah Bowman-Abouna Darren Boyd Carolyn Nice / Gemma Jackson / Lisa Williams TBC

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2026-2027

Date (4.30pm unless stated)	**Topic**	**Attendance**
	Review of Protection of Property • TBC	
20 October	Care and Health Winter Planning 2026-2027 (TBC) Review of Protection of Property • TBC	Sarah Bowman-Abouna
17 November	SBC Director of Public Health: Annual Report 2025-2026 (TBC) CQC / PAMMS Quarterly Update: Q2 2026-2027 Review of Protection of Property • TBC Regional Health Scrutiny Update	Sarah Bowman-Abouna
15 December	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2025-2026 (TBC) Stockton-on-Tees Independent Complaints Advocacy: Annual Report (TBC) Review of Protection of Property • TBC	Adrian Green / Carolyn Nice Philip Kerr
19 January 2027	Regional Health Scrutiny Update	
16 February	CQC / PAMMS Quarterly Update: Q3 2026-2027	
23 March	Overview and Performance Report: SBC Adults, Health & Wellbeing (Adult Social Care / Strategy & Transformation)	Cllr Pauline Beall / Carolyn Nice / Angela Connor

2026-2027 Scrutiny Reviews

- Protection of Property

Monitoring Items

- Access to GPs and Primary Medical Care (Progress Update) – TBC (late-2026)
- Reablement Service (Progress Update) – September 2026
- Stockton-on-Tees Adult Carers Support Service (Progress Update) – TBC (early-2027)

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2026-2027

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
- SBC Adult Services Complaints – 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

- 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
- Tees Valley Care and Health Innovation Zone – Update

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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