

Date:

Tuesday 20 October 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.

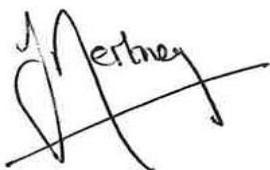
If there are any technical difficulties with the livestreaming, the meeting will still proceed.

2. Evacuation Procedure (Pages 7 - 10)**3. Apologies for Absence****4. Declarations of Interest****5. Minutes** (Pages 11 - 22)

To approve the minutes of the last meeting held on 22 September 2026.

6. **CQC / PAMMS Inspection Results – Quarterly Summary (Q1 2026-2027)** (Pages 23 - 58)
7. **Scrutiny Review of Protection of Property** (Pages 59 - 88)

To consider information in relation to this scrutiny topic from:
 - SBC Adult Social Care
 - SBC Housing Services
 - Thirteen Housing Group
8. **Overview & Performance Report: SBC Adults, Health and Wellbeing (Public Health)** (Pages 89 - 108)
9. **Care and Health Winter Planning 2026-2027** (Pages 109 - 132)
10. **Chair's Update and Select Committee Work Programme 2026-2027** (Pages 133 - 136)



Jonathan Nertney
Head of Democratic Services
Monday 12 October 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

Key – Declarable interests are :-

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

Members – Declaration of Interest Guidance

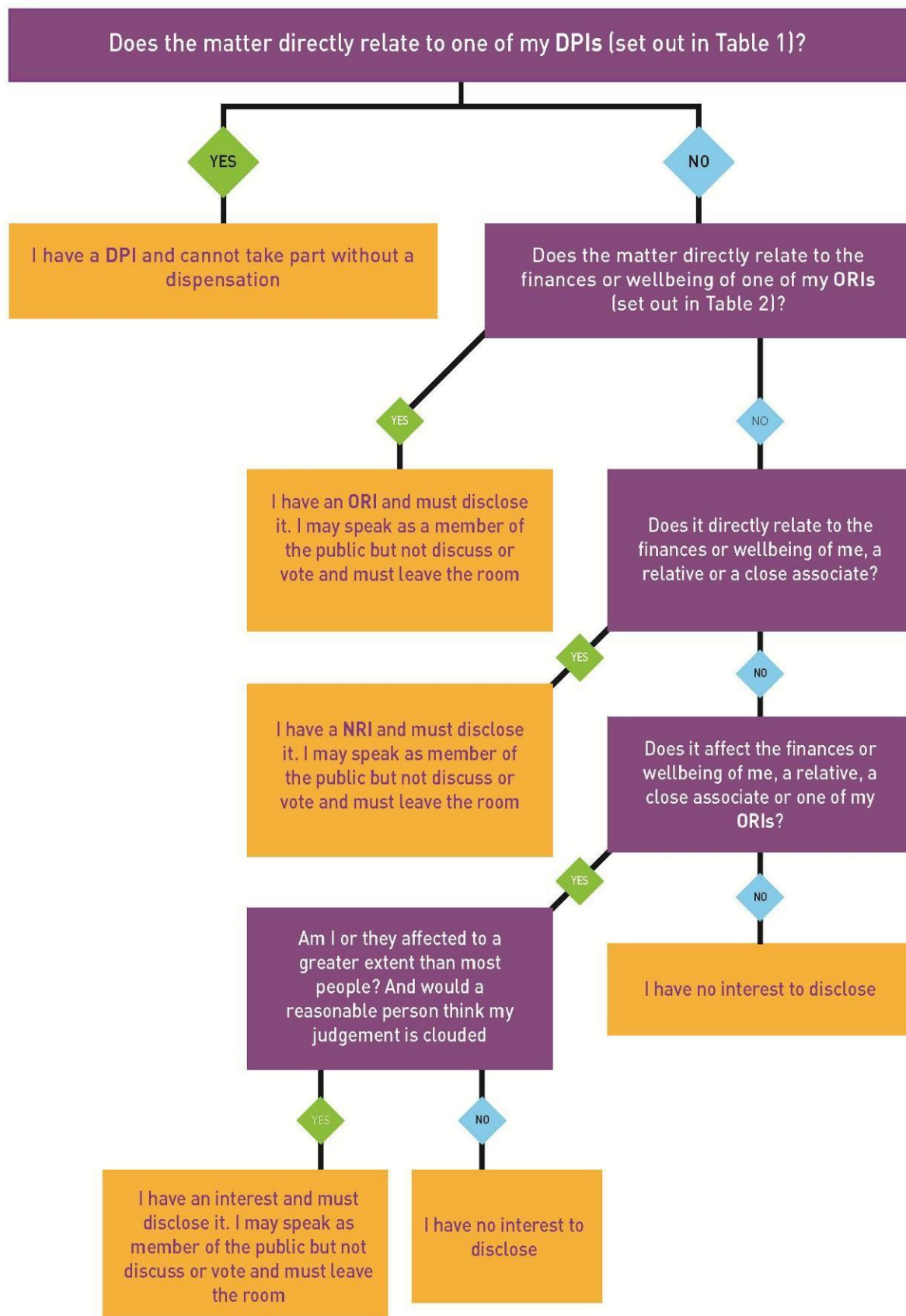


Table 1 - Disclosable Pecuniary Interests

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

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

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

Table 2 – Other Registrable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

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

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

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

Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the Council Chamber 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 to the left of the raised seating area at the front of the Council Chamber and the rear 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 22 September 2026.

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

Officers: Angela Connor, Sarah Garside, Carol Malham, Sarah Medd, Carolyn Nice, Rob Papworth (A,H&W); Marie Carney, Fallon Dunleavy, Chris Renahan (R&IG); Martin Skipsey, Gary Woods (CS)

Also in attendance: None

Apologies: None

ASCH/34/26 Livestreaming

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

ASCH/35/26 Evacuation Procedure

The evacuation procedure was noted.

ASCH/36/26 Declarations of Interest

There were no interests declared.

ASCH/37/26 Minutes

Consideration was given to the minutes from the Committee meeting held on 21 July 2026, with specific attention drawn to the following item:

- Healthwatch Stockton-on-Tees – Annual Report 2025-2026: Members were reminded of the additional information provided by Healthwatch Stockton-on-Tees (shared via email on 24 July 2026) in relation to how University Hospitals Tees (UHT) had made alterations following Healthwatch input / feedback, as well as evidence of Healthwatch's 'you said, we did' feedback which aimed to ensure that local people could see how it had informed the UHT programme.

AGREED that the minutes of the meeting on 21 July 2026 be approved as a correct record and signed by the Chair.

ASCH/38/26 Monitoring the Impact of Previously Agreed Recommendations - Reablement Service

Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Reablement Service.

Presented by the Stockton-on-Tees Borough Council (SBC) Service Manager – Strategic Commissioning, this was the first progress update following the Committee’s agreement of the action plan in February 2026. Developments regarding those actions linked to the Committee’s recommendations deemed ‘fully achieved’ were highlighted as follows:

- Recommendation 2 (North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital): A review (with representation from SBC and NTHFT) of Pathway 1 (Reablement) was completed on 5 February 2026, with the pathway (from admission to discharge) mapped out and agreed by all parties. All eligible individuals who were ready to leave hospital were made fully aware of local reablement provision and were referred to it upon discharge from hospital. All eligible patients requiring reablement were given the current leaflet from the Trust by volunteers. Daily discharge meetings between SBC and NTHFT continued.
- Recommendation 5 (Regarding the future local reablement offer, SBC:
 - a) provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services): A summary was discussed at the Steering Group in June 2026 and scheduled again for September 2026 (alongside preparation for the CQC inspection and sign-off of benefits tracker).
 - b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and provides assurance on appropriate training uptake for new and existing staff): A report on the proposed new structure for reablement was developed and agreed at Adult Social Care Senior Management Team on 21 May 2026, alongside changes to the way the Trusted Assessors would work in hospital to ensure people were directed to the most appropriate route.
 - c) explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision): A working group had looked at the options for internal capacity for reablement and had identified that:
 - For people with a learning disability, autism and mental health, delivering enablement within the teams using community support workers was the most effective option. This was consistent with the discussions with Peopletoo (external consultants) who believed, from experience in other Local Authorities, this may be an option but were unable to provide evidence for SBC at the time. A pilot was currently underway to test the model.
 - For overnight support, to give people the opportunity to be discharged to / maintained at home rather than to / within a residential care setting, the contract for Care at Home had been used to commission a care provider to deliver out-of-hours support alongside SBC OneCall – this would go live in late-September 2026.

It was noted that the agreed actions in relation to the remaining six Committee recommendations were either still 'on track' (recommendations 1, 3, 6 and 8) or had 'slipped' (recommendations 4 and 7), with evidence provided on the progress to date.

Thanking officers for the action undertaken thus far, the Committee expressed some frustration over delays in progressing some of its recommendations, though acknowledged that this was, in part, due to recent changes in the SBC 'front door' arrangements. On this note, Members felt it would be useful to receive further feedback on how the front door review had led to recommendations 4 and 7 not being achieved by the agreed due date. In response, SBC officers stated that the Council's new front door arrangements were always scheduled to go live in October 2026, and that the reablement offer was a constantly evolving service which was being continually monitored (internally) on a weekly basis.

With regards recommendation 5, Members welcomed developments, though requested that further detail be shared with the Committee to understand what information had been considered by SBC to shape the present / future offer, as well as provide assurance that the workforce could meet demand. The importance of continuing to seek feedback from service-users was also stressed.

AGREED that:

- 1) the Reablement Service progress update be noted, the assessments for progress be confirmed as stated, and further information be provided as identified.
- 2) a further update on progress of outstanding actions be provided in approximately six months (prior to the end of the current four-year Council term in May 2027).

ASCH/39/26 SBC Adult Social Care Complaints Report 2025-2026

The Committee was presented with the Stockton-on-Tees Borough Council (SBC) Annual Social Care Complaints Report 2025-2026, an annual account which reviewed SBCs handling of complaints related to adult social care over the twelve-month period between 1 April 2025 and 31 March 2026. The report shared information about complaint themes and the learning taken from those complaints to improve the quality of social care services.

Introduced by the SBC Director of Adults, Health and Wellbeing, and supported by the SBC Assistant Director – Procurement & Governance and the SBC Assistant Director / PSW – Adult Social Care, reference was made to an accompanying summary document which highlighted key elements of the main annual report as follows:

- Overall Position: SBC Adult Social Care continued to operate in a challenging environment, receiving 16,143 requests for support, providing short-term support to 5,395 people, long-term support to 3,450 people, and undertaking over 4,000 reviews during the year. Despite this scale of activity, only 34 formal complaints were received, a slight reduction from 35 complaints in 2024-2025.

The report demonstrated a positive complaints culture, with complaints viewed as an important source of learning and service improvement rather than solely as a measure of dissatisfaction. Feedback had led to changes in practice, procedures, training and communication across several service areas.

- Key Performance Highlights: Data showed that:
 - Complaints reduced slightly from 35 in 2024-2025 to 34 in 2025-2026.
 - Over half of all complaints (56%) were resolved through Early Resolution (where staff made contact with the complainant to resolve an issue) compared with 46% in the previous year.
 - 90% of Early Resolution complaints were resolved within the target timescale.
 - No complaints were received regarding commissioned care services during the year, suggesting concerns were generally being resolved locally by providers before escalation.
 - Adult social care complaints considered by the Ombudsman did not require investigation because the Council had already acknowledged fault and implemented remedies.
- Complaint Themes: The most common complaint theme remained care planning and assessment (10 complaints recorded), with service accessibility and availability remaining unchanged at five complaints. An increase was noted in safeguarding-related complaints (rising from two to five) – the result of a change in how these were recorded to align with Care Quality Commission (CQC) themes. However, the report highlighted that learning from these cases had already been used to strengthen practice and improve processes.
- Complaint Outcomes: Of the 34 complaints received, 19 were resolved through Early Resolution, two were upheld in full, eight were partially upheld, four were not upheld, and one complaint remained active at year-end. Where fault was identified, remedies included apologies, reassessments, policy and procedural changes, staff guidance, improved communication and, where appropriate, financial redress.
- Learning and Service Improvement: The annual report evidenced tangible improvements as a result of complaints. Examples included:
 - Improved guidance and support around Court of Protection processes.
 - Better recording of legal information and appointment of a Deprivation of Liberty champion.
 - Enhanced consultation and communication during DoLS and Court of Protection processes.
 - Strengthened homelessness referral and follow-up procedures.
 - Refresher training and process improvements in deferred payment arrangements.
 - Improved communication with families regarding financial matters and information sharing.
 - Service changes following issues related to safeguarding, hospital discharge planning and advocacy provision.
- Compliments and Positive Feedback: A new compliments recording process was introduced following feedback from the CQC. Initial feedback demonstrated a highly positive picture of SBC Adult Social Care, with recurring themes including staff kindness, compassion and empathy; professionalism and expertise; good communication and listening; going above and beyond expectations; building confidence and independence; quick responses and co-ordinated support; making people feel safe and reassured.

- Ombudsman Performance: The Local Government and Social Care Ombudsman responded to 51 complaints and enquiries about the Council during 2025-2026, seven of which progressed to investigation (two related to adult social care). In both adult social care cases, the Ombudsman decided not to investigate because the Council had already identified the fault, provided an appropriate remedy, and implemented learning to prevent recurrence. This provided strong external assurance regarding the quality and robustness of the Council's complaint investigations and its willingness to put matters right.
- Key Priorities for 2026/27: The report identified eight priorities: Strengthen Early Resolution; Improve timeliness and performance monitoring; Further embed learning from complaints; Promote learning from compliments; Continue workforce training and awareness; Enhance the quality and consistency of complaint responses; Strengthen partnership working with health organisations; Maintain oversight and scrutiny arrangements.
- Conclusion: The 2025-2026 report presented a positive picture of SBC Adult Social Care complaint handling. Complaint numbers remained low relative to service demand, early resolution rates had improved, several complaint themes had reduced significantly, and there was clear evidence that feedback was driving meaningful service improvements. The Ombudsman's decision not to investigate the two Adult Social Care complaints further supported confidence in the Council's complaint handling arrangements. Overall, the report demonstrated a learning culture and a continued commitment to improving outcomes for residents through effective complaints management.

Thanking officers for the information provided, the Committee welcomed the low level of complaints received in relation to SBCs adult social care offer, the evidence of positive partnership-working which was benefitting those accessing services, and the learning which had emanated from complaints received by the Council. Members also commended the inclusion of compliments within the report, felt the value of the Rosedale Rehabilitation and Assessment Centre had been well recognised, and relayed praise from a local carer who had experienced local reablement provision.

The Committee queried if any issues had been raised around hospital discharge and multi-agency working matters but was informed that neither of these topics had emerged as one of the main complaint themes.

A separate 'Compliments Received into Adult Social Care' report was also shared with the Committee which reflected upon a new electronic compliments process that was introduced in October 2025 to systematically record, analyse and learn from the positive feedback received about SBC Adult Social Care services. The report summarised further progress made and compliments received from 1 April 2026 to date, and an accompanying presentation drew attention to the following:

- Background: A new system for recording compliments had been implemented, with real-time reporting (including a BI dashboard) developed, and a focus on compliment visibility across the service which helped learning and service improvement. 154 compliments had been recorded (April – September 2026).
- Key Messages: Strong positive feedback across SBC Adult Social Care, with most compliments relating to direct services (those actually providing the care). 85% of compliments were from people, families and carers, with 15% from professionals.

- Themes Identified: Emerging themes were in relation to compassion and kindness, person-centred support, professionalism and expertise, trusted relationships, and staff going above and beyond expectations.
- Impact: Examples were given of quotes praising the impact of the service they had received / experienced.
- Next Steps: SBC aimed to embed the compliments process, share learning from positive feedback, recognise excellent practice, and celebrate success.

Again, welcoming this focus on compliments, the Committee thanked the whole SBC Adult Social Care team for its hard work and echoed the notion that it was important to praise staff when their efforts had been recognised. Senior SBC officers noted that all individual staff members who earned a compliment for their work also received a personalised thanks from the SBC Director of Adults, Health and Wellbeing and the SBC Assistant Director – Adult Social Care / PSW. In addition, a letter to the units and direct care services (where an individual staff member was not named) giving thanks and recognising the number of compliments received was sent to services (for sharing on an annual basis) to celebrate success.

Regarding the number of compliments received, Members queried if SBC might not be recording some positive feedback on its offer, and also asked if any data for the 2025-2026 period was available for comparison. On the latter point, there was no previous statistical information as the Council did not have a system for formally logging compliments (though they were captured informally). On the former, it was likely that not all praise was being picked up, but, moving forward, SBC was attempting to capture this through its new system.

AGREED that the Stockton-on-Tees Borough Council (SBC) Annual Social Care Complaints Report 2025-2026, and the supplementary compliments report and presentation be noted.

ASCH/40/26 Tees Valley Care and Health Innovation Zone

Following the previous update at the last meeting in July 2026, the Committee received a further presentation on developments in relation to the Tees Valley Care and Health Innovation Zone, with specific focus on the role and achievements of the Stockton-on-Tees Borough Council (SBC) Care and Health Recruitment and Training Co-ordinator. Introduced by the SBC Assistant Director – Inclusive Growth and Development, and supported by the SBC Employment & Training Hub Manager and the SBC Care and Health Recruitment and Training Co-ordinator themselves, a presentation was given which covered the following:

- Creating the Workforce Needed for Future Growth (Why work, health and wellbeing matter to economic prosperity): Several benefits were highlighted – good health and wellbeing; people being able to access and sustain employment; higher skills, productivity and earnings; business growth and economic prosperity; increased household income and financial security; improved health, wellbeing and life chances.
- Supporting Workforce Growth (Focus on Care & Health): By creating pathways into health and care careers, workforce shortages were simultaneously addressed, improving employment outcomes for residents who may also face health

inequalities. This resulted in a virtuous cycle where better health, higher incomes and increased health literacy contributed to healthier families and communities over generations.

- Workforce Context and Opportunity: Of the Borough's population (circa 197,000), 120,000 were of working-age. Some 8.5% of residents were Managers, Directors and Senior Officials (higher than the North East average) and 35.6% were educated to degree level or above. However, 16.4% of the population were 'income deprived' and the Borough was the 50th most income deprived in the country (in the top 15%). 6.8% had no qualifications at all.

The overall rate of economic inactivity of working age residents was 27% (GB average was 21.4%). Low wages and low skills were particularly prevalent in certain labour market groups and locations, and the Borough had the second highest NEET (not in education, employment or training) rates in the country. These factors highlighted the importance of creating accessible pathways into health and care careers, particularly for young people, residents facing barriers to employment, and those seeking to progress their skills.

- Vision For The Tees Valley Care & Health Innovation Zone: A transformational place for health, care, skills and opportunity, which would create better connections (between Teesdale to Stockton and the wider Tees Valley), create jobs (estimated at 9,000) and deliver skills, tackle health inequalities, stimulate innovation (involving an Innovation Campus comprising academic research and medical school), and support sustainable and healthy places (e.g. community allotments).
- Supporting the Sector to Address Shortages & Creating a Talent Pipeline: The SBC Care and Health Recruitment and Training Co-ordinator played a key role in supporting employees, Tees Valley residents, and education providers across the whole Tees Valley footprint. This was achieved through 1:1 careers guidance, signposting people to education, training and qualification opportunities, supporting recruitment and retention by connecting people to employers, supporting workforce upskilling and career progression, supporting the development of the Tees Valley Care and Health Innovation Zone, and arranging events and raising the profile of the sector.
- Workforce Demographics, (Age) 2024/25 (working within the Adult Social Care Sector in England): Adult Social Care employed around 7,000 people in Stockton-on-Tees, with staff turnover at 20.7% (meaning around one-in-five workers left their employer each year, creating ongoing replacement demand). Approximately 60% of new starters were recruited from elsewhere within the care sector, meaning employers continued competing for experienced staff. The most frequently requested soft skills were communication, compassion / empathy, teamwork, resilience, reliability, and problem-solving.

Data (from Local Authorities and the independent sector only) showed an average of 7% of the Tees Valley workforce was under 25, highlighting an opportunity to attract the next generation of workforce to the sector.

- Role Impact: From April 2026 (when the SBC Care and Health Recruitment and Training Co-ordinator started their post) to July 2026, health and social care (HSC) activity facilitated via this role included 110 business engagements, 59 education engagements, 52 career support engagements (email / drop-in / telephone), and

61 1:1 support appointments. There had been 17 employment outcomes linked to events and programmes, and 15 residents had secured employment following 1:1 support.

- Delivering Impact Across the Sector: Further HSC-related activity since April 2026 included a career change event (26 attendees), a Dale Care event (attracting 174 job applicants), and a workforce survey launch and business engagements (providing valuable insights into local recruitment, retention and skills challenges). Other initiatives involved a HSC Youth Trailblazer (a four-day induction with 10 young people, with 10 transitioning to work placements), a HSC recruitment event (60 residents attending, along with 15 employers / education providers), and an NHS Foundation Apprenticeship Information Event (10 young people attended, with five from Stockton being supported to access Junior Healthcare Assistant roles).
- Health & Social Care Specific Youth Trailblazer (Targeting Youth Unemployment): This initiative aimed to attract young people into the HSC sector, support NEET individuals to develop skills, confidence and employability, provide hands-on experience and insight into HSC careers, create opportunities for young people while supporting future workforce needs in health and care, and improve pathways into qualifications, paid work placements, and sustainable employment.
- Priorities for 2026/27: Five key themes (with associated aims) had been identified – HSC Provider Recruitment Event, Education, Young People, Workforce Focus, and Raising the Profile of the Sector.

Thanking officers for highlighting the achievements of the SBC Care and Health Recruitment and Training Co-ordinator, the Committee praised the initial impact of the role and felt the challenge now was to upscale the numbers being supported, particularly in order to address the Borough's high NEET numbers. In response to a query on what happened to those who did not secure employment following 1:1 assistance, Members heard that individuals would continue to receive support and could also access other programmes offered by / via the Stockton-on-Tees Employment and Training Hub.

The Committee looked forward to learning the results of the workforce survey (seeking insights into local recruitment, retention and skills challenges) that was launched in June 2026 – SBC officers confirmed that feedback could be shared / brought to a future Committee meeting.

With reference to the HSC Youth Trailblazer initiative, Members asked if young people from outside the Borough were being attracted to events, particularly since some were transient across the wider regional / sub-regional area. It was stated that SBC was leading on this work on behalf of the Tees Valley and that there were no boundaries when it came to individuals seeking to get involved, with engagement taking place with employers throughout the Tees Valley. It was also confirmed that there were no updates in relation to funding around this initiative.

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

ASCH/41/26 Scrutiny Review of Protection of Property

The first evidence-gathering session for the Committee's review of Protection of Property considered initial information from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate. Presented by officers from the SBC Adult Social Care department, information included:

- Legal definitions interpretation: The Council had a duty (under Section 47 of the Care Act 2014) to protect movable property where statutory conditions were met. This applied when an adult was having needs for care and support met in a way that involved the provision of accommodation or had been admitted to hospital (or both), there was a danger of loss or damage to the adult's movable property, the adult was unable (either temporarily or permanently) to protect or deal with the property, and no suitable arrangements had been made by others to safeguard the property.
- Reasonable steps: The Act did not define 'reasonable steps', though in practice, this meant proportionate actions necessary to prevent foreseeable loss or damage. Examples may include the securing of doors and windows, removing valuables and important documents to safe storage, arranging disposal of perishable items, ensuring utility issues or obvious hazards were addressed, and liaising with family, attorneys, deputies, or landlords. Section 47 permitted actions that were reasonably necessary to prevent or mitigate loss or damage.
- Movable property: Although not specifically defined within the Act, guidance provided to staff involved possessions that could be moved and were not part of the land or building. Examples include removal of money and financial documents, jewellery / medals / watches, furniture and personal belongings, legal documents (such as wills and funeral plans), and household contents. Visiting officers provided intervention necessary to protect the individual's interests, and were given guidance on what actions should be taken. However, for some items, the visiting officer needed to make a judgement on what was valuable.
- Identification of eligible individuals: Referrals were mainly from adult social work teams and, occasionally, health partners, with eligibility dependent on property risk and absence of other alternative suitable arrangements. An individual may fall within Section 47 where they had been admitted to hospital and could not manage their home, or they had moved (permanently or temporarily) into residential or nursing care, lacked capacity (or were otherwise unable to decide themselves), and there was no family member, attorney, deputy or other representative able and willing to protect the property.
- Support provided: The Council would arrange to gain authorised access to the property and ensure keys were secured (locks may be changed where necessary). Initial visits were made to take inventories and photographs of the property, checking any required maintenance and identifying any risks. The Adult Social Care Financial Services (ASCFS) team would address any repairs and see that valuables and documents were removed and stored securely in a designated safe. The visiting officers would record all actions for audit purposes (note: there was currently no system to capture this work, therefore folders on word documents, desktops and spreadsheets were utilised). Where possible, visiting officers would try to obtain consent when possessions had been removed and would seek authorisation to liaise with family members regarding disposal of remaining

contents. Following death of an individual who was having their property protected, the team would transfer items to executors who were next of kin.

- How long does the support continue: The legislation does not specify timescales, and support would normally continue until:
 - the adult resumed responsibility for their affairs
 - family, attorney or deputies took over arrangements
 - risk of loss or damage no longer existed
 - the property was emptied or disposed of appropriately
 - the person dies and items were transferred to their estate
- ASCFS capacity: The team covered a wide range of work (including management of appointee, court appointed deputy, deceased estates, and public funerals), and consisted of (full-time equivalent numbers in brackets) a Team Lead (1), Clerks (2.5), Finance Officer (0.8), Social Care Officers (1.5), Visiting Officers (2). The team currently managed 17 unoccupied properties and eight rented properties.
- Data on costs associated with this support: To be provided at the next evidence session for this review.
- How does the Council promote / raise awareness of this duty?: This was done through a combination of operational practice, professional networks, and staff development activities, with health partners made aware of the service and its referral pathways. Awareness was raised internally through staff training, professional guidance and learning events, including sessions delivered as part of the 'Festival of Learning'. The service was also supported by adult social care policies and procedures, which provided guidance to practitioners on when referrals should be made (note: as part of a review of these policies and procedures, the Council was considering opportunities to further strengthen awareness of this service, including refreshed guidance, communication materials, and engagement with key organisations).

The service benefitted from close working relationships with hospital discharge teams, social workers, and other professionals who may identify individuals requiring support to protect their property. Information was shared as part of case discussions, safeguarding and operational forums, and practitioner networks to ensure staff understood the Council's responsibilities and referral arrangements. This helped ensure vulnerable adults who met the criteria were identified at the earliest opportunity.

- Service evaluation – has it developed over time; is feedback sought from those whose property has been protected?: The service had developed over time in response to increasing number of cases and the need to ensure compliance with Section 47 of the Care Act 2014. Processes had been strengthened to include detailed inventories, photographic records, secure storage arrangements for valuables, and clear audit trails of action taken. The service also worked closely with social work teams, health partners, attorneys, deputies, executives, and family members (where appropriate).

At present, formal feedback from individuals whose properties had been protected was limited, as many people receiving the service may lack capacity, be in hospital, have moved to long-term care, or be deceased before the intervention

was completed. Informal feedback was received from people who used this service, family members, legal representatives, and professionals involved in cases. The service recognised the value of capturing feedback more systematically and would consider opportunities to develop a proportionate service evaluation process as part of the ongoing review of policies and procedures.

In response to the information provided, the Committee sought further detail on what happened when an individual, whilst having their property protected, passed away. Officers highlighted several actions, with an initial effort being to establish whether the person had a will or next of kin. If neither could be identified, social media appeals may take place, work could be initiated with genealogy companies, and a public health funeral may be required – however, this could all take significant time. It was emphasised that the Council did not wait for someone to die before trying to understand an individual's situation, with research commencing as soon as they began with the service.

On a wider level, it was noted that other Council departments (e.g. Environmental Health, Facility Services, Housing Services (Empty Homes Team)) were also involved as part of the local offer and, in reply to a further Committee query, it was confirmed that the weekly visits to properties were recorded. Members also asked if the best practice factsheets (referenced within the ASCFS webpage) could be shared with the Committee.

Noting differences in the way owner-occupied and rented properties were managed (either selling a property or ending a tenancy), it was stated that the team had established relationships with the larger local housing associations, with some demand also coming through private landlords.

AGREED that information provided by the SBC Adults, Health and Wellbeing directorate for the Committee's Scrutiny Review of Protection of Property be noted.

ASCH/42/26 Chair's Update and Select Committee Work Programme 2026-2027

CHAIR'S UPDATE

The Chair reminded Members of the forthcoming University Hospitals Tees (UHT) Annual General Meeting (AGM), details of which had recently been circulated to the Committee.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 20 October 2026 and was scheduled to include the first overview and performance report focusing on Stockton-on-Tees Borough Council (SBC) Public Health, the latest CQC / PAMMS quarterly update, and the annual Care and Health Winter Planning item. The next evidence-gathering session for the ongoing Protection of Property review would also take place.

Members were reminded of the following documentation which had recently been circulated to the Committee:

- University Hospitals Tees (UHT): Following a request by the Tees Valley Joint Health Scrutiny Committee at its last meeting in July 2026, UHT had provided further information in relation to waiting lists and cancer performance.
- Care Quality Commission (CQC): Further to the publication of the latest Adult Inpatient Survey (2025) by the CQC in August 2026, results for North Tees and Hartlepool NHS Foundation Trust (NTHFT) were relayed.

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

Chair:

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

QUARTER 1 2026-2027

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

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

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

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between April and June 2026 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, 8 inspection results were published. Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 7 Adult Services were reported on (7 rated 'Good')
- 0 Primary Medical Care Services were reported on
- 1 Hospital / Other Health Care Services was reported on (1 rated 'Good')

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

PAMMS Assessment Reports

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

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

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **6** reports published between April and June 2026 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 5 rated 'Good'

APPENDIX 1

ADULT SERVICES

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

Provider Name	HC-One Limited	
Service Name	Victoria House Nursing Home	
Category of Care	Residential / Residential Dementia / Nursing	
Address	Bath Lane, Stockton-on-Tees TS18 2DX	
Ward	Stockton Town Centre	
CQC link	https://www.cqc.org.uk/location/1-320756032/reports/AP21482/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	11 th February – 13 th March 2026	
Date Report Published	21 st April 2026	
Date Previously Rated Report Published	29 th September 2017	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has good levels of engagement with the Quality Assurance & Compliance (QuAC) Officer, and the manager is open to support and keen to make continuous improvements. The manager has good levels of communication with the QuAC Officer, responding to information requests and submitting performance data in a timely manner.		
Engagement and Support from Transformation Managers		
The home is accredited as dementia-friendly following support from the Community Link Worker, who assisted with the application process, completion of the Dementia Friendly Care Home Guide, and delivery of Dementia Friends sessions.		

Victoria House engages with the Transformation Team through attendance at Provider Forums and some Activity Co-ordinator Network meetings. Over the next year, we will aim to strengthen engagement by working more closely with the home to increase participation in wider opportunities and initiatives, including collaborative working with other care homes and residents across the Borough.

Supporting Evidence and Supplementary Information

The CQC visited the service on the 11th and 18th February 2026. The assessment was prompted by the length of time since the previous inspection.

The inspection found that regular safety checks were completed on the environment, utilities and equipment. People received their medicines as prescribed, at the right time, and in the correct way. Infection prevention and control practices were followed to minimise the risk of infection.

The environment was welcoming, bright and homely. Mealtimes were observed to be calm, well-managed and person-centred. Activities were taking place on both days of the visit, with people speaking positively about the range available. Staff were responsive to people's needs and demonstrated patience, compassion, and a clear commitment to providing good-quality care.

Safe recruitment processes were in place. Call bells were responded to promptly, and staffing levels were appropriate to meet people's needs. Safeguarding investigations were detailed and evidenced lessons learned.

Care plans were person-centred and included best-practice guidance to support people effectively. People were involved in assessments, care planning and reviews, enabling them to make informed decisions about their care. Staff treated people with kindness and respect, promoted independence, and supported people to maintain their health and wellbeing.

The service culture was positive and person-centred. Staff reported good morale and described managers as approachable, supportive and responsive. Managers worked closely with staff, people and relatives to ensure care standards met expectations, and led by example.

People and relatives consistently reported feeling safe, supported and confident in staffing levels and availability. They confirmed access to healthcare professionals when needed, choice and flexibility with food, and enjoyment of activities and outings. Relatives and people said they would feel comfortable raising concerns or making a complaint if required.

The CQC also used the Short Observational Framework for Inspection (SOFI) to understand the experience of people who could not communicate verbally. Observations showed kind and caring staff who encouraged independence, provided support at people's own pace, and used moving and handling equipment safely. Staff offered choice, allowed time for responses, reassured people, and communicated clearly while providing gentle, respectful support.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	29/01/2026	Good

Provider Name	Mr & Mrs J Elliott	
Service Name	Park House Rest Home	
Category of Care	Residential / Residential Dementia	
Address	2 Richmond Road, Stockton-on-Tees TS18 4DS	
Ward	Ropner	
CQC link	https://www.cqc.org.uk/location/1-117529575/reports/AP20239/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	6 th January – 10 th February 2026	
Date Report Published	22 nd April 2026	
Date Previously Rated Report Published	18 th August 2018	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications, and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The whole home has a high level of engagement with the Transformation Team and participate in a wide variety of opportunities, activities and initiatives, including Provider Forums, Activity Co-ordinator Networks, Well-Led Programme, workshops, events, and research projects.		
Supporting Evidence and Supplementary Information		
The CQC found that the provider worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve this. Staff concentrated on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The provider made sure there were always enough qualified, skilled and experienced staff, who received thorough support, supervision and strong development opportunities. They worked together well to provide safe care which met people's individual needs.		

Evidence from CQC notifications was consistent with safeguarding practices in the home; incident recording and lessons learned information was used across the team to improve care and reduce future risk. People subject to Deprivation of Liberty Safeguards (DoLS) had information recorded appropriately with documentation up to date. The conditions specified were met and were cross-referenced in care planning records.

The provider made sure people's care and treatment was effective and achieved desired outcomes by assessing and reviewing health, care, wellbeing and communication needs with them, fully involving them consistently. The care plans reviewed demonstrated an excellent standard of person-centred practice, with strong evidence the service knew people well and maintained records which supported safe, dignified, and personalised care. Across all the plans scrutinised there was a consistent approach to documenting preferences, needs, risks, and decision-making arrangements.

The service excelled at understanding the needs and aspirations of people living at the service. Aside from the thorough care and support plans, the environment promoted independence. One example was the "staff wall" in the entrance hall. This had a display of each staff member with large print and a high-quality colour photograph, sharing their backgrounds, training completed as well as some personal information. This helped people at the service, families and new staff get to know the team. The notice board near the staff wall evidenced the home had links to several local organisations which included an LGBT+ support service, opportunities for supported exercise, art and culture. People said that they were able to access the community as and when they wanted; with support or independently depending on their individual needs.

Food was varied, appetizing and the chef able to accommodate all needs and preferences. Nutritional requirements were displayed in the kitchen but away from public view. People could request anything they wanted, but there was a wall menu display as well as in large print at tables. In addition, snacks were available at any time. A staff member took a snack and drinks trolley around the service periodically so that everyone had the opportunity to have something they liked. Staff were observed encouraging and assisting some people to eat; this was where they wanted to eat – their room, the dining room or anywhere else. Mealtimes were flexible, which meant that the team were able to stagger serving so it remained calm. In the dining area, condiments were available on every table, which was presented in a café style with attractive cutlery, crockery and napkins.

The provider was exceptional at fostering a positive culture where people knew they could speak up and their voice would be heard. Staff advised consistently that they felt included in any discussions and decisions relating to improvement and innovation in the home. There was a clear culture of openness and honesty within the staff team; this came across clearly when talking to staff who all said that they felt able to speak up and were encouraged to do so. In 2025 the service employed a Deputy Manager, part of whose role was to support service development and innovation. This role has enabled the service to bring in new and more efficient approaches to care while ensuring that the staff are involved throughout. This meant new ideas were piloted and feedback gained leading to successful decision making and implementation.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	30/06/2025	Excellent

Provider Name	Hales Group Limited	
Service Name	Aspen Gardens	
Category of Care	Housing with Care (Extra Care)	
Address	George Stephenson Boulevard, Hardwick, Darlington Lane, Stockton-on-Tees TS19 8BG	
Ward	Bishopsgarth & Elm Tree	
CQC link	https://www.cqc.org.uk/location/1-23312337136/reports/AP20784/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	16 th March 2026	
Date Report Published	19 th May 2026	
Date Previously Rated Report Published	n/a	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The scheme manager and provider work well with the Local Authority and are largely responsive to communications. A PAMMS assessment was recently undertaken, and the provider is working to complete an Action Plan to address identified areas of improvement – this is due for completion in July 2026.		
Engagement and Support from Transformation Managers		
The scheme manager at Aspen Gardens demonstrates strong and consistent engagement with the Council and key system partners. She works closely with colleagues across the Transformation, Strategy and Development, and Strategic Housing teams, contributing positively to service improvement and partnership working.		
The manager regularly attends Provider Forums and engagement events where possible, and is an active participant in the Extra Care Operational Group. This includes collaborative working with Transformation and Strategy representatives, Social Work Team Managers, Strategic Housing, Registered Housing Providers, and North Tees Hospital Discharge teams.		

She has proactively raised relevant operational issues and worked constructively with the Hospital Discharge Team to support safer and more effective discharge pathways back into Extra Care settings. Her approach reflects a clear commitment to improving outcomes for residents.

The manager is also proactive in her approach to workforce development, both attending and encouraging staff participation in training opportunities. She has ensured effective communication with her team, particularly during the transition from the incumbent provider to the new provider, maintaining stability and continuity of care.

Overall, the manager communicates consistently and effectively, making full use of engagement opportunities provided through the Transformation Team. She is well-regarded and works collaboratively, contributing positively to the wider system.

Supporting Evidence and Supplementary Information

Aspen Gardens is a care-at-home provider supporting adults of all ages within an extra care living scheme, where individuals reside in their own apartments or bungalows and have access to communal facilities. The CQC inspection was undertaken due to the length of time since the service's registration and short notice was given to ensure management availability during the site visit.

Overall, the service was found to deliver safe care, and people reported high levels of satisfaction. However, inconsistencies were identified in recruitment practices, with some staff files incomplete. These issues had not been detected through existing audit processes. The matter was raised with the registered manager, who implemented immediate corrective actions.

Operationally, medicines management was safe, and risks to individuals were appropriately assessed and managed. Safeguarding systems were in place to protect individuals from abuse and neglect. Processes ensured that incidents and accidents were recorded and acted upon. Care provision was person-centred, with staff demonstrating a good understanding of individual needs and preferences. Visit scheduling was largely consistent, with monitoring systems in place and improvements made where required. Communication needs were assessed, and care plans were accessible and regularly updated. Engagement with external healthcare professionals, including district nurses, GPs and social workers, was evident.

Staff reported feeling well-supported by management, with regular supervision, appraisal, and appropriate training in place. Staff morale was positive, with feedback indicating they enjoyed their roles and felt their wellbeing was supported. While quality assurance systems were generally effective and linked to action plans driving improvement, they had not identified the recruitment file gaps.

Feedback from individuals and their relatives was predominantly positive. People reported feeling safe and described staff as kind, caring, and respectful. Most visits occurred as planned, though some individuals indicated room for improvement in timekeeping. The service demonstrated flexibility in responding to unplanned needs, including additional support requests.

Individuals were aware of how to raise concerns and expressed confidence that issues would be resolved promptly. Support extended beyond personal care to include household tasks, meal preparation, and shopping where required. Continuity of care was a strength, with individuals supported by familiar staff who understood their needs.

The extra care model was highly valued, particularly the availability of responsive support outside scheduled visits. Communal facilities, including a bistro and social activities, contributed positively to the sense of community and wellbeing. Overall, individuals expressed high satisfaction with the service, with minimal suggestions for improvement.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	24/03/2026	Good

Provider Name	Edwardian Residential Care Homes Limited	
Service Name	Edwardian	
Category of Care	Residential Mental Health	
Address	72 Yarm Road, Stockton-on-Tees TS18 3PQ	
Ward	Ropner	
CQC link	https://www.cqc.org.uk/location/1-279562500/reports/AP20249/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	20 th January – 14 th February 2026	
Date Report Published	1 st June 2026	
Date Previously Rated Report Published	7 th March 2018	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
Relationships between the Transformation Team and the care home remain strong, with active participation in key initiatives and development opportunities. Regular attendance at Provider Forums, networks, workshops, activities, and training supports ongoing learning and service improvement. The manager has previously participated in the Well Led Programme, and we will begin to look at other ways we can work with the home.		
Supporting Evidence and Supplementary Information		
Care records were stored on a secure electronic system with updates input on tablets. A new staff member had been recruited to assist with the transition from paper-based to electronic records – this had been accomplished well in the last 12 months.		
People's care records contained clear and easy to understand information about their individual needs and risks, and how to support them effectively.		

For those people who were not always able to express their needs and wishes verbally or when a person had declining mental health, staff used personalised communication profiles, including descriptions of each person's gestures and body language, which enabled them to recognise early signs of distress and respond before concerns escalated.

People received their medicine safely and were supported to access the support of health care professionals when needed.

The provider had taken steps to minimise the risk of abuse because staff knew how to identify and report it. Staff immediately escalated a concern about a person who had a fall, and managers shared this promptly with health services, the Local Authority and the CQC.

Team meetings included short safeguarding reflection exercises where staff discussed learning from national cases and how it applied to their service.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place, and appropriate checks had been undertaken before staff began work. Staff reported that they received training to enable them to carry out their role. Staff received effective supervision and a yearly appraisal.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to take positive risks to engage with the community as independently as possible, for example going to the cinema in a small group; another person was able to gain part-time employment, and another had started volunteering.

People were encouraged to personalise their rooms, and staff supported people to create a memory wall in the activities and social space which helped them manage periods of low mood.

People received a varied and nutritional diet and were complimentary of the food provided. People were encouraged to support food preparation and choices were always respected.

The interactions between people and staff showed staff knew people well. Staff had good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was homely, relaxed, and nurturing. It was clear people felt relaxed and comfortable in the company of staff. The management team were approachable, and they, alongside the staff team, worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

The service fully lived up to the principles of 'Right Support, Right Care, Right Culture' – focusing on people's strengths and promoting what they can do, but also meeting their dreams and ambitions.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	27/03/2023	Good

Provider Name	Milewood Healthcare Ltd	
Service Name	Cleveland Villa	
Category of Care	Residential / Learning Disabilities / Mental Health	
Address	41a Cleveland Avenue, Stockton-on-Tees TS20 2PE	
Ward	Norton South	
CQC link	https://www.cqc.org.uk/location/1-18391339166/reports/AP24026/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	1 st April 2026	
Date Report Published	12 th June 2026	
Date Previously Rated Report Published	n/a	
Further Information		
Cleveland Villa is a residential care home registered to provide support to one person living with a learning disability and / or mental health condition. This was the first assessment for this newly registered service. The CQC assessed the service against ‘Right support, right care, right culture.’ This guidance supported judgements about whether the provider guaranteed people with a learning disability or mental health condition respect, equality, dignity, choices, independence and good access to local communities that most people take for granted. <i>CQC view of the service</i> • The CQC found the provider delivered care in line with those standards. • It found people living at Cleveland Villa were treated with compassion, and their dignity was consistently upheld. Respectful and safe support was observed in communal areas. People’s support plans were personalised and reflected how they chose to spend their time, including their individual wishes, preferences, and choices. • People and their relatives were actively involved in assessing their needs. Staff took account of communication preferences to ensure meaningful engagement with people at all times. • The provider was easy to contact and worked to prevent discrimination. People were treated fairly and equally. Staff had received relevant training and used inclusive practices to ensure people’s care was consistent. People were supported to make informed decisions about their care. Where restrictions on people’s liberty were in place, these were assessed and discussed with family and professionals. • Professional partners provided positive feedback, highlighting how people had progressed significantly since being supported by the provider.		

People's experience of this service

- People appeared comfortable in their environment and with the staff that supported them.
- No concerns were identified, and relatives were happy with all aspects of care.
- They spoke positively about the environment, the care people received, the staff and the organisation. One family member told the CQC, '*[Person's name] house is always clean and tidy, I wish I lived there. The staff are great, I know [relative's name] is well looked after.*'

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via <https://www.cqc.org.uk/location/1-18391339166/reports/AP24026/overall>.

Provider Name	HMW Care Limited	
Service Name	Bluebird Care (Stockton and Hartlepool)	
Category of Care	Homecare Agencies	
Address	Durham and Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GA	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-15820806268/reports/AP24344/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	17 th April – 8 th May 2026	
Date Report Published	16 th June 2026	
Date Previously Rated Report Published	n/a	
Further Information		
Bluebird Care (Stockton and Hartlepool) provide care to people living in their own home. They are registered to provide care to people living with dementia, people with sensory impairment, physical disabilities, and mental health conditions. Not everyone who used the service received personal care (the CQC only inspects where people receive personal care – this is to help with tasks related to personal hygiene and eating. Where they do, the CQC also consider any wider social care provided). This assessment was carried out because the service had been registered for over 12 months and had not yet been assessed and rated. At the time of the assessment, there were seven people receiving personal care. <i>CQC view of the service</i> • The provider was committed to providing a non-discriminatory and inclusive approach within the service, both for people using the service and staff. They were committed to ensuring they met the needs and expectations of people, through a person-centred approach. • The provider had a robust assessment process, which involved people and, where appropriate, their family members or advocates. Detailed and person-centred care plans were created to help guide staff when supporting people. Care plans included information on how to safely manage risk. • People’s needs were met by a consistent team of staff who had undergone a safe recruitment process. People were given choice wherever possible and consent was obtained when staff were providing support. Where people lacked capacity to make informed decisions, best interest decisions were made and documented.		

- People's needs were regularly reviewed, and staff liaised with other professionals to promote people's health and wellbeing.
- Staff had the necessary training to support people's individual needs and felt confident in asking for additional training if they felt it necessary. They received regular support through supervision, appraisals and meetings. Staff spoke very positively of the support they received from the provider.
- The provider had robust governance and audit systems in place to ensure good oversight of the service. They had developed a positive culture of mutual respect between management, staff and people who used the service. They were committed to developing a high standard of care and were focused on embedding good practice before growing the service.

People's experience of this service

- People using the service and their relatives described positive experiences of care that was person-centred, kind and responsive to their needs. People told the CQC they felt safe with staff, trusting them to provide care in a way that respected their wishes and supported their wellbeing. People did not feel rushed by staff and felt all their needs were met during visits. One person said, *'The staff are so kind and caring. [Staff] do whatever is needed and show their concern. We have a good laugh'*. A relative said, *'[Staff] are very good. They give [my family member] their medicines, shower and dress them, and make sure that they are settled and safe before they leave'*.
- People's needs were assessed before they used the service to ensure their care reflected their needs, preferences and wishes. A relative said, *'A care plan is in place and when it was put in place they went through everything with [family]'*.
- People received their care from a regular staff team who knew their needs well. A person said, *'I normally get the same two main carers, so I know who's coming'*. Staff were generally on time for calls and people stated the provider was flexible if call times needed to be changed.
- Staff treated people with respect and maintained their dignity when providing their care. A person said, *'I don't feel embarrassed about showering. They are good at what they do, and I have a good giggle with them'*. A relative said, *'They are very caring'*.
- People and their relatives had opportunities to share their views about the service, and these were acted on. A relative said, *'They get feedback from us when they phone us'*. People knew how to make a complaint and were confident the provider would respond appropriately to any concerns they had. A relative said, *'When we signed up with them, we were given a pack which contains the complaints procedure'*.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via <https://www.cqc.org.uk/location/1-15820806268/reports/AP24344/overall>.

Provider Name	CEL Homecare Limited	
Service Name	CEL Homecare Teesside	
Category of Care	Care at Home	
Address	98 Church Road, Stockton-on-Tees TS18 1TW	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-20130691250/reports/AP23880/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Requires Improvement	n/a
Well-Led	Good	n/a
Date of Inspection	22 nd April – 28 th May 2026	
Date Report Published	26 th June 2026	
Date Previously Rated Report Published	n/a	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
CEL continue to foster a positive and effective working relationship with the Transformation Team. Their Manager and Director maintain a visible presence at Provider Forums and sector events, demonstrating a commitment to engagement and partnership working.		
They actively contribute to workforce development across the sector, building strong links with organisations such as Skills for Care and collaborating closely with Stockton Riverside College.		
CEL are responsive, approachable and consistently engage in a constructive manner with the Transformation Team, attending meetings and working collaboratively to address challenges and opportunities.		

We value the positive relationship that has been established with CEL and appreciate their commitment to partnership working. We look forward to continuing to work together to support high-quality services and workforce development across the sector.

Supporting Evidence and Supplementary Information

The CQC found that the provider had identified issues with staffing and feedback systems and was taking steps to address them and improve the service. Staffing levels were monitored, but people and relatives said there were sometimes issues with punctuality and consistency of staff. In some cases, this had impacted the care people received.

Feedback was sought from staff, people and relatives. However, in some cases, feedback from people was inconsistently sought and they had difficulty in contacting the provider when issues arose.

Medicines were safely managed. People were safeguarded from abuse, and incidents were monitored to keep people safe. Staff were supported with regular training, supervision and appraisal.

People received effective support with eating and drinking. Staff worked collaboratively with people, relatives and healthcare partners to ensure people received the support they wanted and needed.

Care was based on people's assessed needs and preferences. Staff were able to communicate with people effectively to ensure their voices were heard. Systems were in place to investigate and respond to complaints.

Systems were in place to monitor and improve standards at the service. Leaders worked in effective partnership with healthcare partners to ensure people received support that met their needs. Staff spoke positively about the culture and values of the service, and felt supported in their roles.

People described staff as kind and caring, and said they had professional but friendly relationships with them. People and relatives told the CQC they usually received the support they wanted, and that staff treated them with dignity and respect. However, people and relatives also said inconsistent staff teams had negatively impacted on their care experience. The provider was working to address this issue to improve people's experience.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	17/02/2026	Good

PRIMARY MEDICAL CARE SERVICES

None

HOSPITAL AND COMMUNITY HEALTH SERVICES

(including mental health care)

Provider Name	CIPHER Medical Consultancy Limited	
Service Name	CIPHER Medical	
Category of Care	Ambulances	
Address	Unit 5, Limeoak Way, Stockton-on-Tees TS18 2LS	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-11260512455/reports/LAP-01954/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	15 th & 16 th December 2025	
Date Report Published	9 th June 2026	
Date Previously Rated Report Published	n/a	
Further Information		
This comprehensive assessment was the first assessment of the service since the provider moved locations. The service had been previously inspected but not rated at a previous location in 2018. The CQC reviewed feedback from people who had used the service, partner organisations and local NHS trusts, including the local ambulance trust. Positive feedback was given by those using the service, their relatives and staff at services where users were transported and handed over. Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via: - Emergency and Urgent Care: https://www.cqc.org.uk/location/1-11260512455/reports/LAP-01954/emergency-and-urgent-care - Patient Transport Services: https://www.cqc.org.uk/location/1-11260512455/reports/LAP-01954/patient-transport-services		

APPENDIX 2

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

Provider Name	Akari Care Limited	
Service Name	Ayresome Court	
Category of Care	Nursing Residential	
Address	Green Lane, Yarm, Stockton-on-Tees TS15 9EH	
Ward	Yarm	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Excellent
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Excellent	Good
Quality of Management	Good	Good
Date of Inspection	27 th & 28 th April 2026	
Date Assessment Published	28 th May 2026	
Date Previous Assessment Published	18 th July 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
Residents were seen to be treated with respect and person-centred care was delivered. Care plans were clear and concise, and gave directions on resident’s needs and preferences. Care plans used resident’s preferred names and were personalised, with no evidence of generic statements. Care plans discussed the resident’s life history, their likes and dislikes, and their routines. Family dynamics were considered as part of care plans. There was evidence of residents and families being involved in care planning. Documentation and signage around the home was in an accessible format with pictorial paperwork and displays. Alternative formats were available for residents and families if needed. The home environment was adapted to be dementia-friendly and all staff in the home have completed the Dementia Friends accreditation. There was evidence found of out-of-date activity timetables and changes to that day’s menu not reflected on menus displayed, which contributed to the decrease to ‘Good’ in the ‘Involvement & Information’ domain. Activities offered were varied, including 1:1, groups, external visits, and entertainers. The home engaged in the Local Authority Activity Network and participated in social activities engaging with other homes. There was a dedicated activity room, with a monthly activity schedule displayed. Residents had free access to the activities room for board games, knitting, books, and dominoes. Family and friends were seen to come in and out regularly. Involvement of the		

Activities Co-ordinator in care planning that had previously been observed was not witnessed within this assessment.

Daily notes and charts were completed consistently. There were minimal instances found of staff completing notes inconsistently. Monthly reviews had no identified gaps. Review notes gave good detail on the reasons for any changes, and additional reviews were seen outside of scheduled monthly reviews for additional updates when required. Each care plan had an associated risk assessment, and this was also reviewed monthly.

Residents all had an allocated keyworker, in line with the Stockton-on-Tees Borough Council (SBC) contract. Keyworkers were chosen based on relationships, with the resident and their family consulted, and were clearly recorded on care plans. Keyworkers were not always involved in building and review of care plans.

The food hygiene rating for the home was '5'. Behaviours relating to food hygiene were of a good standard. Tables were set appropriately and food was covered in transit. Residents were supported to make choices from the menus daily, and the weekly menu was displayed on the dining room wall, with a copy in resident bedrooms. A trolley with refreshments moved around the home outside mealtimes.

Care delivery was observed to be safe, and those spoken with confirmed the same level of care. Residents spoke highly of the staff caring for them. Safeguarding information was on display around the home. Staff knew the available reporting mechanisms for any concerns, both internal and external. Staff confirmed they had all completed safeguarding training and were aware of the whistleblowing policy.

The internal environment was clean and tidy, furniture was secured, exits were alarmed, and corridors were clear from trip hazards. Appropriate Infection Prevention and Control (IPC) procedures were observed and followed by all staff. An IPC champion was in place as per SBC contract. Externally, the premises were well-maintained. Servicing and certificates were in place for equipment, including six-monthly lifting equipment regulations testing. High-risk rooms and areas were coded to prevent access; there were instances throughout the assessment of these spaces being left accessible.

Medication rounds observed were completed in a person-centred manner. Staff were very well informed of the resident needs and had a lovely warm rapport in each room visited. Good hand hygiene practices were followed, and medications were checked against the medication administration record before administering. The treatment and medication trolleys were locked, and the trolley was well organised. Medications were labelled clearly with dates of opening. Medications no longer in use were safely disposed. Controlled drugs were stored in a locked cupboard and had a count book in place, audited weekly. Ambient room and fridge temperatures were taken daily.

Medication administration records had front covers in place. Protocols for medications taken as and when required were in place. No gaps were witnessed on medication administration records and correct codes were used for administration, refusals, and non-administered. Medication competencies were undertaken six-monthly, in line with the SBC contract. Regular medication audits were undertaken.

The provider undertook safer recruitment checks. References, copies of right to work documents, and Disclosure and Barring Service certificates were in place. Induction booklets and probation reviews were on file. Review of competency and performance was evident. The induction content was thorough and covered the Care Certificate. Staff supervisions were undertaken bi-monthly with an annual appraisal, in line with SBC contractual requirements. The dependency tool was viewed and evidenced that the home was always sufficiently staffed, with

an additional 10% overstaff contingency which contributed to the increase in the 'Suitability of Staffing' domain to 'Excellent'. A range of audits and checks were completed by maintenance, kitchen, and domestic staff, with appropriate scheduling. Books and files did not contain any gaps. The home manager conducted and had oversight of regular audits. There was evidence of staff going back to audits to note when identified areas had been actioned.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
An action plan is in progress to address the one area of improvement found. This will be monitored by the Quality Assurance and Compliance (QuAC) Officer for compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good level of engagement with the Local Authority, responsive to both QuAC and Transformation Teams, and engages well with forums, initiatives, and training that is offered. Monthly reporting is submitted timely.		
Engagement and Support from Transformation Managers		
Ayresome Court engage fully with the Transformation Team, including the Well Led Programme, Provider Forums, training, networking and workshops, and the Activity Co-ordinator Network. The Transformation Team will continue to work with the home to identify new opportunities, including research projects and other initiatives.		
Current CQC Assessment - Date / Overall Rating	26/02/2020	Good

Provider Name	Mr & Mrs J Elliott	
Service Name	Park House Rest Home	
Category of Care	Residential / Residential Dementia	
Address	2 Richmond Road, Stockton-on-Tees TS18 4DS	
Ward	Ropner	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	Excellent
Involvement & Information	Excellent	Excellent
Personalised Care / Support	Excellent	Excellent
Safeguarding & Safety	Excellent	Excellent
Suitability of Staffing	Excellent	Excellent
Quality of Management	Excellent	Excellent
Date of Inspection	13 th & 14 th April 2026	
Date Assessment Published	2 nd June 2026	
Date Previous Assessment Published	30 th June 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
The home used an electronic care planning system. A comprehensive pre-admission assessment was completed by the Manager in consultation with the prospective resident and, where appropriate, their family and friends. Care plans contained detailed, person-centred information that reflected each resident's individual choices and preferences. Information was consistently recorded across all documentation, with evidence of regular reviews undertaken with the keyworker to ensure care plans remained accurate and reflected the resident's current wishes, needs and abilities. Documentation included appropriate person-centred information, with a front page containing a photograph, name, date of birth, advance decisions, and details of any Lasting Powers of Attorney (LPA). A comprehensive life and family history was recorded, including lifestyle, care preferences, and personal views. Care plans clearly outlined each resident's individual needs, strengths, and personal preferences, providing staff with guidance on how to encourage independence wherever possible. They included comprehensive information to support residents in maintaining relationships with family members, staying connected to the wider community, and continuing to enjoy their chosen interests. During the assessment, family and friends were observed visiting the home and confirmed that residents regularly participated in activities both within the service and in the local community. Residents were invited to share their personal wishes, which the Manager and Activities Co-ordinator actively sought to accommodate. At present, the Manager was exploring options to obtain a scooter with a sidecar to meet the specific request of one resident. Residents spoken with confirmed that their right to privacy and dignity was consistently upheld. Staff were observed to knock before entering bedrooms, address residents in their preferred manner, and seek consent prior to providing any care or support. Clear signage was displayed on bedroom doors to inform staff and visitors when personal care was in progress, ensuring residents were not interrupted.		

Feedback from both residents and relatives was highly positive. One family member shared, *'I love spending time here; we are all very close'*, while a resident described the staff as *'kind and friendly'*.

The home had also received excellent feedback on carehome.co.uk, which contributed to it being awarded a Top 20 Care Home accolade for 2025. To further promote respectful, person-centred care, the home had appointed a dedicated Dignity Champion. This role included undertaking specialist training, maintaining a dignity folder, and completing regular dignity audits.

Most residents were seen dining in the welcoming main dining area, where menus were conveniently placed on each table. A larger menu was displayed on the wall, and pictorial menus were also available to support choice. An additional, smaller dining room was available for residents who preferred a quieter setting or who wished to dine privately with visitors. Residents confirmed that they were actively involved in planning the menus and spoke very positively about the quality of the food, describing it as excellent. A cooked breakfast was offered daily, with lunch providing two clear meal options alongside alternatives, and lighter choices available at teatime. Catering and care staff demonstrated a strong understanding of each resident's dietary needs, preferences, and portion choices. A wide selection of drinks was available with meals, including wine. Park House had its last food hygiene inspection on 9 April 2026 and received verbal confirmation that they had retained their five-star (very good) rating. During the visit, the kitchen appeared clean, tidy and well-organised, and catering staff were knowledgeable about safe food handling. Staff serving food were seen to be following appropriate food hygiene practices.

The medication room was found to be clean, well-organised, and securely locked during routine walkarounds unless in use. Daily checks were completed for both room and fridge temperatures, with readings recorded and reset as required. All temperatures reviewed were within the recommended limits. Medications awaiting disposal were stored separately in an appropriate designated container. All medicines examined had clear, legible labels, however the date of opening was not recorded in all cases. All staff administering held the level 3 qualification in medication and received regular training updates around medication. Quarterly medication competencies were carried out together with an annual topical competency. Staff spoken with confirmed that they were confident in managing medication because of the training and support they received.

Risk assessments were in place where specific needs were identified for a resident and equipment required. Documented checks of wheelchairs, mattresses, pressure cushions, and profiling beds were carried out. During the assessment, there was a visit to assess the suitability of the service for people living with dementia; the home received the dementia-friendly accreditation in May.

The dependency tool, used by the Manager to produce the rota, was now linked to the care planning software to ensure that it reflected the current needs of the residents. Rotas were reviewed and confirmed that staffing levels consistently exceeded those recommended by the dependency assessment tool. Staff reported that unplanned absences were typically covered by off-duty colleagues, with additional support from management and agency staff when required to maintain adequate staffing levels. Observation confirmed that staff had the right knowledge and skills to provide effective care and support to the residents, and sufficient time for unhurried and meaningful interaction.

A comprehensive programme of appropriate and effective audits was undertaken by management and designated 'Champions' responsible for specific areas. Where improvements were identified, action plans were developed which clearly outlined responsibilities and timescales, and these contributed to the overall Home Improvement Plan.

The Manager utilised the 'Safety Culture System' to design and implement audits across any aspect of the service requiring review. The Deputy Manager, who holds specific responsibility for driving service improvement, had also developed and completed additional audits.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
No areas were identified for improvement to ensure full compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The Manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The whole home has a high level of engagement with the Transformation Team and participate in a wide variety of opportunities, activities and initiatives, including Provider Forums, Activity Co-ordinator Networks, Well Led Programme, workshops, events, and research projects. We will continue to identify new opportunities and engage with the home on future projects.		
Current CQC Assessment - Date / Overall Rating	22/04/2026	Good

Provider Name	Anchor Hanover Group	
Service Name	Millbeck	
Category of Care	Residential	
Address	High Street, Norton, Stockton-on-Tees TS20 1DQ	
Ward	Norton Central	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	11 th – 13 th May 2026	
Date Assessment Published	3 rd June 2026	
Date Previous Assessment Published	21 st July 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
The home utilised an electronic care planning system. Care plans reviewed were personalised and comprehensive, with each resident having a front-page summary containing key information such as photograph, room number, resuscitation status, and the status of Deprivation of Liberty Safeguards or Liberty Protection Safeguards authorisations. This provided a clear overview of identified risks, medical history, care needs, and key contacts, supporting accessibility for professionals and families. An ‘About Me’ section was in place for each resident, detailing personal preferences, communication needs, and important relationships, promoting person-centred care. Care delivery was recorded in real time, with task completion monitored through a colour-coded system, enabling effective oversight. Minor instances of copied information were identified but were addressed and rectified during the assessment. Daily records and monitoring charts were consistently completed, providing assurance that risks to health and wellbeing were effectively monitored. Recognised tools, including the Malnutrition Universal Screening Tool and Waterlow assessments, were used to assess and manage risks relating to nutrition, hydration, and skin integrity. Clear escalation processes were documented within care plans. Monitoring systems covered key areas such as nutrition, mobility, continence, and personal care, supporting timely identification of emerging risks. Whilst care plans and risk assessments were reviewed monthly, some delays in updating the main body of care plans following changes were identified; these were addressed at the time of the visit. Observed practice confirmed that care was delivered in a respectful, dignified, and person-centred manner. Residents were supported calmly and appropriately, with privacy maintained. Food and drink were offered regularly, with residents supported to make informed choices.		

Staff demonstrated a good understanding of safeguarding, including types of abuse and reporting processes. They confirmed that concerns would be escalated promptly internally and externally, including to the Local Authority and the Care Quality Commission where required. Awareness of whistleblowing procedures and protections was evident.

Staff files evidenced appropriate pre-employment checks, including Disclosure and Barring Service checks, with systems in place to monitor renewals. Induction programmes, including completion of the Care Certificate for care staff, were structured and supported through a blend of electronic learning and face-to-face training. A supervision matrix was in place, demonstrating that staff received supervision in line with contractual requirements, alongside annual appraisals. Training systems supported ongoing development and role-specific competencies.

Medication practices were safe and well managed. The medication room was secure, clean, and appropriately organised, with controlled drugs stored correctly. Daily temperature checks were completed with clear guidance in place for managing any variations outside of recommended ranges.

The service used an electronic medication administration record system, with robust processes for medication receipt, verification, administration, and monitoring. Protocols for medicines to be taken as required and for variable dose medications were in place and up-to-date. Medication competencies were completed at least every six months in line with contractual requirements.

Good standards of food, hand, and personal hygiene were observed, with staff wearing appropriate personal protective equipment and following effective hand hygiene practices. Food was appropriately covered during transit, and dining tables were prepared in advance of mealtimes. The home holds a food hygiene rating of five, providing further assurance regarding food safety standards.

The home had been designed to be dementia-friendly. Although it was not a specialist dementia service, features such as colour-coded handrails, bedroom doors, and bathroom signage support orientation and promote independence. The upper floor incorporated themed spaces, including a beach-themed area and a dedicated 'chatty bench,' which encouraged social interaction and engagement.

The service was working to further enhance the environment for people living with dementia. Documentation had been completed for inclusion within the Local Authority's dementia-friendly guide, and the service had received an award in recognition of this work.

The premises were well maintained, clean, and secure, with appropriate access controls in place. Fire safety measures were observed to be robust, with clear signage and unobstructed exits.

Equipment was well maintained, with up-to-date servicing records, including six-monthly lifting equipment inspections and routine maintenance checks. All observed equipment was clean and appropriately labelled.

A comprehensive audit programme was in place, covering key areas such as care planning, medication, nutrition, falls, infection prevention and control, and Deprivation of Liberty Safeguards. Audit findings informed a live universal action plan, supporting continuous improvement.

The event recording system was used effectively to record accidents, incidents, complaints, and safeguarding concerns, with clear allocation of actions and oversight from senior management to ensure completion and accountability.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
No areas were identified that were 'Requires Improvement'.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The management team at Millbeck demonstrate a professional and co-operative approach in their interactions with the Transformation Team, responding helpfully to communication and maintaining a positive dialogue. The manager took part in an early cohort of the Well Led Programme, as did the deputy. Whilst overall engagement is limited, there is a good opportunity to develop a more active partnership moving forward.		
Current CQC Assessment - Date / Overall Rating	13/12/2018	Good

Provider Name	Gradestone Limited	
Service Name	Roseworth Lodge Care Home	
Category of Care	Residential / Residential Dementia / Nursing	
Address	Redhill Road, Stockton-on-Tees TS19 9BY	
Ward	Roseworth	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	26 th & 27 th May 2026	
Date Assessment Published	11 th June 2026	
Date Previous Assessment Published	7 th July 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
Residents were seen to be supported in a person-centred manner with dignity upheld. Consent was obtained and choices respected when supporting individuals. No discriminatory practices were observed. There was evidence in care plans of residents and their families being involved in care plans and discussions with people confirmed the same. A keyworker system was in place; however, there was limited evidence of keyworkers being involved in reviews, and people did not appear to be aware of who their allocated workers were. Positional changes, MUST (malnutrition universal screening tool) assessments, and Waterlow scores were carried out regularly; however, they did not always align with the care plan. Feedback from those spoken with was positive regarding the home and staff, and their communication / liaison with other services to support residents with their health and wellbeing. All risk assessments, including PEEPs (personal emergency evacuation plans), were in date and reviewed within the last month; however, monthly reviews were not consistently completed in line with contractual requirements. Daily notes were completed well, though often were basic. Residents had access to food and drink outside mealtimes and had choice over menu options and portion sizes. Appropriate hygiene and food safety practices were observed, and records were largely well maintained, with any issues identified and addressed by management. The home was rated '5' (very good) at their most recent food hygiene inspection in June 2025. The home was clean, tidy and free from malodour, and appropriate infection prevention and control procedures were seen to be in place. There were several mechanisms in place for obtaining feedback on and monitoring the quality of service delivered, including several audits, oversight of accidents and incidents, and satisfaction surveys. Those spoken with reported that they / their loved ones were safe and well cared for at Roseworth Lodge, and feedback was extremely positive in this regard and high praise was given to staff and management.		

Medications were stored safely, with appropriate monitoring in place and staff competencies conducted in line with contractual requirements, though there was a new electronic medication system in place which staff required additional training on as there was an apparent lack of understanding of the system. The premises was seen to be safe and secure, and health and safety checks and practices were in place as expected. A dementia-friendly environment was observed, and the home had completed the dementia-friendly guide. Appropriate recruitment procedures were in place, including three-yearly DBS checks as per best practice. Training compliance was at 100% and staff confirmed they had regular supervisions and appraisals; documentation confirmed the frequency of which was in line with the contractual obligation. A range of audits were conducted by both departmental staff (kitchen, maintenance, domestic) and the managerial staff. The managerial audits included a specific review of the departmental staff audits. The audits were noted to identify where gaps had occurred and recorded follow-up actions taken, giving assurance of managerial oversight and a responsive approach.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
An action plan will be created to address the areas identified as requiring improvement. as well as areas which were overall good but with recommendations made for improvement. This will be monitored closely by their Quality Assurance and Compliance (QuAC) Officer to ensure completion within the imposed timeframes.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider is responsive to requests from, and liaises closely with, their QuAC Officer. Performance Dashboard submissions are made in a timely fashion, and queries are responded to promptly.		
Engagement and Support from Transformation Managers		
The care home engages well with the Transformation Team, making good use of the range of opportunities available to support service development and quality improvement. This includes regular participation in Provider Forums, Activity Networks, workshops, and training sessions, which are helping to build shared learning and strengthen practice. The home demonstrates commitment to developing leadership capacity and driving improvement through looking at future research project opportunities.		
Current CQC Assessment - Date / Overall Rating	14/07/2023	Good

Provider Name	HC-One Limited	
Service Name	Highfield (Stockton)	
Category of Care	Residential / Residential Dementia	
Address	Highfield Care Centre, The Meadowings, Yarm, Stockton-on-Tees TS15 9XH	
Ward	Yarm	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	1 st & 2 nd June 2026	
Date Assessment Published	22 nd June 2026	
Date Previous Assessment Published	1 st September 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
The home used the Nourish electronic care planning system. Care plans were person-centred, clearly outlining preferences, needs, and guidance for care, including emotional support. Biography sections were completed, capturing life histories. Monthly reviews evidenced resident and family involvement, supported by care plan involvement forms and ‘resident of the day’ discussions (uploaded in line with system use, as signed consent was not obtained). Each resident had an allocated key worker, recorded within the system, and displayed in bedrooms. Daily records and monitoring charts were consistently completed, supporting effective risk management. Malnutrition Universal Screening Tool (MUST) and Waterlow tools were used appropriately, with monitoring charts maintained daily and shared with health professionals where clinically indicated. Care plans and risk assessments were reviewed monthly. Personal Emergency Evacuation Plans (PEEPs) were maintained in paper format, with an updated matrix reviewed monthly. The Nourish system supported continuous recording, with both structured and free-text entries used to ensure personalised records. Care plans also evidenced access to external professionals when required. A varied activities programme was in place with two co-ordinators, offering group and one-to-one engagement. Activities were communicated via calendars, newsletters, and displays, with records and photographic evidence maintained. Residents were supported with regular food and drink, choice was actively promoted, and safe food hygiene practices were observed. The home held a 5-star food hygiene rating. Residents had access to a kitchen area, promoting independence.		

National Early Warning Score (NEWS) monitoring was embedded into practice in line with Local Authority contractual requirements, with 100% monthly compliance achieved.

Staff demonstrated good awareness of safe care practices, including moving and handling and Infection Prevention & Control (IPC). Staff confirmed regular supervision in line with SBC contractual requirements, alongside annual appraisals. Recruitment processes were robust, though recording of employment gaps required improvement. Structured induction, training, and shadowing processes were in place.

The environment was clean, safe, and dementia-friendly. IPC measures were in place, including an IPC Champion and annual IPC audit completed in line with SBC contractual requirements. Equipment was serviced and compliant.

Medication management was safe, with secure storage, regular audits, and competencies completed at least six-monthly in line with SBC contractual requirements. Electronic Medication Administration Records (eMAR) systems were effectively used, with no gaps identified.

The service completed regular audits and monthly learning meetings to review incidents and safeguarding. Feedback systems, including 'You Said, We Did' boards, were in place; however, resident and relative surveys had not yet been completed in line with annual contractual requirements.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an action plan for all questions assessed as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this for progress through contractual visits.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

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

Engagement and Support from Transformation Managers

The leadership team at Highfield show a professional approach when engaging with the Transformation Team, responding and maintaining open, positive communication. Overall involvement has been relatively limited, however the introduction of a new Activity Co-ordinator who has begun attending networking events presents a valuable opportunity to strengthen engagement and build a more proactive partnership going forward.

Current CQC Assessment - Date / Overall Rating

10/12/2022

Good

Provider Name	Stockton Care Limited	
Service Name	Primrose Court Nursing Home	
Category of Care	Nursing Dementia / Complex Mental Health	
Address	South Road, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	8 th & 9 th June 2026	
Date Assessment Published	23 rd June 2026	
Date Previous Assessment Published	17 th September 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
Care plans were person-centred, personal to the resident, and completed to a good standard. Residents were seen to be supported in a person-centred manner with dignity upheld. Consent was obtained and choices respected when supporting individuals. Those spoken with commented on how familiar staff were with individuals and their care needs, and this was reflected upon observation; interactions between staff and residents was positive and residents were well-presented. Staff had excellent knowledge of the Mental Capacity Act and how it impacted their residents. They were aware of which individuals had Deprivation of Liberty Safeguards (DoLS) and any associated conditions, and were able to confidently discuss these in detail, including reference to Herbet Protocols, Emergency Health Care Plan (EHCP), and Do Not Attempt CPR (DNACPR) documentation. Documentation of keyworkers and their involvement in care planning and monthly reviews was inconsistent and people were not always aware of their allocations. Information gathered within assessments was included in care plans and escalation of concerns to other professionals (health etc) was evidenced. People were involved in their / their loved one's care planning and kept up-to-date with any changes or relevant information. Feedback from residents, relatives, and professionals was positive, highlighting good care, communication, and appropriate escalation of needs. The keyworker system was in place but required clearer communication and consistency in practice. Assessments, risk management, and monthly care plan reviews were up-to-date and of good quality. Daily notes were written factually and respectfully, and aligned with care plans. Residents were offered choice in daily living, including meals, and high standards of food hygiene were observed. The home was rated '5' (very good) at their most recent food hygiene inspection in February 2025.		

A range of quality assurance processes were in place to support governance and continuous improvement. Surveys for residents, relatives, staff, and professionals were aligned to the Care Quality Commission (CQC) domains, with evidence of analysis and responsive action planning. Monthly accident and incident reviews included trend analysis, lessons learned, and time-bound action plans, while safeguarding records were well maintained, with clear logs, outcomes, and associated documentation. Complaints / Compliments management also captured compliments from residents and relatives. A comprehensive programme of audits was in place, led by the manager, covering key areas such as health and safety, nutrition, and environment, with findings linked to action plans. Additional oversight was demonstrated through enhanced provider audits, ensuring thorough monitoring and accountability across the service.

Feedback from residents and relatives confirmed that they feel safe, well cared for, and supported, including during safeguarding processes. Staff demonstrated strong knowledge of safeguarding procedures, including recognising abuse and escalating concerns appropriately. The home environment was clean, well-maintained, and supported by effective infection prevention and control processes, with regular audits and clear oversight, and several designated infection control champions. Medication management was generally safe and well-organised, with appropriate storage, auditing, and staff competency checks in place. The service provided a well-equipped, dementia-friendly environment that promoted independence, supported by comprehensive health and safety systems, regular maintenance checks, equipment servicing, and up-to-date policies. The home had completed the dementia-friendly guide, as per contractual requirement. Overall, robust governance arrangements were in place, with minor improvements identified to strengthen recording and audit follow-through.

Regular supervisions and appraisals took place in compliance with the required bi-monthly supervision and annual appraisal schedules. Staff files were well-organised and contained all necessary recruitment documentation, including verified references, Disclosure & Barring Service (DBS) checks with three-yearly updates (per good practice recommendations), with evidence of internal auditing. Induction processes incorporated mandatory training, including completion of the Care Certificate, and were properly documented and signed off. Training compliance was recorded at 100%.

Staffing levels exceeded dependency tool requirements, with appropriate skill mix evidenced across rotas, which were effectively managed through an online system. Workforce stability was supported by internal cover for shifts and ongoing professional development opportunities, alongside designated staff champions in several key care areas.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an action plan to address the recommendations made and one area rated as 'Requires Improvement', and this will be overseen for compliance by the Quality Assurance & Compliance (QuAC) Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

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

Engagement and Support from Transformation Managers		
Engagement between the Transformation Team and the care home remains positive, with the home actively involved in key initiatives and development opportunities. This includes consistent attendance at Provider Forums, Activity Networks, workshops, and training, supporting ongoing learning and service enhancement. The manager is planning to join the Council's 'Well Led' leadership development programme, further evidencing their commitment to strengthening leadership and embedding a culture of continuous improvement.		
Current CQC Assessment - Date / Overall Rating	04/07/2023	Good

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ADULT SOCIAL CARE AND HEALTH
SELECT COMMITTEE

20 OCTOBER 2026

Scrutiny Review of Protection of Property

Summary

The second evidence-gathering session for the Committee's review of Protection of Property will consider further information from the Stockton-on-Tees Borough Council (SBC) Adult Social Care department, as well as submissions from SBC Housing Services and Thirteen Housing Group.

Detail

1. Following consideration of the initial submission by the **SBC Adult Social Care** department in September 2026, information regarding costs associated with this Local Authority legal duty will be presented to this meeting. A report has been prepared and is included within these meeting papers.

Complementing some reflections within this report on related policies and procedures of neighbouring Councils, an additional paper is also included which briefly highlights the approaches of several other Local Authorities to Section 47 of the Care Act 2014.

2. **SBC Housing Services** and **Thirteen Housing Group** were both identified as contributors to this review and have therefore been asked to provide a response to the following:

- *The department's / organisation's awareness / experience of this legal duty*
- *How individuals who are eligible to have their property protected whilst receiving care / support away from their home are identified*
- *Communication with SBC Adult Social Care (prior to and during property being protected)*
- *Any other views relating to this scrutiny topic from a SBC Housing Services / Thirteen perspective*

A paper (SBC) and a presentation (Thirteen) have been prepared and are included within these meeting papers. Relevant SBC officers are scheduled to be in attendance to provide an overview of their submission and respond to any comments / questions. Thirteen representatives are unable to attend this meeting.

3. Members are reminded of the following links to background information:

- 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>
4. A copy of the agreed scope and plan for this review is included for information.

Name of Contact Officer: Gary Woods

Post Title: Senior Scrutiny Officer

Telephone Number: 01642 526187

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



Adult Social Care Scrutiny Review

Protection of Property (not including pets)

Contents

Section 1 - What Costs Are Recovered

- What has been claimed back

Section 2 Policies and Procedures

- Other Local Authorities, Procedures
- Middlesbrough Council
- Redcar and Cleveland Borough Council
- Common Themes

Section 3 - Recovery of Costs

Section 4 - How much activity is undertaken

Section 5 – Resource impact on Adult Social Care Financial Services

Section 6 - Risks if the Council did not undertake this duty

Section 1 - What Costs Are Recovered

Adult Social Care Financial Services (ASCFS) seeks recovery of actual expenditure, including:

- Locksmith charges
- Storage charges
- Removal costs
- Property maintenance costs
- Charges from Facilities Services
- Garden maintenance costs
- Other contractor invoices.

The following are not currently recovered:

- Officer time
- Administration costs
- Mileage and travel expenses.

What has been claimed back

Financial Year	Amount Invoiced
2023/24	£90.00
2024/25	£218.00
2025/26	£1,134.00

There were previously no procedures in place for systematically recovering costs. We are now introducing new systems and procedures which accounts for the growth in the Invoices over the last 3 years.

Section 2 Policies and Procedures

Current arrangements include:

- Initial inventory of property and valuables
- Removal and secure storage of identified items where appropriate
- Weekly inspections of unoccupied properties
- Recording of visits and actions undertaken
- Compliance with insurer requirements for inspection frequency

- Invoicing and debt recovery processes where costs are recoverable.

Property records are currently maintained through:

- Paper visit records
- Excel spreadsheet recording costs, debts and invoices.

Future potential developments:

- Exploration of data recording systems
- Recording of information within the Adults Liquid Logic System to improve recording, monitoring and audit trails
- Debt procedure with referral to Corporate Debt

Other Local Authorities, Procedures

Information was requested from neighbouring authorities:

Middlesbrough Council

- Carry out protection of property visits every 28 days
- All visits undertaken by two officers
- Record activity on Caspar and supporting spreadsheets
- Recharge direct costs such as lock changes
- Do not recharge officer time
- Invoices may be issued but recovery can be difficult.

Redcar & Cleveland Borough Council

- Carry out monthly visits
- Use photographic records to monitor property condition
- Record activity using spreadsheets
- Recharge direct costs incurred
- Do not generally arrange insurance except for appointeeship/deputyship cases
- Individuals are advised of the need for empty property insurance where appropriate.

Common Themes from other Local Authorities

- Neither authority publicises protection of property services
- Neither authority charges for officer time
- Neither authority is aware of any national reporting requirements
- Both seek recovery of direct expenditure where appropriate.

Section 3 - Recovery of Costs

Current Approach:

Stockton Borough Council recovers only actual costs incurred through third-party suppliers and contractors.

Recovery may be sought from:

- The individual once capacity and circumstances permit
- Funds held under appointeeship/deputyship

Challenges:

- Delays in obtaining appointeeship or deputyship authority
- Individuals moving without leaving forwarding details
- Estates not yet administered

Section 4 - How much activity is undertaken

- Number of referrals received per year

Year	Number of referrals received per year
2023/24	22
2024/25	20
2025/26	21
2026/27	5 to date

- Approximately 20 open cases on a rolling basis
- Length of involvement can range from a few days to a few years
- Number of properties protected:

Year	Number of properties protected
2023/24	37
2024/25	44
2025/26	48
2026/27	28 to date

The lower number of properties protected in 2026/27 reflects improved case management processes, which have reduced the time properties remain under protection before sale. As the 2026/27 figure represents year-to-date activity and not a full financial year, direct comparison with previous years is limited.

Section 5 – Resource impact on Adult Social Care Financial Services

Staffing Resource

Protection of property is only one function of the team who are responsible for several other areas including: management of appointee, court appointed deputy, deceased estates and public funerals.

The team consists of full-time equivalents:

- Team Lead 1
- Clerks 2.5
- Finance officer 0.8
- Social care officers 1.5
- visiting officers 2

Annual Cost of Team Total £318,683.00

Protection of Property Annual Cost:

The estimated annual cost associated with officer time and travel for the Protection of Properties is £11,364 pa.

Comprising **0.23 FTE** officer time and travel expenses.

The largest element of expenditure relates to Employee Protection Register checks, visits and associated write-ups, **£7,687 (68% of total costs)**, with travel accounting for **£2,294 (20%)** and initial assessment visits **£1,383 (12%)**

- Approximately 7 hours per week spent undertaking property visits, EPR checks and recording activity
- Initial visits typically take around 5 hours and require two officers
- Work undertaken primarily by Visiting Officers (Grade H) and Social Care Officers (Grade I).
- Approximately 80 miles travelled per week.

This demonstrates the hidden cost that is not recharged.

The annual cost has been calculated using the current level of officer resource and travel required to deliver the Protection of Properties service. This includes initial property assessments, ongoing visits and checks, case management activity and associated mileage incurred while protecting properties on a rolling basis.

Actual costs may fluctuate from year to year depending on the number of properties requiring protection, the complexity of individual cases, the duration of involvement and travel requirements. The estimated annual cost therefore represents the current resource commitment associated with delivering the service.

Section 6 - Risks if the Council did not undertake this duty

Risks of not intervening

- Theft of valuables
- Damage to property
- Insurance becoming invalid
- Deterioration of homes
- Loss of important documents
- Safeguarding concerns
- Potential legal challenge for failure to discharge statutory duties.

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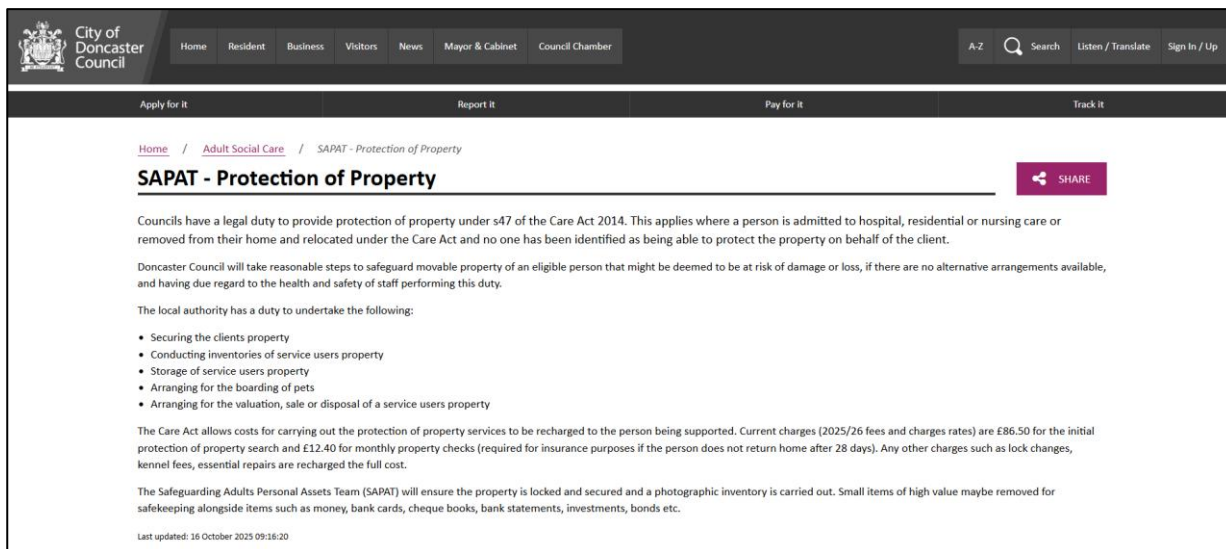
SCRUTINY REVIEW OF PROTECTION OF PROPERTY

Other Local Authority approaches to Care Act 2014 (Section 47) duties

- **City of Doncaster Council**

Safeguarding Adults Personal Assets Team (SAPAT) – Protection of Property

<https://www.doncaster.gov.uk/services/adult-social-care/sapat-protection-of-property>



- Published legal duties
- Charges outlined (*£86.50 for the initial protection of property search and £12.40 for monthly property checks (required for insurance purposes if the person does not return home after 28 days). Any other charges such as lock changes, kennel fees, essential repairs are recharged the full cost.*)

- **Croydon Council**

Protecting Moveable Property

<https://croydonadults.trixonline.co.uk/chapter/protecting-moveable-property>

- Duties published as part of Croydon's Adult Social Care and Health Procedures (within chapter 9 – specialist procedures)
- Includes key 'need to know' information for all steps, as well as some case examples

- **Devon County Council**

Protection of Property Policy

<https://www.devon.gov.uk/adult-social-care/document/protection-of-property-policy/>

- Published policy, including owners, authors and related review dates
- Includes examples of action the Council may take and notes the power to recover reasonable costs

- **Lancashire County Council**

Protecting Property of Adults being Cared for away from Home (including pets)

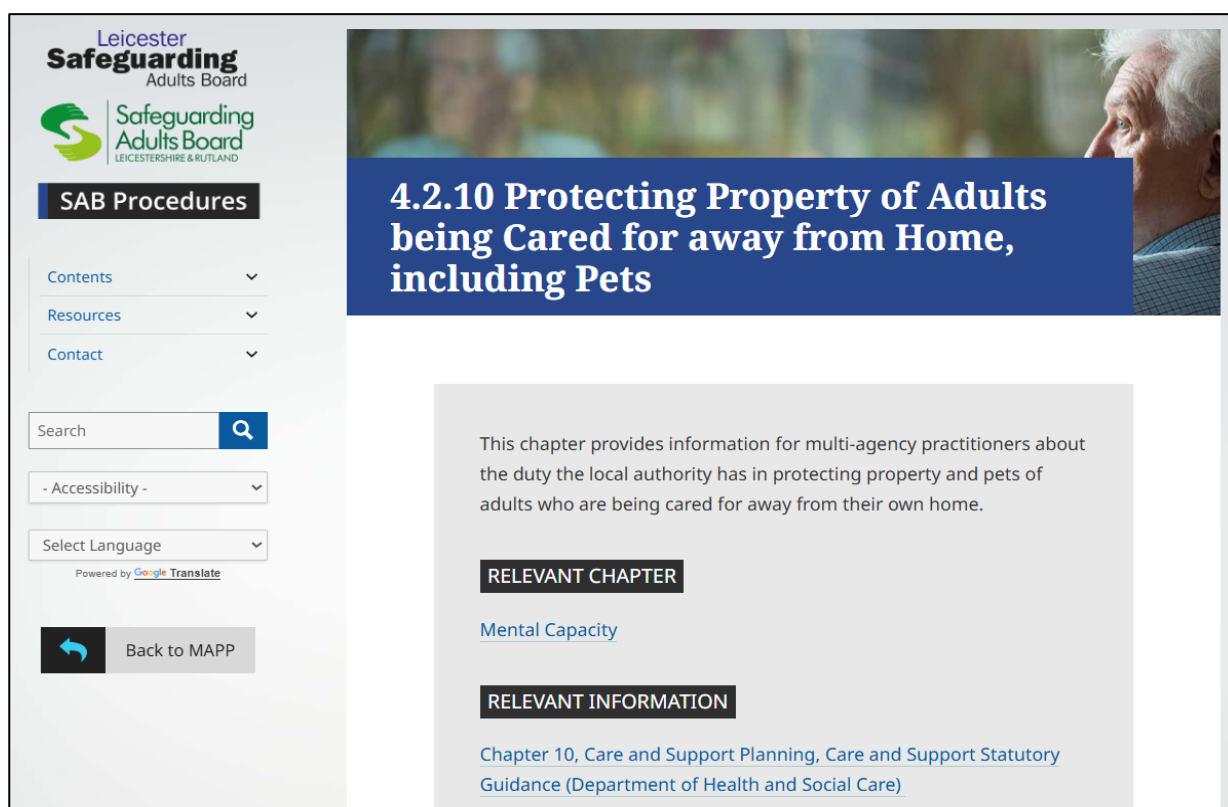
<https://www.lancashireapp.co.uk/protecting-property-of-adults-being-cared-for-away-from-home-including-pets/>

- Notes that the worker appointed to safeguard the property (and pets) of someone experiencing an unplanned admission should attend the property as soon as possible, preferably with a second person.

- **Leicester Safeguarding Adults Board**

Protecting Property of Adults being Cared for away from Home (including Pets)

<https://www.lradultsafeguarding.co.uk/protecting-property-of-adults-being-cared-for-away-from-home-including-pets/>



The screenshot shows the Leicester Safeguarding Adults Board website. The header includes the board's name and logo. A sidebar on the left contains navigation links: 'SAB Procedures', 'Contents', 'Resources', and 'Contact'. Below these is a search bar and a 'Back to MAPP' button. The main content area features a large blue banner with the title '4.2.10 Protecting Property of Adults being Cared for away from Home, including Pets'. Below the banner, a text block states: 'This chapter provides information for multi-agency practitioners about the duty the local authority has in protecting property and pets of adults who are being cared for away from their own home.' There are two sections: 'RELEVANT CHAPTER' with a link to 'Mental Capacity', and 'RELEVANT INFORMATION' with a link to 'Chapter 10, Care and Support Planning, Care and Support Statutory Guidance (Department of Health and Social Care)'.

- **North Somerset Council**

Protection of property and pets (S.47 Care Act) policy

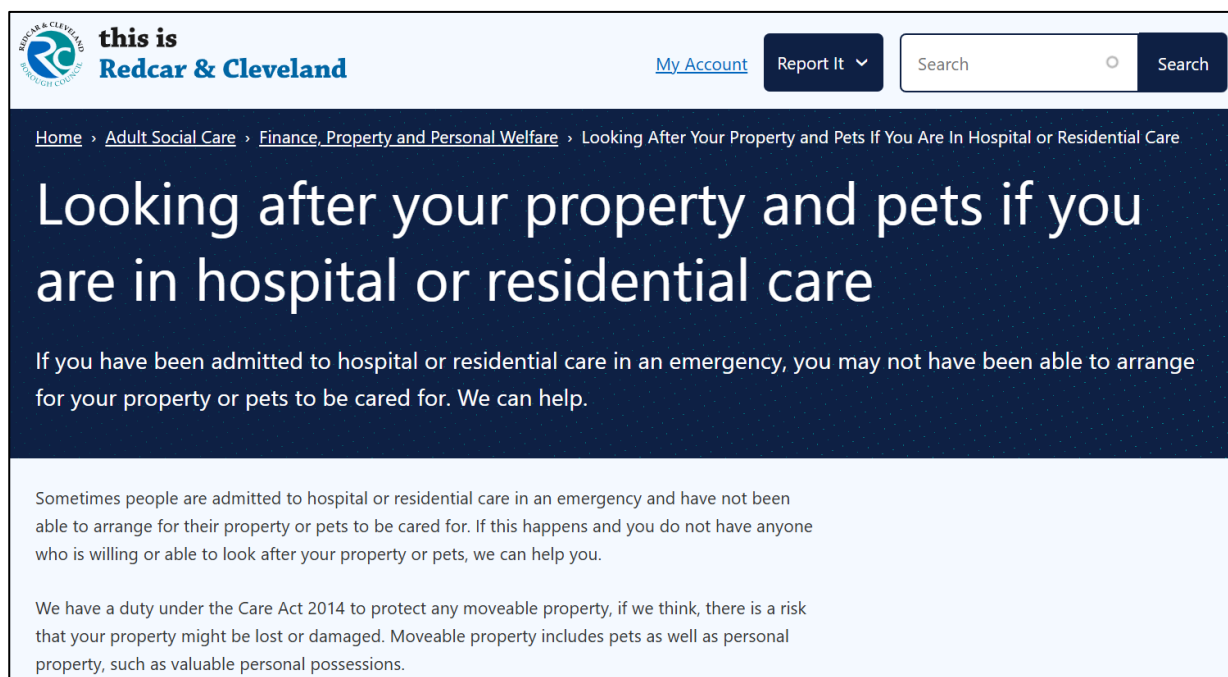
https://www.google.com/goto?url=CAESxwEB6zswFWAlzgXgMidGzv-CzxemHfEQnw3jArzHesszJRrN04GEFQLyJBNRVWYn5qokDrDY-U9Fk7belMdgldRV5LHBP01zPGtOpLA_hIQBbA2cw4Na2urUdZ9JflOZUVsPC_wC72G2Z1EQvibHJClpQFYQIGSJf8VWzl0GHwubtwsDj0JPaXBcGEGlo1NiRLnJyAwYRY-dRe01mznvJIHOIBuIWHkMmDOPuIxLkMQT875klflvBr6RBdZb5gg-Jfdpyd58aN3

- Includes appendices outlining the process for brokering the secure storage for a person's property

- **Redcar & Cleveland Borough Council**

Looking after your property and pets if you are in hospital or residential care

<https://www.redcar-cleveland.gov.uk/adult-social-care/finance-property-and-personal-welfare/looking-after-your-property-and-pets-if-you>



The screenshot shows the website of Redcar & Cleveland Borough Council. The header includes the council's logo, the text 'this is Redcar & Cleveland', a 'My Account' link, a 'Report It' button with a dropdown arrow, and a search bar with a 'Search' button. The breadcrumb trail reads: Home > Adult Social Care > Finance, Property and Personal Welfare > Looking After Your Property and Pets If You Are In Hospital or Residential Care. The main heading is 'Looking after your property and pets if you are in hospital or residential care'. Below the heading, a paragraph states: 'If you have been admitted to hospital or residential care in an emergency, you may not have been able to arrange for your property or pets to be cared for. We can help.' A light blue box contains two paragraphs: 'Sometimes people are admitted to hospital or residential care in an emergency and have not been able to arrange for their property or pets to be cared for. If this happens and you do not have anyone who is willing or able to look after your property or pets, we can help you.' and 'We have a duty under the Care Act 2014 to protect any moveable property, if we think, there is a risk that your property might be lost or damaged. Moveable property includes pets as well as personal property, such as valuable personal possessions.'

- Includes links to public guidance documents (large print, Arabic and Polish versions also available)

- **Sunderland City Council**

Protection Of Property

<https://www.sunderland.gov.uk/article/31631/Protection-Of-Property>

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Adult Social Care and Health Select Committee
Review of Protection of Property
SBC Housing & A Fairer Stockton on Tees response to the key lines enquiry

Your department's awareness / experience of this legal duty

- Across the full Housing & Fairer Stockton-on-Tees Service awareness is limited.
- **However** there is awareness within the Private Sector Housing Team (PRS), specifically the teams Empty Homes Officer.
- The service may find out about such properties when carrying out searches to track down a property owner.

How eligible individuals to have their property protected whilst receiving care / support away from their home are identified

- The PRS, specifically the Empty Homes Officer responds to public complaints regarding properties that have become empty, fallen into disrepair, or are unsightly (for example overgrown gardens / dumped rubbish), or are open to access.
- Where complaints are significant and issues directly impact the use and enjoyment of a neighbouring property, the Council has a range of legal powers that can be used against the owners to improve conditions. The PRS team will trace property owner(s) to make them aware of the complaints and act as necessary to improve or comply with any legal requirements.
- The PRS team are aware of the key contacts within ASCTS to contact for such cases. In such cases ASCTS may be asked to carry out such property improvements on behalf of the owner or to provide contact information to family members managing the estate for example.
- If there are no available funds to carry out works and where legally appropriate, the PRS team may complete works under notice and pay for associated costs and then put a charge against the property.
- *The PRS team involvement in empty properties of this type is infrequent.*

Communication with SBC Adult Social Care (prior to and during property being protected)

- The service is not notified prior to a property being protected or as a matter of course when a property is protected.
- As referenced above should a complaint come in regarding the condition of an empty property (complaint relating to the dwelling and or garden areas for example) the Empty Homes Officer may contact the ASCFS Team if they suspect that the property is being protected.

Any other views relating to this scrutiny topic from a Community Safety perspective:	
No.	
Key contacts:	
Jane Edmends Assistant Director (Housing & A Fairer Stockton-on-Tees)	Joy Swithenbank Service Lead (Private Sector Housing)

Stockton Adult Social Care and Health Select Committee

Review of Protection of Property

20 October 2026

**At Thirteen, we work together
to build quality homes,
stronger communities, and
individual support that give
people the freedom to live well.**

At a glance

We're a **C1 / G1 / V1** rated housing association providing housing and support services across England's North East, Yorkshire and Humber regions.

Today, we own and manage over 36,000 homes, with over 1,600 colleagues providing services for around 100,000 customers.

Our vision is to be the most trusted housing association, with happy customers.

In fact, we put our customers at the heart of everything we do.

Our priorities

Happy customers

- Knowing our customers
- Enhancing customer experience
- Working with partners



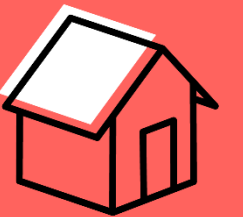
Brilliant people

- Strong foundations
- Our brilliant culture
- Right skills for our customers
- Rewarding great people
- Inclusive workplace



Fantastic homes

- Investing in our homes
- Developing for our customer needs
- Growing the offer
- Looking after the environment



S. 47 Care Act 2014

Protecting the moveable and personal belongings of adults being cared for away from the home:

- The adult is placed into a care home or admitted to a hospital (or both) by the local authority or under care arrangements.
- There is a genuine danger of loss or damage to their movable property within the authority's area.
- The adult cannot protect or deal with the property themselves due to temporary or permanent circumstances.
- No other suitable arrangements have been made or are being made by the person, their family, or representatives.

Application of S.47 at Thirteen Group:

- Understand the legislation and work closely with Stockton Adult Social Care Team to support individuals who are protected under S.47.
- Ensure security of tenure whilst investigations are underway
- Protect the property including lock changes and external screening if required
- Work with the Local Authority if possessions need to be removed from the property
- But this relies on Thirteen Group being informed of the circumstances

Actions for Thirteen Group:

- General Awareness sessions planned for frontline staff across our Customer Team (includes our Customer & Communities Teams, Customer Experience Teams and Specialist Housing Teams)
- Tenure Toolkit to be updated to explicitly reference S.47 enquiries and potential actions required
- On-going work and links with Stockton's Adult Social Care Team
- Point of contact at Thirteen Group:
Andy Hayes – Specialist Housing & Services Director

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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: • <i>Priority 2: Healthy and resilient communities:</i> Protecting property prevents escalation of need, avoids crisis situations, and assists people to return to their home safely, maintaining independence, safety, and community wellbeing. • <i>Priority 5: A sustainable Council:</i> 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. <i>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.</i>
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

Housing Services (SBC / Thirteen Housing Group / North Star)

- Awareness of this legal duty
- Identification of eligible individuals
- 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	SBC Adult Social Care	22.09.26	Select Committee
	SBC Adult Social Care SBC Housing Services Thirteen Housing Group	20.10.26	
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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Overview & Performance Report: SBC Adults, Health and Wellbeing (Public Health)

Summary

The Committee will receive an overview and performance report from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate which provides details of key achievements and challenges in 2025-2026 for the Public Health department, as well as any emerging issues within this area of Council activity.

Detail

1. In 2025, to facilitate the important overview function of scrutiny committees and provide the opportunity to hold SBC Cabinet Members and services to account, a decision was made to resume overview and performance reporting to the Council's Select Committees. It was agreed that this should take place twice-yearly.
2. As part of the consideration of an overview-only report by the Community Safety Select Committee in April 2026 (which focused on the Adult Social Care and Strategy & Transformation departments), it was stated that the reporting of performance measures would not commence until September / October 2026. Performance information is now available and forms a key part of this latest update which covers the Public Health department.
3. A report has been provided in advance and is included within these meeting papers. Relevant SBC Cabinet Members and Directors / Assistant Directors are scheduled to be in attendance to provide a summary and address any Member comments / questions.

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REPORT TO: Adult, Social Care and Health Select Committee

DATE: 20th October 2026

REPORT OF DIRECTOR OF ADULTS, HEALTH & WELLBEING

Public Health Overview Report

Summary

This report gives an overview of the key achievements and challenges in 2025/26 Public Health.

Key Achievements

1. The refreshed JSNA adopts a more flexible and continuous approach to needs assessment, enabling topics to be developed and updated as new evidence becomes available. Since the launch of Version 2.0, a number of thematic assessments have been completed, including:
 - Special Educational Needs and Disabilities (SEND)
 - Children in Need
 - Homelessness
 - Work, Skills and Health
 - Green Spaces
 - Sexual Health
 - Smoking and Vaping
 - Substance Use
 - Alcohol

These assessments provide an up-to-date understanding of local needs and inequalities and support evidence-based commissioning, service planning and partnership decision-making across Stockton-on-Tees.

2. Increase in completion rates of domestic abuse perpetrator programme (from 30% to 71%). The Respect 27-week programme, supporting perpetrators of domestic abuse to change harmful behaviours, is delivered through a public health contract with Harbour. Work has been underway to further improve engagement and completion rates for the programme. Harbour practitioners have strengthened links with social care practitioners and teams, including attending team meetings to promote awareness and understanding. Clear conversations between practitioner and client supported positive attitudes towards participating in the programme.
3. Adults with severe multiple disadvantage engaging with Peer Advocates / MDT outreach in Stockton town centre. Following engagement of communities to gain insights and understand experiences, Public Health successfully established a multi-disciplinary outreach team to provide a recovery and support offer, complementing the community safety team's work to reduce street drinking in Stockton Town Centre. Working closely with VCSE partners, a Multi-agency Outreach Team provided a collaborative response to seeking out groups of street drinkers and providing a schedule of alternative activities and support. This comprised strong partnership and coordination across Peer Advocates, Stockton Recovery Service, The Moses Project, A Way Out, Bridges, Community Safety,

Homelessness team and the Police. Practical tools such as the shared drop-in timetable and training opportunities have strengthened the overall system response to the enhanced Public Spaces Protection Order (PSPO).

4. Re-commissioning of integrated SH service

Following a successful procurement process in August 2025 a new Teesside Integrated Sexual Health provider started delivering contraceptive and sexual health services to Stockton-on-Tees residents. The service comprises North Tees and Hartlepool Foundation Trust, Hartlepool and Stockton Health GP Federation and Elm GP Federation, working together as 'Teesside Together'. Locally the service operates out of a hub at Endurance House and provides a range of outreach and community-based services across the borough. The service is commissioned collaboratively with the ICB and the other Tees local authorities.

5. 5-19 services – revised / children front door

Public health has worked closely with our provider of the 0-19 Healthy Child Programme (Harrogate & District NHS Foundation Trust), children's services and other partners, to transform the service model for 5-19 year olds, to ensure focus on evidence-based best practice, streamline and clarify support pathways, reduce system duplication, and strengthen the focus on local need. A targeted communications plan raised awareness among partners, children, young people and families.

Public Health played a key role in the development of the new Children's Front Door and the Families First Partnership needs assessment, helping to strengthen collaborative working across services. Improved integration between the Family Help Point and the 0-19 Service has enhanced the early identification of need, enabling timely intervention, improving outcomes for children and families, and helping to prevent escalation to higher-cost statutory services. Public Health also led the development of the Serious Youth Violence Needs Assessment, across partners. This informed the Youth Justice Board's strategy, aiming to strengthen a multi-agency approach, tackle underlying causes, enhance protective factors, and improve outcomes.

6. Active Stockton – Sport England Place Partnership

£1.2m of Sport England funding over the next 2 years has been secured through co-lead work between SBC Public Health and the Sport and Active Lives team, to improve health and wellbeing through communities being active in their daily lives. The work is founded in extensive community insights work, covering target areas across the borough such as Billingham and Haverton Hill, Roseworth, Stockton town centre, Thornaby, and Norton; alongside focused work with people with disabilities, ethnic minority communities, and young people transitioning to adulthood. A delivery plan has been co-developed with partners and communities, rooted in this insight, addressing issues such as mental health, confidence and chronic health conditions / pain. Outcomes to achieve a more inclusive and active borough will be monitored throughout.

7. Health and Wellbeing Board ways of working

Public Health has directly supported the Health and Wellbeing Board to strengthen its ways of working, clarify its responsibilities and improve its overall effectiveness. An agreed monitoring and accountability framework has been developed to support the Board in overseeing delivery of the Health and Wellbeing Strategy. The framework provides the Board with a more active role in strategic oversight, while creating greater opportunities to explore priority issues in more depth. This is intended to support constructive challenge, identify opportunities for advocacy, and enable the Board, collectively or through individual

members, to help address and unblock key challenges. Topics reviewed to date include social isolation and loneliness, early years, healthier weight and the food environment, and inclusive growth.

Challenges

1. School readiness and development

As part of the national drive to improve these important determinants of health and wellbeing, public health is working closely with children's services and partners to support achievement of the challenging targets set by government on good level of development (GLD) at 2.5yrs and 5yrs old. This includes work on bonding and attachment, infant feeding, maternal and parental mental wellbeing, child physical development and parental and child literacy. Our 0-5 health visiting service is an important contributor, and our Healthy Child Programme aims and delivery are well-aligned with the work across partners and the Families First Reforms to address the inequality in GLD across the borough, particularly the current challenging outcomes in some of our communities.

2. System change – reconfiguration (NHS/ICB)

The NHS system has undergone significant change nationally and regionally with resulting change in structures and personnel. University Hospital Tees Group has also now been formed with ongoing change in the organisation. We benefit from strong local relationships between Public Health and local NHS colleagues and are fortunate there has been some continuity in local ICB leads and representation at meetings. An ongoing priority remains close partnership working with NHS colleagues to align agendas wherever possible, as the system changes embed, for example on work, skills & health; neighbourhood health; and prevention and long term conditions. Public Health is embedded in these discussions locally and regionally.

3. Financial challenge

Public Health has successfully identified £1m in-year, to support wider work across the Council to achieve public health outcomes, in line with the national requirements on public health grant spend. This has significantly contributed to the work on transformation and on efficiency across the organisation. Work continues to maximise value for money from Public Health grant spend, embed early prevention, address demand and tackle inequalities, working closely with internal and external partners. It is recognised that the Council continues to face significant financial pressures and maintaining a focus on early prevention is challenging but important in this context.

Emerging Issues

1. Neighbourhood health plan

Development of a Stockton-on-Tees Neighbourhood Health Plan is a key emerging priority for the coming year, building on learning from our participation in the national scheme pilot and wider place-based partnership arrangements, to shift health and social care activity towards prevention and early intervention. The plan will provide a shared vision and framework to support aligning the efforts of health, care, voluntary sector and community partners around shared outcomes. The local ambitions for the plan will be to improve

healthy life expectancy, reduce health inequalities, support people to live independent, healthy lives, strengthen community capacity and coproduction, and make better use of collective resources whilst delivering national expectations for health and care reform. We are working to ensure the developing approach to neighbourhood health fits with and complements wider discussions on neighbourhoods and communities (including Pride in Place) and work across partners including public health to support communities with the most complex needs.

2. Children and Young People Vaping

National representative data indicate that more young people report vaping than smoking, but most young people neither smoke nor vape and most who try vaping do not go on to vape regularly. A local school survey of year 8 and year 10 pupils in 2022 (n=1588) reported an increase in regular vaping by year 10 with 13% of girls and 9% of boys reporting to vape on most days - representing an emerging concern. Robust research shows that vaping is an effective quit aid for smokers and is less harmful than smoking tobacco. However vaping is not without risk of harm (Nicotine dependence can develop with reported short-term effects; potential long-term health harms are currently unknown).

The Tobacco and Vaping Act (2026) introduces a law to prevent the sale of tobacco to anyone born in 2009 or later, to protect children and future generations from the harms of tobacco. Laws to prevent marketing of vaping which targets children and/or non-smokers is currently under consultation. SBC Public Health continues to work with schools, colleges, children's services and wider partners to prevent children and young people from starting to smoke or vape, and to support them to quit.

3. Local Plan

The development of the new Local Plan presents a significant opportunity to further address the determinants of health and wellbeing through national and local policy e.g. access to green space, prevalence of hot food takeaways, provision of affordable good quality housing. Public health is working closely with SBC planning and regeneration colleagues to shape the Local Plan through public health data and community insight, support on evidence base and learning from other areas / national and regional networks, connections with NHS partners, and through developing and maximising tools such as a health impact assessment for new developments. This will support wider work to address the Council- and system-wide outcomes of improving life expectancy and health life expectancy, as well as specific work on issues such as overweight and obesity.

4. Community insights

Public Health continues to actively support the local work through the Thriving Communities Board, to build our local approach to co-production and working in partnership with local communities. A network of community health and wellbeing champions across the borough is commissioned by public health to enable two-way conversations with communities, to help understand health and wellbeing needs and address inequalities. They support work such as Active Stockton and neighbourhood health and focused partnership programmes in Stockton Town Centre and Hardwick; we are also holding more open conversations with the champions to understand more about priorities and concerns for communities which we will continue to develop over the coming year.

Stockton-on-Tees Plan – Progress 2026

Public Health

Summary

Following Council agreement of the Stockton-on-Tees Plan in 2024, it was agreed that Adult, Social Care and Health Select Committee would receive annual performance updates of the Tier 2 outcomes.

The indicators attached (Appendix 1) provide Adult, Social Care and Health Select Committee with an update on the Council's progress against the high-level outcomes identified in the Stockton-on-Tees Plan.

Recommendations

Adult, Social Care and Health Select Committee is recommended to note and comment on the update attached at Appendix 1.

Reasons for the Recommendations

1. To Ensure Transparency and Accountability:

Regular reporting against the Stockton-on-Tees Plan enables Members to monitor progress, assess the effectiveness of service delivery, and ensure that the Council remains accountable to residents and partners.

2. To Support Evidence-Based Decision Making:

The report provides an overview of outcomes, highlighting both achievements and areas requiring improvement. This evidence base supports informed decision-making and prioritisation of resources.

3. To Drive Continuous Improvement:

Identifying areas for improvement allows for timely intervention and the implementation of corrective actions. This promotes a culture of continuous improvement across services and contributes to better outcomes for communities.

4. To Align with Strategic Priorities:

Monitoring progress against the Stockton-on-Tees Plan ensure that the organisation remains focused on delivering its strategic objectives and that progress is aligned with the Council's vision and long-term goals.

5. To Inform Future Planning and Budgeting:

Insights from the report can inform future service planning, policy development, and budget setting, ensuring that resources are targeted effectively to meet community needs.

6. To Highlight and Celebrate Success:

Recognising areas of strong progression helps to motivate staff, share best practice, and reinforce the Council's commitment to delivering high-quality services.

Detail

1. The Stockton-on-Tees Plan (2024) set a Vision for the future of the Borough, developed with communities, for communities:
 - a. Our Vision: Stockton-on-Tees is home. It's a warm and friendly place where we welcome others and come together as a single community. We are a diverse and inspiring Borough, culturally rich and with confidence in a future that we can all share and be proud of. At the economic heart of the Tees Valley, we are a dynamic, safe and healthy place where everyone can grow and succeed. We will continue to work together to reduce inequalities and barriers to opportunity.
2. The wider plan was developed to reflect the drivers and priorities that can turn our Vision into reality, and included a picture of success, underpinned by key outcome measures (What success looks like – Stockton-on-Tees Borough Council).
3. Outcomes centre around all the following priority areas:
 - The Best Start in Life to Achieve Big Ambitions
 - Healthy and Resilient Communities
 - A Great Place to Live, Work and Visit
 - An Inclusive Economy
 - A Sustainable Council
4. Appendix 1 provides the first year's progress report against key outcome measures, it includes:
 - a. The vision and priorities
 - b. Key indicators (current position and direction of travel)
 - c. Activity to date
 - d. Planned activity
 - e. Key metric

5. This includes:

- a. Areas where the Council performs above the national average, and demonstrates strong performance trends aligned to our ambitions:

Ref	Indicator	Previous	Latest		
2	Number of households referred to domestic abuse safe accommodation services that could not be supported due to unmet needs (MHCLG)	10	13		better
3	Proportion of the opiate and/or crack prevalent population (15-64) that are not in treatment (unmet need) (NDTMS)	43.85%	42.76%		better
4	Percentage achieving good level of development at 2-2.5 year review (also reflected in the health and wellbeing outcome)	86.10%	90.00%		better
16	Deaths attributable to particulate air pollution (particulate matter less than 2.5 micrometres in diameter [PM2.5]) (DHSC)	5.50%	4.60%		better
17	Child development: Percentage of children with a good level of development at 5 years old (DfE)	69.70%	69.50%		better
20	Winter mortality index (excess winter deaths)	23.5%	5.7%		better
24	Smoking prevalence of adults RMOs (APS 1 year range)	31.6%	7.4%		better
33	Flu vaccine uptake for 65 and over	80.20%	76.90%		better

- b. Areas where the Council shows strong performance relative to national averages, however there is a need to manage local trends to improve outcomes:

Ref	Indicator	Previous	Latest	
1	Proportion of alcohol-dependent population (18+) that are not in treatment (unmet need) (NDTMS)	78.60%	74.10%	

- c. Areas where the Council demonstrates strong performance trends aligned to our ambitions:

Ref	Indicator	Previous	Latest	
14	Oral health: percentage of 5-year-olds with experience of visually obvious dental decay (DHSC)	7.00%	22.60%	
19	Average adolescent vaccine uptake (from the data for: HPV females; HPV Males; MenACWY; TdIPV)	63.07%	72.17%	

- d. Known areas of challenge, which form the basis of targeted activity to improve outcomes:

Ref	Indicator	Previous	Latest	
5	Physical inactivity: less active (less than 30 minutes per day) (Sport England - Table 3)	33.10%	26.90%	
6	Healthy life expectancy at birth-Males	56.5	56.5	
7	Healthy life expectancy at birth-Females	56.7	56.9	
8	Slope index of inequality life expectancy at birth-Males	16	15.8	
9	Slope index of inequality life expectancy at birth-Females		13.9	
10	Smoking: percentage of those setting a quit date who successfully quit smoking (DHSC)	47.50%	42.30%	
11	Rate of alcohol-specific mortality (directly standardised rate per 100,000) (DHSC)	20.8	20.2	
12	Obesity: year 6 obesity prevalence (DHSC)	26.30%	24.60%	
13	Sexual health: under 18 conception rate (DHSC)	21.4	17.4	
15	Mental Health: Suicide Rate (DHSC)	11.8	14.6	
18	Breastfeeding prevalence 6 to 8 weeks	No data	39.2%	
21	Rate of reported DA crimes (per 1,000)	43.0	42.5	
22	Deaths from drugs misuse (rate per 100,000)	7.20	6.20	
23	Smoking prevalence aged 18 years+ (current smokers APS 1 year range)	6.50%	11.40%	
25	Smoking prevalence in adults admitted to treatment for substance misuse	82.8%	82.1%	
26	Mortality rates from smoking attributable disease	267.9	249.3	
27	Premature mortality in adults with severe mental illness (SMI)	163.3	154.1	
28	Under 25s repeat abortions	27.90%	33.00%	
29	Under 75 mortality rate for CVD (1 year range)	80.50	75.80	
30	Diabetes prevalence	8.00%	8.20%	
31	Under 75 mortality rate from all cancers (all ages 1 year)	257.80	249.50	
32	Overweight (including obesity) prevalence in adults	71.70%	76.10%	

- e) Indicators that are specific to SBC with a positive trend:

N/A

Community Impaction and Equality and Poverty Impact Assessment

6. The Council Plan drew from a wide range of data and intelligence. But overall, it represents the voice of the Borough. It has been developed with communities, for communities. Intelligence has been gathered from:

- Our Residents Survey
- Conversations with Community Groups

- Face-to-face interviews
 - Out Viewpoint Panel
7. Key themes from our conversation with communities, and which are reflected in the Council Plan are:
- Creating a Borough to be proud of that encourages more young people to stay here
 - Creating employment opportunities and raising aspirations
 - Creating safe communities and reducing anti-social behaviour in town centres
 - Good Schools and Colleges
 - Good transport links – including cycleways & pathways
 - Joint working with communities and creating an inclusive Borough
8. Working closely with our communities and partners will help us meet the needs of our residents and make Stockton-on-Tees a place we can all be proud of. Some examples of how we will measure success include the following:
- The number of children in poverty
 - Educational attainment
 - Feelings of belonging in communities
 - Crime rates & perceptions of crime
 - Satisfaction with employment & accommodation
 - Employment rates & productivity

Corporate Parenting Implications

9. The Stockton-on-Tees Plan's strategic priorities will support the Local Authority to deliver its statutory functions and enable it to be an effective Corporate Parent.

Financial Implications

10. The Stockton-on-Tees Plan is aligned with the Council's Medium Term Financial Plan. There are no financial implications as a direct result of this report. Financial Implications will be considered through any proposed action to deliver and approval sought at that point.

Legal Implications

11. Any and all legal implications will be identified through careful action planning throughout the delivery of the Stockton-on-Tees Plan noting, in particular, that growing pressures on communities and public services will require effective

management of all Council's resources, and that, any decisions made pursuant to the Council Plan are also made in accordance with the law to minimise any risk of legal challenge.

Risk Assessment

12. The Stockton-on-Tees Plan provides the vision or the future of the Borough. The greatest risk associated with the Stockton-on-Tees Plan is that the development has not been sufficiently robust and that the wrong priorities have been identified. This risk has been mitigated by a detailed development process including considerable consultation with our communities, partners and internally with Members and officers.

Wards Affected and Consultation with Ward Councillors

All Stockton-on-Tees Wards are affected.

Background Papers

Council Plan (Council Report, November 2024)

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Name of Contact Officer: Sarah Bowman-Abouna

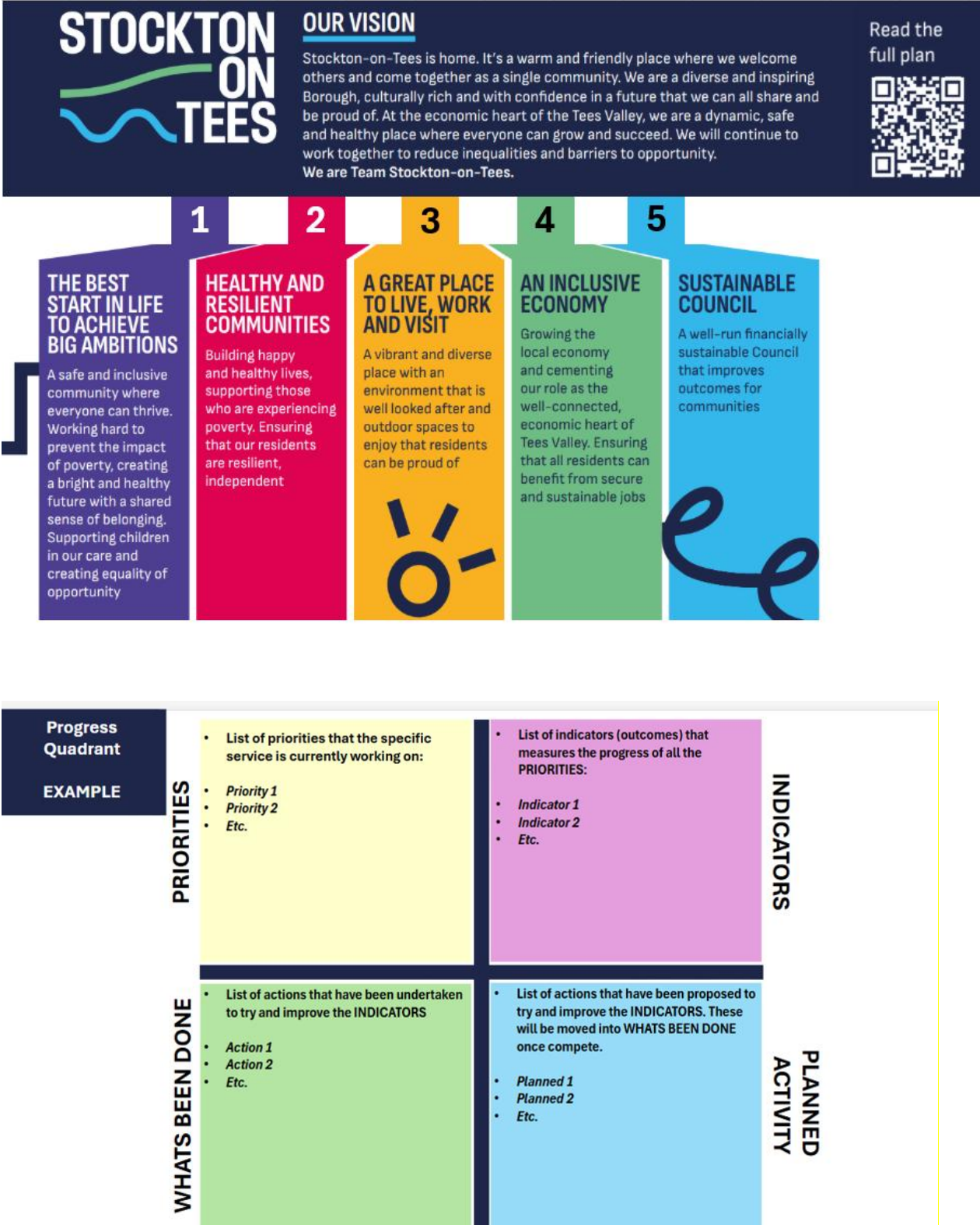
Post Title: Director of Public Health

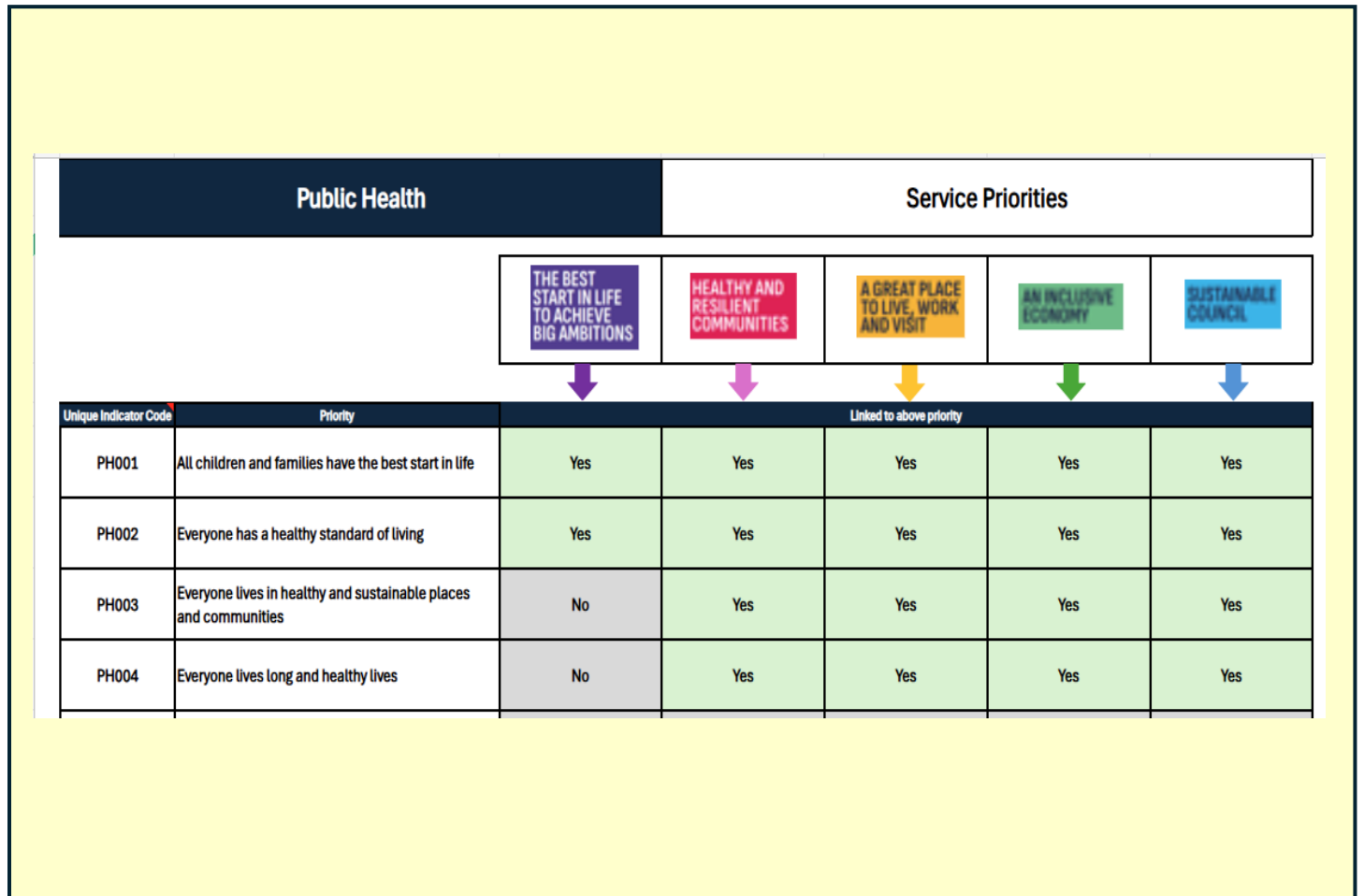
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Appendix 1 – Measuring Progress

a) The vision, priorities and key indicators





b) Activity to date

1	Street outreach team developed to help identify and build trust with those not currently in treatment, working with other Council teams and VCSE partners
2	Work with housing to understand unmet need and build into joint plans on addressing supported and safe accommodation. This is a national issue. Significant local work progressed to fit safety measures to homes in response to risk, to make their accommodation more secure.
3, 22	Street outreach team developed to help identify and build trust with those not currently in treatment, working with other Council teams and VCSE partners
4, 18	Direct support to partnership plan on addressing Good Level of Development, linked to Best Start in Life Delivery Plan
5, 31, 33	£1.2m Sport England secured; delivery plan developed based on community insights
6	System outcome – Public Health work programme tailored to address this alongside partners
7	System outcome – Public Health work programme tailored to address this alongside partners
8	System outcome – Public Health work programme tailored to address this alongside partners
9	System outcome – Public Health work programme tailored to address this alongside partners
10	Use of additional stop smoking grant from government to build work across teams and partners working with target communities e.g. in social housing, mental health hospital and targeting pregnant women
11	Supported people to access and maintain treatment, including through Individual Placement and Support (tailored support to achieve employment) and commissioning of Recovery Connections providing lived experience support to people in treatment and recovery
12	Growing Well Growing Healthy service being evaluated and redesigned with stakeholders to continue to build support for children and families identified through National Childhood Measurement Programme
13, 28	New sexual health service commissioned, including community contraceptive service aiming to improve access
14	Ongoing delivery of toothbrushing scheme across priority areas in primary schools, working alongside schools and with the oral health promotion team.
15, 27	Tees Suicide Prevention Coordinator (joint role across Tees public health teams) analysing trends and facilitating lessons learned exercises, to enable changes to practice as needed across the system. Identifying priorities for strategy development and supporting delivery
17	Joint work with Environmental Health to continue campaign around schools, addressing idling vehicles and awareness raising with children and families
18	See 4 above
18	Breastfeeding Friendly Scheme running across the borough including local businesses and services

19	Local and regional insights work to continue to improve uptake. Tees Valley Local Immunisation steering Group vaccine promotional resource development and distribution.
20	Public Health funded Warm Homes Healthy People scheme continues
21	Work ongoing across partners and the community to promote reporting of domestic abuse so it can be addressed
22	See 3 above
23, 24, 25, 26, 27, 31	Use of additional government stop smoking grant to support work in community with target groups, in partnership with VCSE, TEWV etc. Under 75 mortality rates are a system outcome
28	See 13 above
30	Diabetes prevalence is a system outcome. See 5 above. Also Health and Wellbeing Board deep dive held on Healthy Weight. 4860 NHS Health checks delivered in 2025/26, which includes screening for diabetes.
31	Under 75 mortality rates are a system outcome. Health and Wellbeing Board deep dive held on Healthy Weight. Ongoing work to address smoking including in target groups.
32	See 5 above. Also Health and Wellbeing Board deep dive on healthy weight with actions agreed. New Food Equity group (reporting to HWB) established to help address food and nutrition element of healthy weight. Work commencing on Local Plan
33	System outcome. Work continuing with social care providers and community / VCSE partners

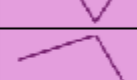
c) Planned activity

1	Work underway to seek external funding to make street outreach approach sustainable
2	Continue work this year, including opportunities to seek external funding and explore potential for additional safe accommodation for women, learning from other areas, working across council service areas (e.g. Housing and Planning) to identify opportunities
3, 22	Work underway to seek external funding to make street outreach approach sustainable
4, 18	Support delivery of partnership plan on Goof Level of Development, including early identification of families needing support and providing this support e.g. implementation of new 3.5-year-old developmental review, infant feeding support– delivered through Public Health services and approach
5, 31, 33	Deliver and monitor Active Stockton Partnership delivery plan
6	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners
7	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners
8	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners. Neighbourhood health plan will support, also public health work to use data and insights to address inequality and target prevention across the system
9	System outcomes – continue to tailor Public Health work programme and services to address this alongside partners. Neighbourhood health plan will support, also public health work to use data and insights to address inequality and target prevention across the system
10	Continue to build target work in communities and neighbourhoods, working with community H&W champions, other services and teams and VCSE organisations. Plan to build and embed local approach to MECC across services and partners.
11	Continue to support people in treatment and recovery e.g. through peer advocacy programme. Planned approach to embedding MECC further across the system, including as part of neighbourhood health approach
12	Continue to develop support through Growing Well Growing Healthy service, for children and families identified through National Childhood Measurement Programme. Local Plan work to help address determinants of obesity and overweight across age groups.
13, 28	Fully implement new condom digital offer, making this more accessible. Continued work with schools, colleges, children's services and partners to build resilience in young people, manage risk and support healthy relationships
14	Implement fluoride varnish programme in target areas with highest levels of decay
15, 27	Work underway with ICB across region to strengthen whole-system approach to suicide prevention, working with partners (e.g. TEWV).

17	Continue to implement work articulated in joint annual air quality assurance plan, linked with wider work on carbon reduction
18	See 4 above
18	Continue to build infant feeding support as part of approach to healthy weight and Good Level of Development, including building closer engagement of maternity services
19	Further work with school immunisations provider, together with the commissioner (NHS England) to address inequality in uptake e.g. myth-busting, maximising consent. Healthy Schools criteria to include guidance on vaccine consent and education in line with RSHE curriculum.
20	Continued funding for Community Spaces, supporting people to keep warm in Winter and to address loneliness and isolation
21	Public health interim support to (previously OPCC funded) hospital IDVA post, which has been successful in promoting reporting of DA and providing support (alongside GP and CYP IDVAs). Partnership work planned to secure sustainable funding for this hospital role.
22	See 3 above
23, 24, 25, 26, 27, 31	Continued use of additional government stop smoking grant to support work in community with target groups. Strengthen joint work with maternity and mental health services. Progress work to embed MECC approach across key Council services and partners. Smoking remains key cause of preventable premature mortality. Neighbourhood Health Plan will include addressing drivers of poor health including smoking. Under 75 mortality rates are a system outcome
28	See 13 above
30	See 5 above. Diabetes rates are a system outcomes. Healthy Weight Declaration and associated actions proposed to be adopted by Health and Wellbeing Board. Local Plan work will help address drivers of unhealthy diet and low physical activity. Neighbourhood Health Plan will include addressing key conditions (e.g. diabetes) and their drivers. NHS Health Checks continuing.
31	Under 75 mortality rates are a system outcome. Healthy Weight Declaration and associated actions proposed to be adopted by Health and Wellbeing Board. Local Plan work will help address drivers of poor health. Neighbourhood Health Plan will include addressing key conditions (e.g. cancer) and their drivers
32	See 5 above. Healthy Weight Declaration and associated actions proposed to be adopted by Health and Wellbeing Board. Work through Food Equity group (reporting to HWB) to be progressed. Work to shape Local Plan and policies to support an environment where people can be healthy, including re: healthy weight
33	System outcome. Further promote uptake through work with local communities, the VCSE, NHS and other Council and service partners including myth-busting where needed, linked with wider regional approaches

d) Key Metrics

	Indicator	Polarity	Previous 2 years		Previous year	Latest data	Latest data date	Trend
1	Proportion of alcohol-dependent population (18+) that are not in treatment (unmet need) (NDTMS)	Low is good	82.20%	77.60%	78.60%	74.10%	2023/24	
2	Number of households referred to domestic abuse safe accommodation services that could not be supported due to unmet needs (MHCLG)	Low is good	No Data	No data	10	13	2024/25	
3	Proportion of the opiate and/or crack prevalent population (15-64) that are not in treatment (unmet need) (NDTMS)	Low is good		45.57%	43.85%	42.76%	2024/25	
4	Percentage achieving good level of development at 2-2.5 year review (also reflected in the health and wellbeing outcome)	High is good	91.40%	86.30%	86.10%	90.00%	2023-24	
5	Physical inactivity: less active (less than 30 minutes per day) (Sport England - Table 3)	Low is good		27.40%	33.10%	26.90%	2023/24	
6	Healthy life expectancy at birth-Males	High is good	59.6	58.1	56.5	56.5	2021-23	
7	Healthy life expectancy at birth-Females	High is good	60.4	58.8	56.7	56.9	2021-23	
8	Slope index of inequality life expectancy at birth-Males	Low is good	14.6	14.8	16	15.8	2021-23	
9	Slope index of inequality life expectancy at birth-Females	Low is good	13.6	13.8		13.9	2021-23	
10	Smoking: percentage of those setting a quit date who successfully quit smoking (DHSC)	High is good	49.20%	46.30%	47.50%	42.30%	2024/25	
11	Rate of alcohol-specific mortality (directly standardised rate per 100,000) (DHSC)	Low is good	21.8	13.7	20.8	20.2	2023	
12	Obesity: year 6 obesity prevalence (DHSC)	Low is good	No data	26.30%	26.30%	24.60%	2023-24	
13	Sexual health: under 18 conception rate (DHSC)	Low is good	25.9	21.3	21.4	17.4	2021	
14	Oral health: percentage of 5-year-olds with experience of visually obvious dental decay (DHSC)	Low is good	20.60%	19.50%	7.00%	22.60%	2023-24	
15	Mental Health: Suicide Rate (DHSC)	Low is good	10.2	12.4	11.8	14.6	2022/24	

17	Child development: Percentage of children with a good level of development at 5 years old (DfE)	High is good	No Data	68.10%	69.70%	69.50%	2024	
18	Breastfeeding prevalence 6 to 8 weeks	High is good	No Data	31.9%	No data	39.2%	2024/25	
19	Average adolescent vaccine uptake (from the data for: HPV females; HPV Males; MenACWY; TdIPV)	High is good	71.54%	65.75%	63.07%	72.17%	2024/25	
20	Winter mortality index (excess winter deaths)		28.5%	2.5%	23.5%	5.7%	2021/22	
21	Rate of reported DA crimes (per 1,000)	Low is good	42.2	44.2	43.0	42.5	2024/25	
22	Deaths from drugs misuse (rate per 100,000)	Low is good	9.60	8.70	7.20	6.20	2022/24	
23	Smoking prevalence aged 18 years+ (current smokers APS 1 year range)	Low is good	11.60%	12.00%	6.50%	11.40%	2024	
24	Smoking prevalence of adults RMOs (APS 1 year range)	Low is good	22.2%	26.9%	31.6%	7.4%	2023	
25	Smoking prevalence in adults admitted to treatment for substance misuse	Low is good	53.4%	84.7%	82.8%	82.1%	2019/20	
26	Mortality rates from smoking attributable disease	Low is good	239.6	256.7	267.9	249.3	2017/19	
27	Premature mortality in adults with severe mental illness (SMI)	Low is good	139.8	151.2	163.3	154.1	2021/23	
28	Under 25s repeat abortions	Low is good	25.70%	36.40%	27.90%	33.00%	2023	
29	Under 75 mortality rate for CVD (1 year range)	Low is good	76.30	73.00	80.50	75.80	2024	
30	Diabetes prevalence	Low is good	7.40%	7.70%	8.00%	8.20%	2024/25	
31	Under 75 mortality rate from all cancers (all ages 1 year)	Low is good	270.20	276.80	257.80	249.50	2024	
32	Overweight (including obesity) prevalence in adults	Low is good	75.60%	70.10%	71.70%	76.10%	2023/24	
33	Flu vaccine uptake for 65 and over	High is good	84.60%	82.40%	80.20%	76.90%	2024/25	

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

20 OCTOBER 2026

Care and Health Winter Planning Update 2026-2027

Summary

The Committee is requested to consider and provide views on the Health and Wellbeing Board's *Care and Health Winter Planning Update* report.

Detail

1. The Health and Wellbeing Board has responsibility for seeking assurance on health protection, and this report supports the Board in this duty. The Board will consider the report, with a view to ratifying it, at its meeting on 28 October 2026. As in previous years, the report is being presented to the Adult Social Care and Health Select Committee for information and discussion ahead of the Board meeting.
2. For additional context, Members may wish to familiarise themselves with last year's update (and subsequent discussion points) which was considered at the Committee meeting in October 2025: see <https://moderngov.stockton.gov.uk/mgAi.aspx?ID=5418>.

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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

28TH OCTOBER 2026

REPORT OF DIRECTOR OF ADULTS, HEALTH & WELLBEING

CARE AND HEALTH WINTER PLANNING UPDATE SUMMARY

This briefing provides an update to Health and Wellbeing Board on care and health Winter planning work across the Council, working with partners. This includes measures in place across Adult Social Care (ASC) to respond to Winter pressures and the associated increase in service demands.

RECOMMENDATION

It is recommended that the Board notes the update report and consider it in the context of the Board's assurance role.

DETAIL

Winter Planning

1. As in previous years, local communities are experiencing significant challenges as we head into Winter 2026 including the ongoing cost-of-living pressures, seasonal illness (including COVID-19), and significant financial and workforce pressures across organisations.
2. A range of activity is underway, having commenced in late Summer, to plan for and mitigate the impact of Winter. The Tees Valley Local A&E Delivery Board (LAEDB) is currently undergoing a review. Following the review, the board, or its equivalent will continue to have oversight of NHS planning and coordination with partners, feeding into regional Northeast and North Cumbria (NENC) arrangements, with Local Authority representation. During the review process, as with last year, the LAEDB are compiling a comprehensive overview of Winter plan arrangements and plan to share this with the wider system in November.

3. The Health and Wellbeing Board seeks assurance on the systems in place to mitigate and respond to the impacts of Autumn and Winter at a local level, as the statutory body with oversight of the health and wellbeing system.
4. The North East Health Protection network continues to meet to consider the impact and mitigation of infectious disease and feed into regional and local arrangements including emergency planning discussions.
5. The key Adult Social Care services (Care homes and care at home services) are required to update and share their Winter preparedness plan in Autumn to assure the Council that they have plans in place to manage Winter events (i.e. snow, extreme cold, power outages, etc.). Relevant risks, capacity pressures and dependencies are shared with the NENC Integrated Care Board (ICB) through established local partnership, escalation and Winter planning arrangements.
6. The North East and North Cumbria Integrated Care Board (NENC ICB) has developed a Winter Commissioning Plan for 2026/27, informed by learning from Winter 2025/26 and national planning requirements. A multidisciplinary ICB Winter Planning Assurance and Delivery Group has coordinated development of the plan and the associated Board Assurance Statement. This has included structured operational preparedness reviews with each NHS trust, regional Winter stress testing and consideration of demand and capacity, workforce, patient flow and discharge, escalation, infection prevention and control, and provider-specific risks.
7. The plan focuses on preventing avoidable deterioration and demand, strengthening care closer to home and improving hospital flow and discharge. Key measures include vaccination and public communications, enhanced primary care and pharmacy access, Acute Respiratory Infection services, Urgent Community Response, Virtual Wards/Hospital at Home, mental health crisis pathways, Same Day Emergency Care, targeted support for people with COPD and additional discharge transport capacity.
8. During Winter, delivery and emerging risks will be monitored through the Urgent and Emergency Care Network, local delivery arrangements, the ICB Winter Planning Assurance and Delivery Group and the System Coordination Centre. These arrangements provide system oversight, coordination and escalation across NHS providers, local authorities, social care and other partners.

Winter preparedness and response

Targeted action on respiratory risk, avoidable demand and flow — backed by coordinated escalation and measurable assurance

2026/27 COMMISSIONING RESPONSE

Whole-system winter plan

Winter Comms

Right place, first time

01 ENHANCE THE RESPIRATORY PATHWAY

2.8% | 92,000

COPD prevalence | patients

- Vaccination through primary care, pharmacy, trusts and targeted outreach
- ARI hubs: same-day access for at least 16 weeks across winter
- OPTIMISE rollout from Oct 2026; pilot cohort saw 53% fewer ED presentations

7/7 SYSTEM COORDINATION

SCC 08:00–20:00 daily
ICB director on call out of hours

02 MAXIMISE PREVENTION & CARE AT HOME

HOME FIRST

Alternatives to hospital

- Urgent Community Response and Virtual Wards add seasonal capacity
- Primary care, NHS 111 and Pharmacy First direct people to appropriate care
- All-age mental health crisis routes and community alternatives remain resilient

£0.5 m WINTER BUDGET

£347.2k allocated
£152.8k contingency

03 IMPROVE FLOW & DISCHARGE

SAME DAY

When clinically appropriate

- Wider direct access and consistent use of Same Day Emergency Care
- Additional patient transport removes avoidable discharge delays
- Track long waits, occupancy, discharge and outcomes through winter

7 Oct ASSURANCE

SCSC 8 Sep • Board
29 Sep
BAS sign-off by 7 Oct



Source: NENC ICB Winter Commissioning Plan 2026/27

9. Cleveland Local Resilience Forum (LRF) also continue to support wider system resilience as needed. The borough's Major Incident Plan, updated in 2025, ensures that an appropriate response can be put in place in the event of a major incident due to adverse weather.
10. Work has progressed throughout 2026 on our Local Authority internal services business continuity planning, which is in place for the forthcoming Winter period. This will help ensure services remain robust and are well positioned to respond to any exceptional challenges that may arise over the Winter months.
11. Through our links to the national weather warning systems and communications resources through the UK Health Security Agency, our usual arrangements are in place to communicate key messages to our communities when we are warned of adverse weather events. For example, advice on keeping warm and checking on vulnerable neighbours in the event of sudden cold snaps. There is a significant El Niño weather event likely to occur towards the end of 2026 and whilst its impacts are uncertain we are preparing for a more severe Winter, with possible impacts to food and gas supply chains. We will work collaboratively to identify early warning signs of impacts on our communities and act quickly to mitigate potential harms.
12. Collaboration with system wide partners via the Tees Valley Local Immunisation Steering Group is working to increase uptake of maternal vaccines (Flu, RSV, and whooping cough). Ongoing work includes exploring the creation of vaccination resources to act as reminders and conversation prompts with patients using maternity services.
13. The local Health Protection Collaborative has now been stood down, and Stockton-on-Tees Borough Council (SBC) Public Health are in the process of reviewing alternative arrangements to ensure continued joint system working with key partners, including the NE Health Protection Team.

Integration

14. The work undertaken throughout 2024, particularly around admissions avoidance and Home First, has been assimilated into existing joint working discussions between the Council, NHS and partners. Following the 1-year National Neighbourhood Health Implementation Programme pilot in 2025/26, which focused on 50 to 64-year-olds with existing chronic conditions (three or more), the process of developing a local Neighbourhood Health Plan is underway, developed jointly with member organisations of the Health and Wellbeing Board. This plan will provide further opportunities to build on joint working approaches to support those at risk of poor health during the Winter months.

Infectious Disease Surveillance

15. The UK Health Security Agency (UKHSA) maintains the national monitoring system for Influenza, RSV and COVID-19. Ongoing population surveillance across the North East is observed via weekly UKHSA Regional Acute Respiratory Infection Reports (See Appendix 1 for latest Influenza, RSV and COVID-19 data).
16. As expected for Autumn, North East Influenza positivity (2.5%) remains low (up to 6th September 2026).
17. Similarly, RSV positivity (0.1%) in England remains low (up to 31st August 2026). Higher RSV and Influenza rates are more common between December and February.
18. COVID-19 may be beginning to settle into a seasonal pattern with a spike in cases in Autumn/Winter, lower cases in the Spring and reduction to baseline levels in the Summer

of 2025/26 year. Up to 14th September 2026, COVID-19 positivity in the North East was 5.6%.

COVID-19, Flu, MenB and vaccinations

19. The Tees Valley Vaccination Board oversees delivery of the local flu and COVID-19 vaccination programmes and reports through the NENC ICB's immunisation governance arrangements. Vaccination has also been considered in detail within the ICB Winter Commissioning Plan as a key preventative measure to reduce avoidable illness, hospital admissions and pressure across urgent and emergency care during Winter. The supporting vaccination plan sets out the seasonal delivery approach, eligible and priority cohorts, access through general practice, community pharmacy and other local providers, and arrangements for monitoring uptake and identifying gaps. Particular focus is placed on improving uptake among people at greatest clinical risk and in communities or groups where coverage is lower, including children, pregnant women, people with long-term conditions, older people and health and care staff. Delivery, uptake, inequalities and emerging risks are monitored through vaccination governance and reflected within the wider oversight of the plan.
20. Locally, SBC Public Health works with the ICB, primary care, community pharmacy and other partners to review population vaccination coverage, coordinate communications and outreach, and support targeted clinics and other interventions where these are required for areas with lower vaccination coverage and higher risk groups.
21. National influenza vaccination rates were similar in Winter 2025/26 in comparison to Winter 2024/25 across all age groups and clinical risk groups. In Stockton-on-Tees, uptake in those aged 65 and over remained high, meeting the World Health Organisation target of 75%. However, Flu vaccine rates in some cohorts did not meet the targets that have been set out for the upcoming season as shown in Appendix 2.
22. Modelling indicated that, in England, the Flu vaccination programme prevented an estimated 104,000 hospital admissions and 7,100 deaths in the 2025/26 season.
23. To protect vulnerable groups at greater risk, the national decision was taken to start staggered flu vaccination (commencing for some groups 1st September 2026) and wider flu and COVID-19 rollout on 1st October 2026. For the 2026/27 season, Flu vaccine eligibility has been expanded to include those experiencing homelessness. Appendix 3 sets out eligible groups. Vaccines are being evolved constantly in response to these viruses.
24. The School Aged Immunisation Service (SAIS) is changing to a new digital consent portal (MAVIS) for the coming year. This consent portal has been shown to increase the number of consent forms returned by parents and carers as well as improve data capture and flow in other areas where it has been used (NHS Digital, 2026).
25. The NHS have started inviting people for their COVID-19 vaccination in priority order of risk and those who are eligible will be able to book an appointment through the National Booking Service website, the NHS app or by calling 119. The borough is well covered for COVID-19 vaccinations across the Primary Care Networks (PCNs – groups of GP practices) and the local GP Federation (Hartlepool and Stockton Health).
26. Community pharmacies also offer flu and COVID-19 vaccinations to those who are eligible. Flu and COVID-19 vaccinations may also be purchased from pharmacies by population groups who are not eligible for free vaccinations through the NHS. A list of participating pharmacies offering flu and COVID-19 vaccines can be found in Appendix 4. Flu and

COVID-19 vaccinations can be administered together, where this is available.

27. Public Health and the GP Federation are working together to explore delivery of some bespoke COVID-19 vaccine clinics in deprived areas and with vulnerable groups which are typically associated with lowest uptake. There are 2 planned clinics taking place on the 5th October 2026 in Billingham Town Centre and 14th October in Stockton Town Centre.
28. The national vaccination programme for RSV (Respiratory Syncytial Virus) continues; it is recommended during pregnancy, for adults aged 75 years and over, those who live in a care home for older adults. This was further expanded to include those aged 65-74 with chronic respiratory diseases or a weakened immune system in September 2026. RSV can make babies and older adults seriously ill and is a key reason for people seeking healthcare support (GP and hospital) in the Winter months.
29. National communications messaging to promote flu, COVID-19 and RSV vaccinations has been disseminated widely, supported by local joint working between SBC and the NHS, including via the SBC Community Health and Wellbeing Champions (CHWC) network.
30. Joint efforts between SBC and the NHS to improve vaccination uptake include GP Practices and local Pharmacies promoting targeted outreach communications within their settings. SBC liaises closely with the GP Federation to share intelligence such as vaccination uptake data, which supports tailoring targeted campaigns for groups with the lowest vaccine uptake.
31. NHS trusts across North East and North Cumbria have commenced their seasonal staff vaccination programmes, with a particular focus on increasing flu vaccination uptake among frontline healthcare workers. Trust occupational health teams are improving access through flexible booking arrangements, workplace and pop-up clinics, including out-of-hours provision for shift workers, and targeted sessions for staff groups or services where uptake is lower. Campaigns are supported by early consent arrangements, staff communications, myth-busting resources, vaccination champions and trusted clinical voices. Uptake is monitored regularly so that organisations can identify gaps, understand barriers and target further action. Trusts are also working collaboratively across the system to widen access, including arrangements that allow ambulance staff to receive vaccination at participating trust sites. These measures aim to protect staff and patients, reduce sickness absence and maintain resilient services throughout Winter.
32. Following the unprecedented Meningococcal B outbreak, primarily among University of Kent students in March 2026, a one-off, time-limited offer of MenB vaccination from July 2026 was introduced for those attending university as undergraduates or starting at some further education colleges as a residential student, for the first time this autumn. Vaccines will be provided at community pharmacies for eligible cohorts ahead of the 2026/27 academic year. The first dose will be available until December 31st 2026 to ensure adequate opportunity for access, including for international students.

Health Protection work with key settings

33. People most at risk in Winter and more vulnerable from cold weather include:
 - people aged 65 and older
 - babies and children under the age of 5
 - people on a low income (so cannot afford heating)
 - people who have a long-term health condition

- people with a disability
 - pregnant women
 - people who have a mental health condition
 - people experiencing homelessness
34. Work continues with the care sector through provider forums and updates with adult social care managers as needed. This provides the opportunity to disseminate key messages and resources, 'temperature check' with providers on the impact of Winter illness and provide support as required.
35. Key relevant Health protection messages (including infection prevention control and vaccinations for young people) are regularly shared with children and young people settings, including school settings via the schools' newsletter and as needed directly with child minders, nurseries, and schools.

Local health protection response

36. General health protection principles and measures apply into the Autumn and Winter, regarding the management of infectious diseases, including COVID-19. Though it is not yet established as a 'seasonal' illness, national policy now means that prevention and response reflect guidance for other respiratory illnesses. Should there be a new variant that warrants considering a step-up of response, SBC public health will liaise closely with the UK Health Security Agency (UKHSA) on this and any further action needed. In the meantime we continue to monitor the position, liaise with UKHSA and offer support and advice particularly to our care sector as required.
37. Dissemination of consistent and clear messages on keeping well in Winter remains important and includes:
- Good hand and respiratory hygiene
 - Avoid passing on infections – Stay at home if you are unwell
 - Flu, COVID-19 and RSV vaccinations – Get vaccinated
 - Keeping warm and getting help with heating
 - Getting advice if unwell (pharmacy, 111, GP)
 - Looking out for others

Adult social care support

38. To collaborate effectively with North East and North Cumbria Integrated Care Systems (ICS) to alleviate anticipated Winter pressures facing the health and social care sector for 2025-2026, Adult Social Care (ASC) will continue to deliver a range of key services and step up support in several areas where pressure in the system is identified.

Demand and capacity management

39. The Council monitors the care market to understand capacity and quality pressures to ensure we can meet our statutory duties. The market has evolved since the 24/25 care and health Winter planning update was submitted with an expansion of nursing provision to address projected shortfall and a reduction in the waiting times to access care at home.
40. The change to care at home is largely due to the introduction of the new framework in November 2024 and expansion of the reablement service in October 2024. These changes have been central to the significant reduction in waiting times and has introduced a greater level of stability and assurance.
41. The Council continues to engage with all providers contractually and through our scheduled provider meetings that offer a forum for discussing a range of operational and development topics.
42. Contractually, all commissioned providers are required to submit Winter Contingency plans by 31st Oct each year and will continue to monitor compliance and use these plans to support our management of pressures over the period.
43. From a quality perspective, we aim to ensure all providers are operating effectively and able to provide care and support to those people who need that support. Managing the quality of care provision is an essential element of Winter preparedness. For 2025/26 we continued to deliver a full PAMMS schedule for all 29 care homes on the Older Persons Care Home framework. (PAMMS = Provider Assessment and Market Management Solution, an electronic assessment tool enabling the Council to monitor and evaluate quality developed by the Access Group). In addition, we have capacity to undertake up to a further 6 assessments of services (dependent on staff resources) which intelligence indicates may be at risk, to ensure we can support proactively. PAMMs aside, All providers are monitored monthly through the Quality and Assurance Dashboard (QuAD) which pulls all market intelligence together to inform a monthly conversation and agreed response to concerns. In addition, those contracted providers that do not get a PAMMs assessment will receive a contract monitoring visit in 2026/27.

Ensure adult social care teams have sufficient staff and access to care capacity to continue supporting people to live independently in their own homes wherever possible in line with Care Act 2014 principles

44. ASC introduced monthly performance meetings in March 2024 to monitor staff capacity and demand. The Performance meeting enables and supports contingency planning across operational teams, this has included the deployment of our peripatetic social work staff to meet areas of most need and the reallocation of work between teams where capacity issues are identified. Where capacity is identified in the wider market (care at home provision and residential care), commissioning staff are involved in the discussion and take these issues forward through their contractual networks.
45. The Operational Performance meeting is part of the Performance Framework which enable capacity and staffing issues to be escalated through to the Strategic Performance group and where required through to Performance SMT and the Directors Performance Dashboard.

Ensure a home first approach

46. The Virtual Frailty Wards (Hospital at Home) implemented in 2023 continue to operate in Stockton-on-Tees. The current system has capacity to support people in their own home, negating the need to be taken to hospital, when safe.
47. The Council has continued to develop services to support people to live independently. We have been introducing assistive technology (activity monitoring in the home) to support the assessment process and to provide assurance and support for people to live at home. This was piloted at the start of the year and we have been working with a consultancy firm (Channel 3) to map out options for deploying this at scale.

Monitor the impact of Winter on local people and the social care workforce

48. ASC have established processes which support the day-to-day management of activity in the system. The Holding List procedures allow managers to risk assess and priorities any referrals awaiting allocation and alongside the regular monthly performance meetings (where teams share information around capacity and waiting lists), provides a clear and current picture of the waits across the service and potential bottlenecks because of demand and/or capacity in the system.
49. Alongside the weekly meeting to review outstanding placements or POC, this provides a clear route to support the escalation process in place for any urgent cases and options / resources needed to ensure people are kept safe.
50. The Adult Safeguarding Team has well established processes in place to address concerns and section 42 enquiries, including daily with the Police, Housing and CGL. The Team is currently fully staffed at present and can manage ongoing demand across the system and this is supported by regular meetings across the service to monitor work pressures and capacity within teams with the ability to move resources across teams to meet any increased demands in any areas.

Homelessness Services

51. The Council's Homelessness Service includes a Complex Needs Team which includes dedicated Rough Sleeper Officers who both respond to reports of rough sleeping and visit areas where rough sleeping may previously have occurred, with the aim of identifying those who may require advice and support. Government has identified addressing rough sleeping as a priority in terms of making rough sleeping rare, brief and non-recurring by identifying people sleeping on the streets, providing immediate accommodation and support, and helping individuals move into and sustain long-term housing. It focuses on prevention, outreach, recovery and partnership working to address the underlying causes of rough sleeping and help people achieve stable, independent lives. Stockton continues to commit to exploring emergency accommodation placement for any person who is verified as rough sleeping, regardless of the "priority need" status. A recent Health & Wellbeing Board meeting (30.09.26) included a focus on rough sleeping.
52. Whilst this is an all-year-round service, it is vitally important in the Winter months. The Council is committed to the SWEP (Severe Weather Emergency) Protocol. SWEP is a universal offer to provide temporary accommodation for people sleeping rough in periods of severe weather (extreme cold, wind, snow, rain and heat).

Supporting our communities

53. Following the success of last year's annual Winter Health Conference, SBC Public Health has organized the 2026 conference for 25th September 2026 at the Jim Cooke Conference Suite (Municipal buildings), The event provides a platform for voluntary, community and social enterprise (VCSE) organisations, healthcare staff, Councillors and colleagues from across Stockton Borough Council to share information and best practice to support residents over the Winter months. The event encourages improved collaborative and integrated working across organisational boundaries to safeguard against financial insecurity, fuel poverty, and impacts of physical and mental health over the Winter period.
54. Following the co-production of the Council's [Anti-Poverty Strategy](#) in 2024, the Fairer Stockton-on-Tees team (FSOT), alongside internal and external partners, have worked through the initial 18-month Anti-Poverty action plan with many of the objectives relating directly to Winter support (food insecurity, income maximisation, fuel poverty etc.). A second phase action plan has now been written to cover the next 18-months, with a focus on helping residents to access the tools they need to help themselves with a range of poverty related issues, often exacerbated by Winter pressures, and an annual update on [Anti-Poverty](#) and [Child Poverty](#) also taken to Cabinet The Positive Living Forum (lived experience of poverty group) continue to meet six-weekly to discuss current issues and to provide feedback on changes to Council policies and services. The group have invited Council colleagues such as Warm Homes, Healthy People, Welfare and Benefits and the Recycling Team to meetings and continue to feedback their experiences as residents.
55. As part of the Here to Help programme of events, the second 'Something New for You' was held in Billingham Forum on Tuesday 27 January 2026. The focus of 'Something New for You' is to create positive opportunities for people at what is often a difficult time of year – the weather can be cold and dark, the festive period is over and finances are often stretched. Around 200 residents attended and accessed support via around 35 organisations on topics from mental health to benefit maximisation, energy efficiency to food support. Items such as low energy light bulbs and draught excluders were given out at this event. One professional spoke about being able to *'help some customers directly with their personal energy accounts, give advice to 2 more and redirect people to CAB and NEA support. I have also promoted eco measures to several people.'* Based on the success of the previous two 'Something New for You' events, the FSOT and Community Engagement teams are planning to organise a further event in January 2027.
56. Over previous Winters, the FSOT team have worked with Middlesbrough Rotary Club to provide preloved Winter coats to people being supported by the Homelessness team. In Winter 2025, Stockton Rotary Club worked with the FSOT team and partners, Tees Active, to collect 724 Winter coats, fleeces and scarves which were distributed via Council services and local VCSE organisations, supporting both homeless residents and wider groups across the Borough.
57. Since the launch of the Multibank in November 2024, local organisations, NHS and Council teams have been able to access hundreds of thousands of free, donated products to support residents. From toys to toiletries, cleaning products to clothing, these items, donated by Amazon, are making a real difference to families in need. Since the launch, 725,418 units have been distributed across Stockton-on-Tees with an estimated value of £4,236,442. Among donated Items, low-energy light bulbs, blankets, socks, gloves and hats have helped support residents through the colder months.
58. In December 2025, the Fairer Stockton team worked in partnership with the Homelessness team to organise a Christmas event for people in temporary accommodation or rough sleeping. The event was held at Salvation Army and several support organisations attended. Recovery Connections, CGL, Moses Project, Citizens Advice, Moneywise, Wellbeing Hub and NHS colleagues supported around 85 people who accessed blood

borne virus testing, health checks, free Winter coats, toiletries, clothing and a Christmas buffet and gift bag to bring some festive cheer whilst also improving access to healthcare and preventative health interventions and increased, whilst also helping engagement with homelessness, recovery, welfare, and wellbeing services but also reducing loneliness and social exclusion during the Christmas period.

59. The Warm Homes Healthy People programme in the Borough (funded through Public Health) offers support with boiler repairs, emergency heating and energy saving as well as debt and benefits advice: <https://www.stockton.gov.uk/Warm-Homes-Healthy-People>.
60. Stockton-on-Tees Borough Council, as part of the Tees Valley Warm Homes consortium, has been awarded nearly £14 million from the government's Warm Homes: Local Grant to help residents lower energy bills and improve home comfort. This scheme, running until March 2028, provides fully funded energy efficiency upgrades for eligible households.
61. Between April and December 2025, 684 Stockton residents registered for Switch Together Energy. If each resident proceeds to switch this will result in just over £618,000 worth of savings for Stockton residents. Between April 2025 – December 2025, 80 Stockton residents benefitted from boiler servicing or boiler repairs from the Warm Homes Healthy People Scheme. Funding has been allocated to ensure the scheme will continue, reopening to applications in July 2026.
62. The fourth annual Community Christmas Gift will take place during December 2026. Residents, Council staff and local businesses donate to the gift appeal and hampers are distributed across the borough via requests from schools, VCSE organisations and the Stockton Food Power Network. In December 2025, over 625 hampers were distributed across the borough. Included within these hampers are items which help to keep residents warm over the Winter such as gloves, hats and scarfs, along with shower gel and deodorant. This activity makes a difference by reducing financial pressure, supporting wellbeing, and helping vulnerable residents feel valued and connected during the festive period.

Information and advice

63. Information and advice is provided through a range of means including:
 - A [Cost of Living Booklet \('Here to Help'\)](#) providing an extensive range of information on both Council and partner services.
 - A central ['Here to Help Hub'](#), a one-stop shop of information on the Council's website.
 - A Winter Wellbeing [webpage](#) has also been updated which will supported through a social media campaign.

Food support

64. Established in 2024, The Bread-and Butter Thing supports residents at five hubs across the Borough. During 2025, residents bought 13,590 sets of shopping at TBBT, saving over £339,738. The scheme has contributed to a significant reduction in the number of emergency food parcels in the Borough with numbers having fallen by around 50% since 2023. The service is available to all, helping reduce stigma and positively impacting levels of unnecessary food waste. Each hub is run by a team of volunteers who prepare and pack shopping at each hub and strong teams are now well established. Volunteers have told us about the benefits of giving their time to TBBT and we celebrate their contributions with an annual 'Thank you' event. One told us, 'Volunteering at Bread and Butter has changed my

life for the better. It gives me a sense of purpose. The relationships I have formed with the other volunteers and customers have helped me be more understanding of others.

65. Our Community Engagement Team have collaborated with Learning and Skills to deliver 30 cookery classes to help over 240 residents learn new skills so that they can create healthier meals on a budget. These sessions have been delivered via Warm Welcomes and other groups in some of the more deprived parts of the Borough, such as our four Test, Learn and Grow areas. Sessions are being planned for the next year, again in partnership with Learning and Skills.

Community Transport

66. SBC have commissioned Volunteering Matters to develop a free volunteer driver service to reduce barriers to services and enable residents to connect with each other and vital support. SVDS trained volunteers provide safe, door-to-door journeys for those unable to use conventional transport to access medical appointments or social groups. It now has over 390 beneficiaries, supported to date on over 6,500 journeys. Many using the service describe how it combats loneliness and restores confidence and independence.

Community Spaces (previously known as Warm Spaces)

67. Currently, there are 68 Community Spaces venues and 9 Warm Welcome groups operating across the Borough. The scheme has benefitted from £60,000 of Public Health funding and continues to provide residents with a wide range of opportunities to access social activities, support and advice services (e.g. welfare advice and Employment and Training Hub's Hub on Tour). Warm Welcome sessions are free and open to all, offering a space to meet and have a 'cuppa and a chat'. Various initiatives run throughout the year and include, wellbeing craft and cooking sessions with Learning & Skills, wellbeing walks, social trips have taken place to Hylton Castle, Newby Hall and Whitby with more being planned for 2027, there have been chair-based exercises run by Shape the Play and Tees Active have undertaken health checks. Various organisations including Cleveland Police, Cleveland Fire Brigade, Look Ahead Cancer Charity, Moneywise Credit Union, Yorkshire Bank, Scam Awareness and SBC Environment Team have attended sessions offering attendees information, advice and guidance.
68. All five '*The Bread and Butter*' hubs are also registered as Community Spaces and nine Warm Welcome social sessions take place weekly across the Borough. A [directory](#) of Community Spaces is promoted on the Council's website. To ensure the Community Spaces scheme continues to effectively support the Borough's residents and VCSE partners, coordination of the scheme has been incorporated into a wider Social Isolation and Loneliness Working Group. This group is a formal multi-stakeholder sub-group of the Health and Wellbeing Board. It has delegated responsibility for providing oversight, strategic direction, and coordination in relation to **social isolation and loneliness**, identified as a priority commitment within the new Health and Wellbeing Strategy.

Crisis Resilience Funding

69. Crisis Resilience Funding from the government has been allocated to the following areas:
- Food Poverty Support
Funding through the Crisis Resilience Fund will provide targeted support to address food poverty across the borough. The investment will contribute to the Council's wider ambitions around food equity and healthy weight outcomes, while supporting the ongoing development of the Food Equity and Healthy Weight

Strategy. The funding will provide immediate assistance to residents experiencing food insecurity, whilst also helping to build longer-term resilience, reducing reliance on emergency food provision and other crisis services.

Funding may support initiatives such as emergency food provision, community food hubs, food skills programmes, growing projects, and other targeted interventions for vulnerable communities. In addition, funding will support the Stockton Food Power Network through the provision of an electric vehicle to enhance the distribution of supplies to local food initiatives, alongside resources to help manage and monitor demand for emergency food support across the borough.

- **Community Grant Programme**

Funding will be used to provide an application-based scheme that encourages innovative bids from the local voluntary and community sector (VCS) to provide resilience services. This will enable VCS organisations to play a key role in the delivery of the CRF scheme.

- **Warm Welcomes, Community Spaces and Here to Help Events**

Funding will be used to improve the Councils current offer by enhancing the overall picture of support within community settings. These settings improve the financial wellbeing of residents by reducing essential living costs and strengthen support networks that help people cope when money is tight.

Next Steps

70. Beyond continuing the work described in this briefing, key updates or proposed changes in approach (e.g. in response to a new threat to population health) will be brought to the Health and Wellbeing Board and on through to Cabinet as needed.

Contributions for this update were provided by:

Stockton-on-Tees Public Health

Stockton-on-Tees Adult Social Care

Stockton-on-Tees Fairer Stockton and Community Engagement

Stockton-on-Tees Housing

Stockton-on-Tees Regulated Services and Transformation Neighbourhoods

NENC Integrated Care Board

Name of Contact Officer: Carolyn Nice

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Name of Contact Officer: Sarah Bowman-Abouna

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Email Address: sarah.bowman-abouna@stockton.gov.uk

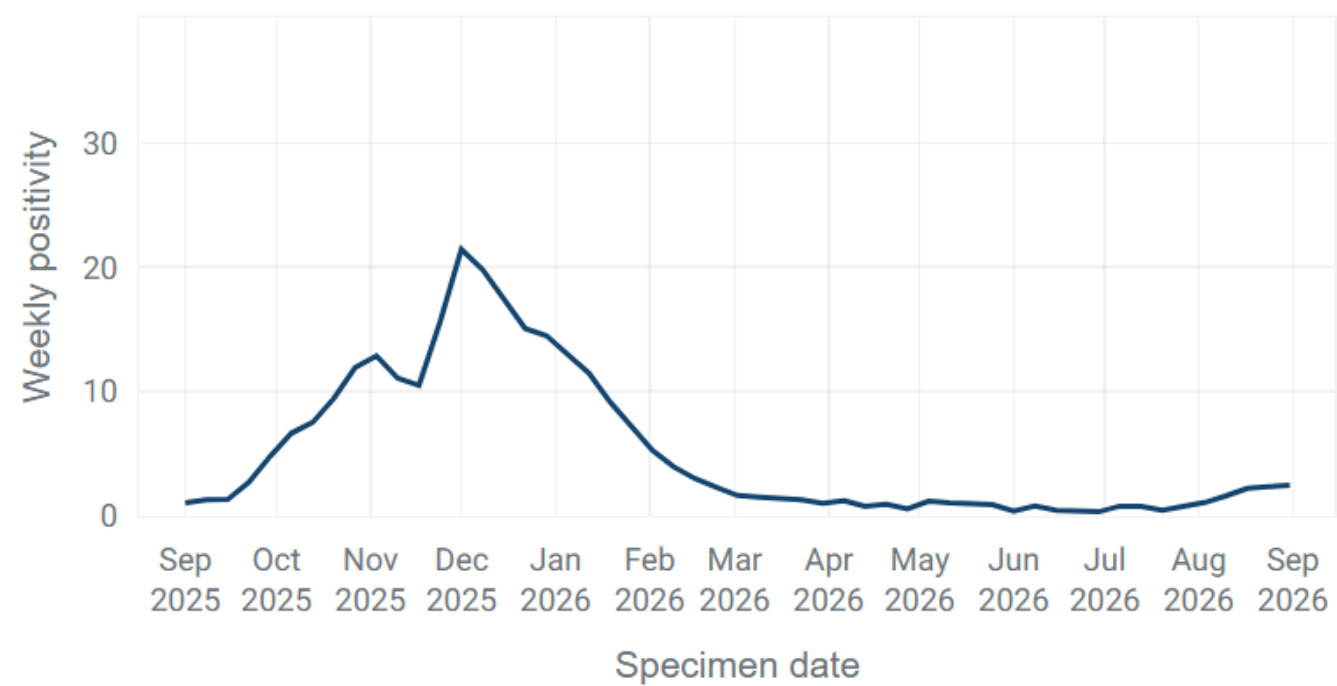
References

1. **NHS Digital:** [Manage vaccinations in schools \(Mavis\) - NHS England Digital](#)
2. **UKHSA:** [Seasonal influenza vaccine uptake in GP patients in England: winter season 2024 to 2025 - GOV.UK](#)
3. **UKHSA:** [Influenza in the UK, annual epidemiological report: winter 2025 to 2026 - GOV.UK](#)
4. **UKHSA:** [UKHSA data dashboard](#)

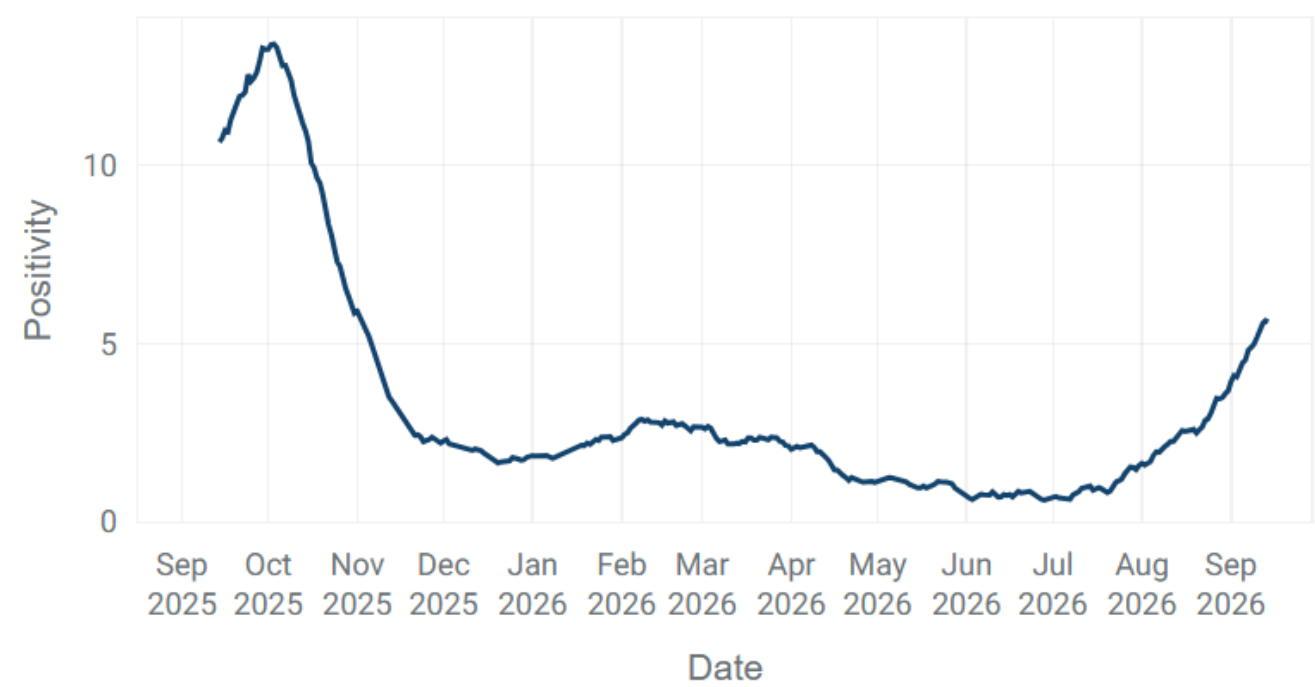
APPENDICES

APPENDIX 1 Communicable disease update

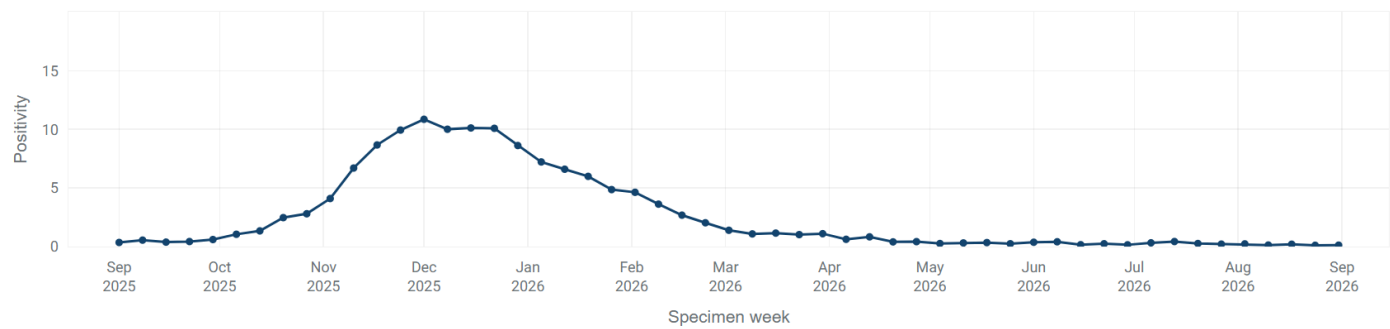
Positivity of Influenza in the North East and England (up to 6th September 2026).



Positivity of COVID-19 in the North East (up to 14th September 2026).



RSV positivity in England (up to 31st August 2026).



APPENDIX 2: Flu Vaccination Uptake 2025/26 in Stockton-on-Tees

	Over 65s	Clinical risk group (6m-64yo)	Pregnant women	2 year olds	3 year olds	Primary school age	Secondary school age	Health care worker*
AW 24/25 uptake	76.9%	40%	35.9%	43.9%	45.8%	50%	40%	48%
AW 25/26 uptake	75%	39.2%	34%	44.4%	46.9%	61%	47%	42.7%
AW 26/27 target	75%	47%		46%	46%	60%	51%	60-65%

*health care worker refers to flu vaccine uptake in healthcare workers at North Tees and Hartlepool NHS Foundation Trust

[seasonal-flu-vaccine-uptake-in-HCWs-data-2024-to-2025.ods](#)

[seasonal-flu-vaccine-uptake-childhood-2025-2026-annual.ods](#)

[seasonal-flu-vaccine-uptake-children-data.ods](#)

[ukhsa-seasonal-flu-vaccine-uptake-in-GP-patients-1-sept-to-28-feb-2026.ods](#)

[seasonal-flu-vaccine-uptake-in-HCWs-data-2024-to-2025.ods](#)

[NHS England » Flu Vaccination Programme 2026/27](#)

APPENDIX 3: Flu and COVID-19 vaccination eligible groups Winter 2026/27



Who is eligible for the flu vaccine this year?

- pregnant women
- 2- and 3-year-olds (age on 31 August 2026)
- school aged children (from reception to year 11)
- people aged 65 and over
- people with certain long term health conditions, from 6 months to under 65s
- people living with somebody with a weakened immune system due to a medical condition or treatment
- people sleeping rough or in hostels/shelters
- care home residents
- carers (receiving carer's allowance, or the main carer of an older or disabled person)
- frontline health and social care workers

Speak to your local speak to your GP practice, pharmacist or maternity service if you're not sure if you're eligible.



Who is eligible for the **COVID-19 vaccine** this year?

- people aged 75 or over (or turning 75 by 31 January 2027)
- people who live in a care home for older adults
- people aged 6 months to 74 years who have a weakened immune system because of a medical condition or treatment

Speak to your local speak to your GP practice or pharmacist if you're not sure if you're eligible.

APPENDIX 4: Community pharmacies offering flu and COVID-19 vaccinations (Winter 2026/27)

Pharmacy	Address	Postcode	Vaccine Offer
Allied Pharmacy	Varo Terrace	TS18 1JY	COVID-19 & Flu
Allied Pharmacy	Yarm Lane	TS18 1YE	COVID-19 & Flu
Allied Pharmacy	Tenant Street	TS18 2AT	COVID-19 & Flu
Allied Pharmacy	26-28 GLENFIELD ROAD, STOCKTON-ON-TEES	TS19 7PQ	COVID-19 & Flu
Asda Pharmacy	ASDA SUPERSTORE, PORTRACK LANE,	TS18 2PB	Flu only
Asda Pharmacy	ALLENSWAY, THORNABY	TS17 9EN	Flu only
Asda Pharmacy	ALLENSWAY, THORNABY	TS17 9EN	Flu (adults only)
Boots Yarm	UNIT 1, 44 HIGH STREET, YARM	TS15 9AE	Flu only
Boots	12-14 HIGH STREET NORTON	TS20 1DN	Flu only
Boots	UNIT 21B,GOODWOOD SQUARE, TEESIDE RETAIL PARK	TS17 7BW	Flu (adults only)
Boots	NORTON PRIMARY HC CTRE, BILLINGHAM ROAD, NORTON,	TS20 2UZ	Flu only
Boots	THORNABY MEDICAL CENTRE, TRENCHARD AVENUE, THORNABY,	TS17 0EE	Flu (adults only)
Cohens Chemist - Yarm	Yarm Medical Centre, 1 Worsall Road, Yarm	TS15 9DD	COVID-19 & Flu (adults only)
Davidson Pharmacy	3 Station Road	TS23 1AG	COVID-19 & Flu (adults only)
Eaglescliffe Pharmacy	Unit 4 Orchard Parade, 18 Durham Lane, Eaglescliffe,	TS16 0EH	Flu only

Eaglescliffe Pharmacy	Unit 4 Orchard Parade, 18 Durham Lane, Eaglescliffe	TS16 0EH	COVID-19 & Flu
Elm Tree Pharmacy	9 Elm Tree Centre, Stockton-on-Tees	TS19 0UW	COVID-19 & Flu
Expertcare Ltd (Norton Pharmacy)	UNIT 6, HANOVER PARADE, GLEBE CENTRE,	TS20 1RF	Flu (adults only)
Harry Hill Chemist	8 Kenilworth Road, Billingham	TS23 2HZ	COVID-19 & Flu
Hepworth Chemist	20 GREENSIDE, LOWFIELDS, INGLEBY BARWICK,	TS17 0RR	Flu (adults only)
Kelly Chemist	32 Myton Road, Ingleby Barwick,	TS17 0WG	Flu (adults only)
Lawson Street Pharmacy	Lawson Street Health Centre	TS18 1HU	COVID-19 & Flu
Morrisons Pharmacy	TEESSIDE RETAIL PARK, THORNABY,	TS17 7BP	COVID-19 & Flu
Newham Pharmacy	9-10 High Newham Court, Stockton-on-Tees	TS19 8PD	COVID-19 & Flu
Newham Pharmacy	9-10 HIGH NEWHAM COURT, HARDWICK ESTATE,	TS19 8PD	Flu only
Pharmacy Express - Thornaby	113 Lanehouse Road, Thornaby-on-Tees	TS17 8AB	COVID-19 & Flu
Pharmacy Express	UNIT 9 SUNNINGDALE DRIVE, EAGLESCIFFE,	TS16 9EA	COVID-19 & Flu
Rowlands Pharmacy	BILLINGHAM HEALTH CENTRE, QUEENSWAY BILLINGHAM	TS23 2LA	COVID-19 & Flu (adults only)
Stockton Pharmacy	70 Bishopton Lane	TS18 2AJ	COVID-19 & Flu (adults only)
Synergise Pharmacy	56 Yarm Lane, Stockton-on-Tees	TS18 1EP	COVID-19 & Flu (adults only)
Tesco Pharmacy	DURHAM ROAD,	TS21 3LU	COVID-19 & Flu (adults only)

			only)
Tesco Pharmacy	LEEOLME ROAD, BILLINGHAM,	TS23 3TA	COVID-19 & Flu (adults only)
Well – Stockton-on-Tees	161-162 High Street, Stockton-on-Tees	TS18 1PL	COVID-19 & Flu
Well – Stockton-on-Tees	QUEENS PARK SURGERY FARRER STREET	TS18 2AW	COVID-19 & Flu (adults only)
Whitworth Chemists	7 HEALAUGH PARK, LEVEN PARK, YARM,	TS15 9XN	Flu only
Woodlands Family Medical Centre	106 Yarm Lane, Stockton-on-Tees	TS18 1YE	Flu only
Wynard Pharmacy	UNIT 8, 138 THE STABLES, THE WYND, WYNYARD,	TS22 5QQ	COVID-19 & Flu (adults only)

[Find a pharmacy that offers free flu vaccination - NHS](#)

[Find a walk-in COVID-19 vaccination site - NHS](#)

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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 Scrimmour 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 Geraldine Brown / Chris Renahan Carol Malham / Angela Connor
22 September	Monitoring: Progress Update – Reablement Service SBC Adult Social Care Complaints Report 2025-2026 Tees Valley Care and Health Innovation Zone Review of Protection of Property • SBC Adult Social Care	Rob Papworth Carolyn Nice / Martin Skipsey Chris Renahan / Fallon Dunleavy / Marie Carney Carol Malham / Angela Connor / Sarah Medd / Sarah Garside

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2026-2027

20 October	Overview and Performance Report: Adults, Health & Wellbeing (Public Health) Care and Health Winter Planning 2026-2027 CQC / PAMMS Quarterly Update: Q1 2026-2027 Review of Protection of Property - SBC Adult Social Care - SBC Housing Services - Thirteen Housing Group	Cllr Pauline Beall / Carolyn Nice / Sarah Bowman-Abouna Rob Miller Darren Boyd Carol Malham / Angela Connor / Sarah Medd / Sarah Garside Jane Edmonds / Joy Swithenbank
17 November	SBC Director of Public Health: Annual Report 2025-2026 CQC / PAMMS Quarterly Update: Q2 2026-2027 Regional Health Scrutiny Update Health and Wellbeing Board: Previous Minutes (March & July 2026)	Sarah Bowman-Abouna
17 November (informal)	Review of Protection of Property Summary of Evidence / Draft Recommendations	Carol Malham / Angela Connor
15 December	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2025-2026 Stockton-on-Tees Independent Complaints Advocacy: Annual Report (TBC) Review of Protection of Property TBC	Adrian Green 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 / 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) – TBC (March 2027)
- 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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