Stockton-on-Tees BOROUGH COUNCIL

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Adult Social Care and Health Select Committee

Agenda

Date:
Tuesday 17 November 2026 at 4.30pm

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

Cllr Marc Besford (Chair)
Cllr Nathan Gale (Vice-Chair)

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

Agenda

1. Livestreaming

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

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

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

2. Evacuation Procedure (Pages 7 - 10)

3. Apologies for Absence

4. Declarations of Interest

5. Minutes (Pages 11 - 20)

To approve the minutes of the last meeting held on 20 October 2026.

6. **CQC / PAMMS Inspection Results – Quarterly Summary (Q2 2026-2027)** (Pages 21 - 62)

7. **SBC Director of Public Health Annual Report 2025-2026** (Pages 63 - 86)

8. **Health and Wellbeing Board – Previous Minutes (March & July 2026)** (Pages 87 - 96)

9. **Chair's Update and Select Committee Work Programme 2026-2027** (Pages 97 - 100)



Jonathan Nertney
Head of Democratic Services
Monday 9 November 2026

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please.

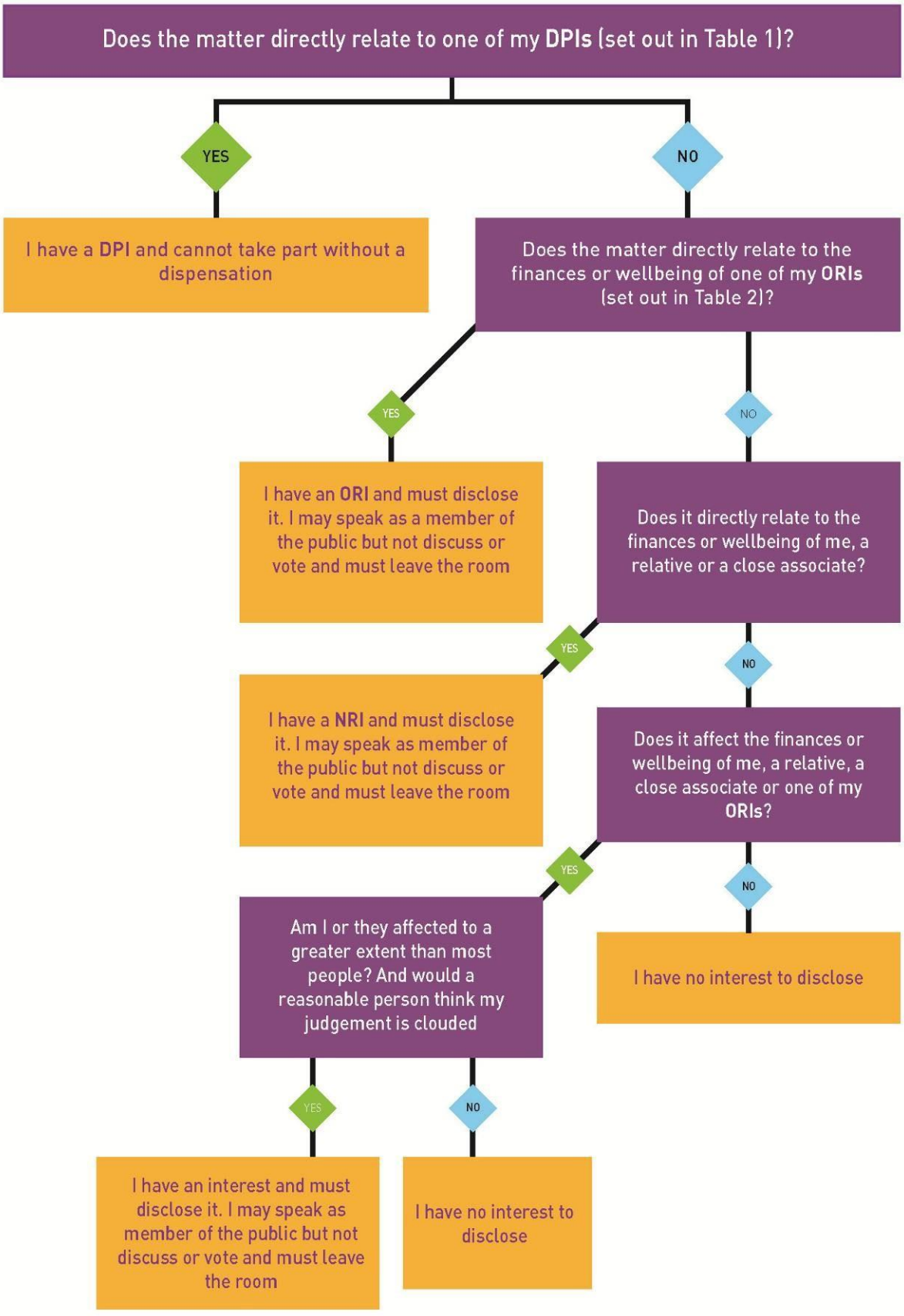
Contact: Senior Scrutiny Officer, Gary Woods on email gary.woods@stockton.gov.uk

Stockton-on-Tees BOROUGH COUNCIL

Key – Declarable interests are :-

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

Members – Declaration of Interest Guidance



Stockton-on-Tees BOROUGH COUNCIL

Table 1 - Disclosable Pecuniary Interests

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

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

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

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

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

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

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

Council Chamber, Dunedin House
Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the 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.

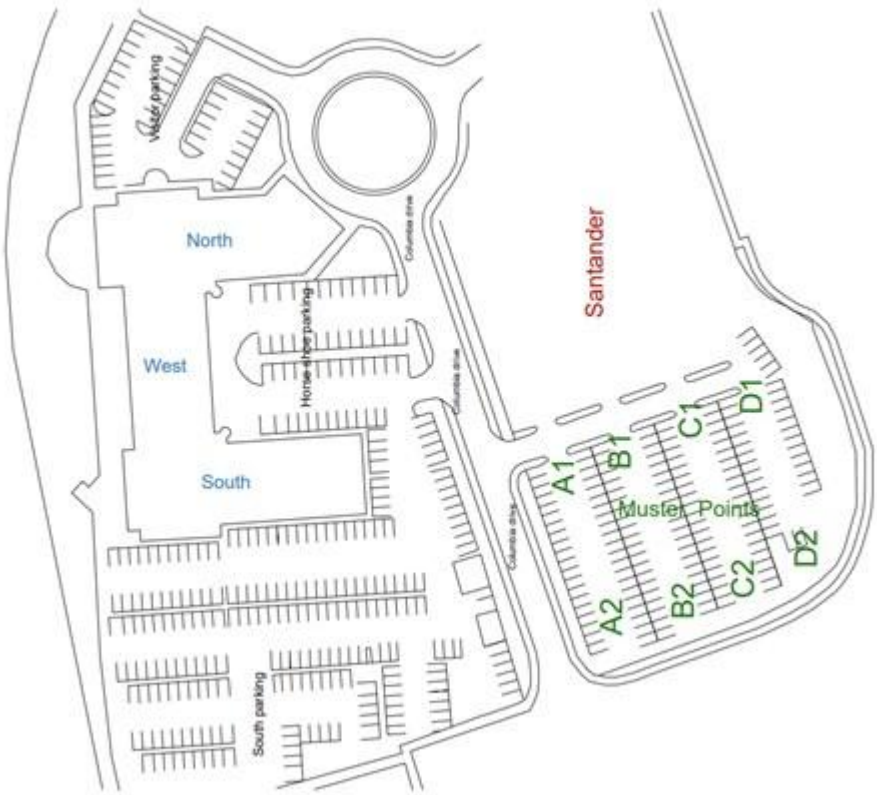
The emergency exits are located via the doors to the left of the raised seating area at the front of the Council Chamber and the rear of the Council Chamber.

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 20 October 2026.

Present: Cllr Marc Besford (Chair), Cllr Carol Clark, Cllr Lynn Hall, Cllr Mohammed Mazi (sub for Cllr John Coulson), Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Officers: Jane Edmends, Carol Malham, Rob Miller, Carolyn Nice, Joy Swithenbank (A,H&W); Darren Boyd, Gary Woods (CS)

Also in attendance: Cllr Pauline Beall (SBC Cabinet Member for Health and Adult Social Care)

Apologies: Cllr John Coulson

ASCH/43/26 Livestreaming

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

ASCH/44/26 Evacuation Procedure

The evacuation procedure was noted.

ASCH/45/26 Declarations of Interest

There were no interests declared.

ASCH/46/26 Minutes

Consideration was given to the minutes from the Committee meeting held on 22 September 2026, with specific attention drawn to the following item:

- Monitoring the Impact of Previously Agreed Recommendations – Reablement Service: Regarding the stated progress in relation to recommendation 5 (*Regarding the future local reablement offer…*) and the Committee's subsequent request that further detail be shared 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), Members were informed that this had yet to be provided. Another reminder would be issued to relevant SBC officers.

AGREED that the minutes of the meeting on 22 September 2026 be approved as a correct record and signed by the Chair.

ASCH/47/26 CQC / PAMMS Inspection Results - Quarterly Summary (Q1 2026-2027)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Eight inspection reports were published during this period (April to June 2026

(inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:

Providers rated 'Good' overall (5)

- Victoria House Nursing Home retained its 'Good' overall rating, with all five CQC domains also judged at this level (as per its previous inspection which was published in September 2017). Similarly, Park House Rest House and Edwardian again achieved an overall 'Good' rating, with all five CQC domains being deemed as such (this replicated the outcomes of previous inspections published in August 2018 and March 2018 respectively).

- Aspen Gardens, a Care at Home provider supporting adults of all ages within an Extra Care living scheme, received its first inspection in March 2026 and was subsequently graded 'Good' overall (all five CQC domains similarly rated).

- Following its first ever inspection, CEL Homecare Teesside received an overall rating of 'Good', with all bar the 'response' domain (deemed 'Requires Improvement') being graded in the same way. 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.

The remaining three reports involved two adult services providers (neither of which were contracted by SBC) and an ambulance service. Cleveland Villa, a newly registered residential care home providing support to one person living with a learning disability and / or mental health condition, received its first inspection in April 2026 and was graded 'Good' overall (and across all five CQC domains). Bluebird Care (Stockton and Hartlepool), registered to provide care to people living in their own home with dementia, sensory impairment, physical disabilities, and mental health conditions, was also inspected for the first time during April and May 2026 and was similarly deemed 'Good' overall (and across all five domains). Finally, CIPHER Medical received its first inspection in December 2025 since the provider moved locations and was rated 'Good' overall (all five domains also graded 'Good').

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

- Park House Rest Home was rated 'Excellent' overall and across all five PAMMS domains, maintaining this same level since its previous inspection (published in June 2025).

- Ayresome Court, Millbeck, Roseworth Lodge Care Home, Highfield (Stockton), and Primrose Court Nursing Home all maintained an overall rating of 'Good' – the same grading all six services achieved following their previous inspections. Whilst moving from 'Excellent' to 'Good' for the 'involvement and information' domain, Ayresome Court was upgraded from 'Good' to 'Excellent' for its 'suitability of staffing'.

The Committee thanked the SBC Quality Assurance and Compliance (QuAC) Manager for presenting the report which demonstrated very positive standards of care delivery across the Borough.

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q1 2026-2027) report be noted.

ASCH/48/26 Scrutiny Review of Protection of Property

The second evidence-gathering session for the Committee's review of Protection of Property considered 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.

SBC ADULT SOCIAL CARE

Presented by the SBC Service Manager – Assessment (Early Intervention), a report was summarised which covered the following:

- What costs are recovered: SBC Adult Social Care Financial Services (ASCFS) sought the recovery of actual expenditure for locksmith and storage charges, property and garden maintenance costs, removal costs, charges from Facilities Services, and other contractor invoices. Officer time, administration costs, and mileage / travel expenses were not recovered.

  For the last three financial years, the amounts invoiced had risen: £90.00 in 2023-2024, £218.00 in 2024-2025, and £1,134.00 in 2025-2026. There were previously no procedures in place for systematically recovering costs, but SBC was now introducing new systems and procedures.

- Policies and procedures: Current arrangements included the initial inventory of property and valuables, the removal and secure storage of identified items (where appropriate), weekly inspections of unoccupied properties, the recording of visits and actions undertaken, compliance with insurer requirements for inspection frequency, and invoicing and debt recovery processes (where costs were recoverable). Property records were currently maintained through paper visit documentation and costs / debts / invoices spreadsheets.

  Potential future service developments included the exploration of data recording systems, recording of information within the Adults Liquid Logic System to improve recording / monitoring / audit trails, and debt procedure with referral to Corporate Debt.

  Comparisons to other Local Authority procedures had been sought, with information obtained from both Middlesbrough Council and Redcar & Cleveland Borough Council. Neither publicised protection of property services, neither charged for officer time, and neither was aware of any national reporting requirements. Both sought recovery of direct expenditure where appropriate.

- Recovery of costs: The current approach saw SBC only recover actual costs incurred through third-party suppliers and contractors. Recovery may be sought from the individual (once capacity and circumstances permit) or funds held under appointeeship / deputyship.

  Challenges in relation to cost recovery included delays in obtaining appointeeship or deputyship authority, individuals moving without leaving forwarding details, and estates not yet administered.

- How much activity is undertaken: There was a consistent number of referrals received by the service each year (22 in 2023-2024, 20 in 2024-2025, 21 in 2025-2026, and five thus far in 2026-2027). Approximately 20 cases were open on a rolling basis, with length of involvement ranging from a few days to a few years.

  The number of properties being protected had increased in recent years: 37 in 2023-2024, 44 in 2024-2025, and 48 in 2025-2026. The lower number of properties protected in 2026-2027 (28 to date) reflected improved case management processes which had reduced the time properties remained under protection before sale.

- Resource impact on Adult Social Care Financial Services: Protection of property was only one function of the team who were responsible for several other areas (management of appointee, court appointed deputy, deceased estates and public funerals). Consisting of (full-time equivalent numbers in brackets) a Team Lead (1), Clerks (2.5), Finance Officer (0.8), Social Care Officers (1.5), and Visiting Officers (2), its annual cost was £318,683.

  The estimated annual cost associated with officer time and travel for the protection of properties was £11,364 per annum (comprising 0.23 FTE officer time and travel expenses). The largest element of expenditure related to Employee Protection Register checks, visits and associated write-ups which totalled £7,687 (68% of total costs), with travel accounting for £2,294 (20%), and initial assessment visits costing £1,383 (12%).

  Approximately seven hours per week was spent undertaking property visits, EPR checks, and recording activity, with initial visits typically taking around five hours and requiring two officers. Work was undertaken primarily by Visiting Officers (Grade H) and Social Care Officers (Grade I), with around 80 miles travelled per week. This demonstrated hidden costs that were not recharged.

  The annual cost had been calculated using the current level of officer resource and travel required to deliver the protection of properties service. This included 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 represented the current resource commitment associated with delivering the service.

- Risks if the Council did not undertake this duty: Risks of not intervening included the theft of valuables, damage to property, insurance becoming invalid, deterioration of homes, loss of important documents, safeguarding concerns, and potential legal challenge for failure to discharge statutory duties.

OTHER LOCAL AUTHORITIES

A separate paper providing additional information on other Local Authority approaches towards / promotion of this scrutiny topic was summarised. Further to a subsequent Committee query, SBC officers confirmed that the Council would be reflecting on the way it publicised this legal duty to a wider audience.

SBC HOUSING SERVICES

Introduced by the SBC Assistant Director – Housing & A Fairer Stockton-on-Tees and supported by the SBC Service Lead – Private Sector Housing, a briefing paper outlining SBC Housing Services responses to Committee lines of enquiry highlighted the following:

- Your department's awareness / experience of this legal duty: Across the full SBC Housing & A Fairer Stockton-on-Tees department, awareness was limited. However, there was awareness within the SBC Private Sector Housing Team (PRS), specifically the team's 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 Team, specifically the SBC Empty Homes Officer, responded to public complaints regarding properties that had become empty, fallen into disrepair, were unsightly (e.g. overgrown gardens / dumped rubbish), or were open to access. Where complaints were significant and issues directly impacted the use and enjoyment of a neighbouring property, the Council had a range of legal powers that could be used against the owners to improve conditions. The PRS Team would trace a 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 were aware of the key contacts within SBC Adult Social Care Financial Services (ASCFS). In such cases, ASCFS may be asked to carry out property improvements on behalf of the owner, or to provide contact information to family members managing the estate. If there were no available funds to carry out works, and where legally appropriate, the PRS Team may complete works under notice, pay for associated costs, and then put a charge against the property.

  PRS Team involvement in empty properties of this type was infrequent.

- Communication with SBC Adult Social Care (prior to and during property being protected): The service was not notified prior to a property being protected, or as a matter of course when a property was protected. As referenced above, should a complaint come in regarding the condition of an empty property (e.g. complaint relating to the dwelling and / or garden areas) the SBC Empty Homes Officer may contact ASCFS if they suspected that the property was being protected.

Thanking officers for their submission, the Committee sought clarity around how SBC Housing Services and SBC Adult Social Care linked in regarding this specific legal duty. It was reiterated that SBC Housing Services would only get involved if properties were not being looked after (which they generally were).

Members asked if SBC Housing Services received any contact from hospitals when an individual living on their own was admitted for treatment / care. Confirming this did not happen, officers again stated that the service would only ever get involved if concerns were raised about the state of a property. It was felt that ASCFS was managing vacant properties well, hence the lack of contact from the PRS Team – it was also rare that SBC Housing Services would be informed about an individual going into hospital / care (who would be eligible to have their property protected) that SBC Adult Social Care was not already aware of.

THIRTEEN HOUSING GROUP

A presentation had been submitted by Thirteen Housing Group following a request for responses to Committee questions on this scrutiny topic. Although a Thirteen representative could not attend this meeting, the following information was highlighted:

- Application of S.47 at Thirteen Group: Understand the legislation and work closely with Stockton Adult Social Care to support individuals who were protected under S.47, ensure security of tenure whilst investigations were underway, protect the property (including lock changes and external screening if required), and work with the Local Authority if possessions needed to be removed from the property. But, this relied on Thirteen Group being informed of the circumstances.

- Actions for Thirteen Group: General awareness sessions planned for frontline staff across its Customer Team (including the Customer & Communities Teams, Customer Experience Teams, and Specialist Housing Teams), a Tenure Toolkit to be updated to explicitly reference S.47 enquiries and potential actions required, and ongoing work and links with Stockton's Adult Social Care Team.

WRITTEN SUBMISSIONS

The Committee was reminded that written submissions in response to Committee lines of enquiry had been received (and subsequently shared prior to this meeting) from the following organisations:

- University Hospitals Tees (UHT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- North Star Housing Group
- Teeswide Safeguarding Adults Board (TSAB)

SCOPE AND PROJECT PLAN

With information received from all those SBC departments and external organisations who were identified as key contributors to this review, it was agreed that the evidence-gathering phase was now complete. An informal session (to take place immediately after the next formal meeting in November 2026) would be scheduled to consider a summary of the evidence received and formulate draft recommendations.

AGREED that information provided by SBC departments and external organisations for the Committee's Scrutiny Review of Protection of Property be noted.

ASCH/49/26 Overview & Performance Report: SBC Adults, Health and Wellbeing (Public Health)

The Committee received an overview and performance report from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate which provided 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.

Introduced by the SBC Strategic Health & Wellbeing Manager (in the absence of the SBC Director of Public Health who was unable to be in attendance), the report was supplemented by a presentation which highlighted the following:

KEY ACHIEVEMENTS

- Joint Strategic Needs Assessment (JSNA): The refreshed JSNA (a statutory process which analysed current and future health and wellbeing needs of a local population) had seen nine themes updated and published.

- Domestic Abuse Perpetrator Programme: Delivered through a SBC Public Health contract with Harbour, the programme supported perpetrators of domestic abuse to change harmful behaviours and had seen completion rates increase from 30% to 71%. In addition, Harbour practitioners had strengthened links with social care teams / professionals.

- Complex Needs: More than 50 people with complex needs engaged in peer advocacy, with a multi-disciplinary outreach team successfully established to provide a recovery and support offer (complementing the SBC Community Safety department's work to reduce street drinking in Stockton Town Centre).

- Teesside Integrated Sexual Health Service: This offer was recommissioned and, operating out of a hub at Endurance House (Clarence Street, Stockton), provided a range of outreach and community-based services across the Borough.

- 0-19 Services: Through close working with the 0-19 healthy child programme provider (Harrogate and District NHS Foundation Trust), the service model for 5 to 19-year-olds was transformed. SBC Public Health had also played a key role in the development of the new SBC Children's Services 'front door' and the Families First Partnership needs assessment. Improved integration between the Family Help Point and the 0-19 Service had 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.

- Active Stockton: £1.2m Sport England funding secured (through co-led work between SBC Public Health and the Sport and Active Lives Team) to improve activity, health and wellbeing across different communities. A delivery plan had since been co-developed with partners and local people.

- Health and Wellbeing Board: The local Board had developed a new way of working, clarifying responsibilities and improving overall effectiveness. An agreed monitoring and accountability framework was developed to support the Board in overseeing delivery of the Joint Health and Wellbeing Strategy – the framework provided the Board with a more active role in strategic oversight (while creating greater opportunities to explore priority issues in more depth), and was 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. The topics reviewed to date included social isolation and loneliness, early years, healthier weight and the food environment, and inclusive growth.

CHALLENGES

- School Readiness and Development: SBC Public Health was working closely with SBC Children's Services and partners to support the achievement of challenging UK Government targets for good levels of development for 2½ and 5-year-olds. The 0-5 Health Visiting Service was an important contributor, with the 0-19 healthy

child programme well-aligned with the work across partners and the Families First reforms to address the inequality in development levels across the Borough.

- System Change: Significant structural and personnel changes had taken place at Integrated Care Board (ICB) and NHS Trust-level. SBC Public Health was embedded within discussions both regionally and locally to ensure close partnership working continued.

- Financial Challenge (Prevention Focus): SBC Public Health had identified £1m in year to support wider work across the Council to achieve public health outcomes in line with the national requirements around public health grant spend – this had significantly contributed to the work on transformation and on efficiency across the organisation. Working closely with internal departments and external partners, efforts continued to maximise value for money from public health grant spend, embed early prevention, address demand, and tackle inequalities.

EMERGING ISSUES

- Neighbourhood Health Plan: The development of a local Neighbourhood Health Plan was a key emerging priority for the coming year. Building on learning from SBCs 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 would provide a shared vision and framework to support aligning the efforts of health, care, voluntary sector, and community partners around shared outcomes.

- Children and Young People Vaping: National data indicated that more young people reported vaping than smoking, but most young people neither smoked nor vaped, and most who tried vaping did not go on to vape regularly. A local school survey in 2024 (not 2022 as stated within the report) showed an increase in regular vaping by year 10 pupils, with 13% of girls and 9% of boys reporting to vape on most days – this represented an emerging concern, particularly since the long-term health harms were currently unknown.

- Local Plan: The development of the new Local Plan presented a significant opportunity to further address the determinants of health and wellbeing (e.g. access to green space, prevalence of hot food takeaways, provision of affordable / good quality housing, etc.) through national and local policy. SBC Public Health was working closely with SBC Planning and SBC Regeneration colleagues to shape the plan through public health data and community insights, support on evidence base, national / regional networks, and maximising tools such as a health impact assessment for new developments.

- Gathering / Understanding / Embedding Community Insights: SBC Public Health continued to actively support local work through the Thriving Communities Board to build the local approach to co-production and working in partnership with local communities. A network of community Health and Wellbeing Champions across the Borough was commissioned by SBC Public Health to enable two-way conversations with communities to help understand health and wellbeing needs and address inequalities.

Commending officers for their detailed report, the Committee was pleased to see the acknowledgement of the ongoing issue of children / young people vaping and

reiterated previously expressed concerns around their appeal / promotion to youngsters. Members felt the current situation was the tip of an iceberg and anticipated that there would be an explosion of future health issues linked to vaping. In response, officers confirmed the desire to explore this phenomenon further, and also gave assurance that other SBC teams (Community Safety and Trading Standards), in conjunction with SBC Public Health, were taking action to prevent illegal vape sales. Concerns around the rise of introductory drugs (known as 'dizzy juice') masking as nicotine vapes were also noted.

The Committee then focused attention upon the recommissioning of sexual health services and asked if the previous offer at Eaglescliffe Medical Practice (which appeared to be popular with young people) was still in existence. Officers stated that confirmation of the sites involved in local sexual health provision could be provided after this meeting.

The item concluded with a final query on the performance data shown within the report, with the Committee seeking assurance that Active Stockton was looking to address the indicators around local levels of physical inactivity (ref 5) and overweight adults (ref 32). Officers stated that this was indeed being followed up, though also noted the lag in public health data being available, and the length of time (possibly decades) it could take before a more positive picture was seen. The tendency for 'preventative' measures to be viewed as a potential means for saving money (as investment often did not lead to quick wins) was also relayed, as was the need for multiple efforts that started to shift and change patterns of behaviour and lead to healthier and more active lifestyles.

AGREED that the Overview & Performance Report: SBC Adults, Health and Wellbeing (Public Health) (and the accompanying presentation) be noted, and that further information be provided as identified.

ASCH/50/26 Care and Health Winter Planning 2026-2027

Ahead of the forthcoming winter period, the Committee was presented with the Stockton-on-Tees Health and Wellbeing Board's 'Care and Health Winter Planning Update' report prior to it being considered by the Board later this month (28 October 2026).

Introduced by the Stockton-on-Tees Borough Council (SBC) Director of Adults, Health and Wellbeing, who emphasised the significance of these preparations across SBC and its various partners (particularly since multiple indicators were suggesting it would be a very challenging winter), the report was then summarised by the SBC Strategic Health & Wellbeing Manager. Replicating much of the structure and content of last year's update, it covered the following:

- Winter Planning
- Integration
- Infectious Disease Surveillance
- COVID-19, Flu, MenB and vaccinations
- Health protection work with key settings
  - Local health protection response
  - Adult social care support
  - Demand and capacity management

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

The Committee welcomed what it felt was a very detailed, robust and timely update which gave Members and the wider public assurance around winter arrangements. It also commended the success of the Warm Welcome (Community Spaces) initiative which encouraged people out of their homes and helped address loneliness.

Final comments drew attention to the potential need for a similar 'summer planning' update in light of the increasingly extreme weather / climate events seen in recent years.

AGREED that the Care and Health Winter Planning 2026-2027 report be noted.

ASCH/51/26 Chair's Update and Select Committee Work Programme 2026-2027

CHAIR'S UPDATE

The Chair offered thanks to the outgoing SBC Director of Adults, Health and Wellbeing (who was attending a meeting of this Committee for the final time) and wished her well in her future endeavours.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 17 November 2026 and would comprise two parts. The initial formal session was scheduled to feature the latest SBC Director of Public Annual Report and the next CQC / PAMMS quarterly update (Q2 2026-2027). Immediately following this, an informal session would consider a summary of evidence for the Protection of Property review, with the Committee then formulating its draft recommendations.

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 2 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 July and September 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, **9** 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:

- 6 Adult Services were reported on (2 rated 'Outstanding'; 3 rated 'Good'; 1 rated 'Requires Improvement')
- 1 Primary Medical Care Services was reported on (1 not rated)
- 2 Hospital / Other Health Care Services were reported on (2 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 July and September 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	**Creative Support Limited**	
Service Name	**Creative Support – Teesside Services**	
Category of Care	**Homecare**	
Address	2 Innovation Court, Yarm Road, Stockton-on-Tees TS18 3DA	
Ward	**n/a**	
CQC link	https://www.cqc.org.uk/location/1-133366635/reports/AP21691/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Outstanding**	**Good**
Safe	**Good**	**Good**
Effective	**Outstanding**	**Good**
Caring	**Outstanding**	**Good**
Responsive	**Outstanding**	**Good**
Well-Led	**Outstanding**	**Good**
Date of Inspection	**10th March – 14th April 2026**	
Date Report Published	**3rd July 2026**	
Date Previously Rated Report Published	**21st 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		
Creative Support work proactively and positively with the Adult Social Care Transformation Team across a wide range of key areas. They consistently engage in Local Authority initiatives, regularly attending Provider Forums to receive important updates and explore new opportunities to strengthen their service. They also participate in focused sessions such as Safeguarding Adults Week Provider Session and our Learning Disability Network.		

Their commitment to workforce development is strong. Creative Support are active participants in our Care Academy programme, frequently interviewing candidates from the Sector-Based Work Academy Programme. They attend all Recruitment Events at the Employment and Training Hub and have previously brought people with lived experience to support and enrich candidate discussions.

Creative Support have also been actively involved in implementing the national Care Workforce Pathway. They have embedded the Pathway within their job descriptions, role expectations, and internal development opportunities, ensuring alignment with the DHSC and Skills for Care requirements that set out clear knowledge, skills, values and behaviours. Their adoption of the Pathway strengthens career progression, supports workforce development, and demonstrates a commitment to delivering high-quality, person-centred care.

Creative Support collaborate effectively with other Care at Home providers, sharing best practice, opportunities, and activity options for people accessing services. They demonstrate a genuine commitment to improving outcomes for the individuals they support, as well as contributing to the wider learning disability network across the Borough.

They maintain a strong partnership with Stockton Riverside College, supporting the development of new qualifications and delivering educational sessions to students as part of their curriculum.

Having observed various Creative Support staff working directly with individuals, they consistently demonstrate a caring, person-centred approach that promotes independence and respects personal preferences. The positive ethos of the organisation, led by the Registered Service Director, is clearly evident throughout the service.

Supporting Evidence and Supplementary Information

The CQC found that the provider and staff demonstrated exceptional practice across all areas of ‘right support, right care, and right culture’. People received highly personalised and empowering care that truly promoted independence, choice, and meaningful outcomes. People were supported through deeply compassionate, person-centred care that truly valued and enriched their quality of life. Every aspect of support was thoughtfully shaped around their individual needs, wishes and aspirations.

The management team had clear aims in providing person-centred care, promoting extremely positive outcomes, and enhancing people’s quality of life. They were continuously looking at ways they could further improve the service, empower people, and improve their health and wellbeing. People were supported by staff who embraced the providers’ values and were proud to work in such an inclusive environment. The management team shared learning and always maintained effective communication with professionals and families.

Robust recruitment processes, bespoke training, and regular supervision ensured staff were skilled, knowledgeable and competent. Staff followed best practice models and guidance, enabling them to support people with a strong understanding of their needs and with compassion. Obstacles were overcome by collaborative working, with the person always being the centre of any decision-making.

Staff were extremely kind, caring, and provided compassionate care always. Observations showed people were truly respected as individuals and relationships with staff were built on trust and mutual respect.

Risks were managed effectively while promoting people’s choices and encouraging new experiences. Incidents were reported, reviewed, and used as learning opportunities, with a focus on reduction.

Effective governance systems were in place to monitor and assess the quality and safety of the service, ensuring areas for innovation and continuous improvement were identified. The service ensured people could communicate their needs and wishes in personalised ways, with staff attuned to individual communication styles. The service was particularly creative in presenting information in ways people could understand.

People were overwhelmingly positive about the quality of their care. They told the CQC they were fully involved in planning their care and understood their rights. People consistently described feeling exceptionally safe when receiving support from the service. There was overwhelming confidence in staff, with one person stating, '*I always feel confident and safe when they are here*'. Relatives echoed this assurance, highlighting the reliability and dependability of care.

The service demonstrated a strong commitment to supporting people to remain socially connected and to lead fulfilling lives beyond their home environment. People described highly personalised approaches to managing individual risks, demonstrating a strong commitment to safety alongside independence. People were empowered to lead meaningful lives entirely shaped by their own choices, preferences and goals. Staff were highly skilled at balancing support with the promotion of independence.

Where people were unable to share their views verbally, staff demonstrated exceptional skill in understanding and responding to their needs through alternative communication methods.

Without exception, people and relatives spoke about staff with warmth and genuine appreciation, consistently describing care that went above and beyond expectations.

Participated in Well Led Programme?	**Yes**
PAMMS Assessment – Date (Published) / Rating	**Not yet assessed**

Provider Name	**Bondcare (Ambassador) Limited**	
Service Name	**Elton Hall Care Home**	
Category of Care	**Residential Dementia / Mental Health**	
Address	Elton Village, Elton, Stockton-on-Tees TS21 1AG	
Ward	**Eaglescliffe West**	
CQC link	https://www.cqc.org.uk/location/1-543983962/reports/AP26114/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Good**	**Good**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Requires Improvement**	**Good**
Date of Inspection	**8th June – 8th July 2026**	
Date Report Published	**3rd August 2026**	
Date Previously Rated Report Published	**7th December 2019**	

Breach Number and Title

The service was in breach of legal regulation in relation to governance at the service.

Level of Quality Assurance & Contract Compliance

Level 2 – Moderate Concerns (Supportive 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 care home currently engages with the Transformation Team at a lower level; however, there is a positive opportunity to strengthen this relationship over the next six months and increase participation in Transformation initiatives. The manager has a strong track record of engagement from a previous role at another service within the Borough, providing a positive foundation on which to build a more collaborative partnership. The manager also completed the Well Led Programme.

Supporting Evidence and Supplementary Information

This inspection was undertaken due to the length of time since the service's previous assessment. At the time of the inspection, there had been a recent change in management. The newly appointed manager had identified a number of areas requiring improvement and had already begun implementing changes. While progress was evident, inspectors identified ongoing concerns in relation to medicines management and environmental

safety. Governance systems had not consistently identified or effectively addressed these issues, resulting in a breach of the legal requirements associated with good governance.

The inspection found that sufficient staffing levels were in place and people received timely, compassionate support. Staff spoke positively about their roles and demonstrated a strong commitment to delivering person-centred care. They reported feeling supported by the new management team and had access to the training and resources necessary to perform their duties effectively.

People received care that reflected their individual needs, wishes and preferences. Their dignity, privacy and rights were respected, and care plans included information relating to capacity and consent. However, some care records were found to be out of date or incomplete and required review. Although individual risks were generally well assessed, concerns remained regarding record-keeping and aspects of the environment which could potentially impact people's safety.

Staff worked collaboratively with healthcare professionals to ensure people received appropriate support. Visiting professionals provided positive feedback regarding the responsiveness of the management team when concerns were raised. People were also encouraged to maintain social connections and participate in activities that were meaningful to them.

Inspectors found evidence of a positive and inclusive culture within the home. Staff and relatives expressed confidence in the management team, reporting that feedback was actively sought and acted upon. Staff felt comfortable raising concerns, and the service maintained positive links with the local community to support the delivery of care.

While no evidence of harm was identified, the CQC concluded that systems and processes had not always been effective in identifying and addressing areas of concern. The provider assured inspectors that action was being taken, and some issues were addressed immediately during the inspection process. The CQC requested that the provider submit an action plan detailing how the identified concerns would be addressed.

Feedback from people using the service and their relatives was overwhelmingly positive. Inspectors were told that staff consistently treated people with kindness, respect, empathy, and compassion. People reported feeling safe and well supported, with one resident commenting that staff knew them well and treated them respectfully. Inspectors also observed positive interactions between staff and people living in the home. Where individuals were unable to verbally share their experiences, a structured observational tool was used to assess the quality of care provided.

Most people and relatives were satisfied with staffing levels and the range of activities available. Inspectors observed staff responding appropriately to people's needs and saw individuals engaging in activities during the inspection. Relatives highlighted the positive impact of staff encouraging social interaction, although a small number felt that staffing and activities could be improved at times.

Feedback regarding meals was particularly positive, with people describing the food as varied and of good quality. Residents appreciated having a choice of meals and dining locations, including the option to dine in their own rooms if preferred. Relatives reported feeling welcomed within the home and were encouraged to participate in meals and activities alongside their family members.

The management team received particularly strong praise from both residents and relatives. People described management as approachable and effective in addressing issues promptly. Relatives noted significant improvements within the home, including environmental enhancements and increased confidence in the leadership team, commenting that recent

management changes had made a substantial and reassuring difference to the quality of the service.		
Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**17/12/2025**	**Good**

Provider Name	**Oxbridge Care Limited**	
Service Name	**Windsor Court Residential Home**	
Category of Care	**Residential**	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	**Ropner**	
CQC link	https://www.cqc.org.uk/location/1-107082503/reports/AP23877/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	**12th May – 13th July 2026**	
Date Report Published	**19th August 2026**	
Date Previously Rated Report Published	**5th October 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 level of engagement with the Local Authority. The manager is responsive to both the Quality Assurance & Compliance (QuAC) Officer and other Local Authority teams. Monthly reporting is submitted timely.
Engagement and Support from Transformation Managers
The care home, staff and residents engage to a high level, with several opportunities and initiatives run by the Transformation Team, including participation in the Well Led Programme, high attendance at Provider Forums, previous Leadership Peer Support Networks, Activity Co-ordinator Network, and activities and events hosted in the community. We will begin to explore what further projects could further enhance the experiences of everyone at the home, including participation in the Veteran Friendly Framework (VFF).
Supporting Evidence and Supplementary Information
The Care Quality Commission (CQC) gathered information from people who used the service, relatives, the management team, staff, and visiting professionals. Everyone was positive about the care and support provided.

Staff were knowledgeable about people's needs, as was the Registered Manager. The facilities and equipment met people's needs, were clean and well-maintained, and any risks mitigated. Staff responsible for the administration of medicines had received training. People received their medicines safely. Safe recruitment procedures were in place. Safeguarding investigations were detailed with lessons learnt.

Staff provided people with the information they needed to understand their care and treatment and make their own decisions wherever possible. Where people lacked capacity, staff appropriately involved relatives and relevant professionals to ensure decisions reflected their best interests. Care records identified evidence of working with other health and social care professionals. Care assessments and other monitoring tools were completed for people.

Staff were kind, caring and patient and encouraged people with their independence. Care plans were individualised and detailed to help ensure the care needs of the person were met.

Complaints were investigated and responded to. The staff received many compliments from people and family. Systems were in place to monitor the quality of the service and identify improvements.

People using the service told CQC they felt safe. A person said, '*I feel very safe. There are enough staff and they are very good.*' A relative said, '*The care home is run by a wonderful couple, and they have made every effort to keep [person] comfortable and safe*'. Another person said, '*They (staff) treat me with complete respect and dignity but, by the same token, you can have a good crack and joke with the staff*'. A relative said, '*The care is good and this home is a place I would choose to live*'.

Everyone enjoyed the food provided. A person told the CQC, '*The food is very good, and I enjoy my breakfast more than anything, but I also like the choices I get at lunchtime*'. Another said, '*I enjoy the food, but it has got better lately, why, I don't know, as they haven't changed the cook*'. A relative told the CQC how food was prepared, cooked, and stored using clean equipment and utensils that meet the person's dietary and cultural requirements. They said, '*They (staff) have gone above and beyond to ensure [person] has fresh nutritious meals and snacks*'.

People told CQC about how they spent their day. A person told the CQC, '*I have recently started attending the local working men's club, and it was surprisingly enjoyable, and I now go regularly*'.

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**28/07/2026**	**Good**

Provider Name	**Creative Support Limited**	
Service Name	**Creative Support – Teesside Services**	
Category of Care	**Supported Living**	
Address	2 Innovation Court, Yarm Road, Stockton-on-Tees TS18 3DA	
Ward	**Ropner**	
CQC link	https://www.cqc.org.uk/location/1-133366635/reports/AP22305/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Outstanding**	**Good**
Safe	**Outstanding**	**Good**
Effective	**Outstanding**	**Good**
Caring	**Outstanding**	**Good**
Responsive	**Outstanding**	**Good**
Well-Led	**Outstanding**	**Good**
Date of Inspection	**31st March – 19th June 2026**	
Date Report Published	**20th August 2026**	
Date Previously Rated Report Published	**5th February 2016**	
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		
Creative Support work proactively and positively with the Adult Social Care Transformation Team across a wide range of key areas. They consistently engage in Local Authority initiatives, regularly attending Provider Forums to receive important updates and explore new opportunities to strengthen their service. They also participate in focused sessions such as Safeguarding Adults Week Provider Session and our Learning Disability Network. Their commitment to workforce development is strong. Creative Support are active participants in our Care Academy programme, frequently interviewing candidates from the Sector-Based Work Academy Programme. They attend all recruitment events at the Employment and Training Hub and have previously brought people with lived experience to support and enrich candidate discussions.		

Creative Support have also been actively involved in implementing the national Care Workforce Pathway. They have embedded the pathway within their job descriptions, role expectations, and internal development opportunities, ensuring alignment with the DHSC and Skills for Care requirements that set out clear knowledge, skills, values and behaviours. Their adoption of the pathway strengthens career progression, supports workforce development, and demonstrates a commitment to delivering high-quality, person-centred care.

Creative Support collaborate effectively with other Care at Home providers, sharing best practice, opportunities, and activity options for people accessing services. They demonstrate a genuine commitment to improving outcomes for the individuals they support, as well as contributing to the wider learning disability network across the Borough.

They maintain a strong partnership with Stockton Riverside College, supporting the development of new qualifications and delivering educational sessions to students as part of their curriculum.

Having observed various Creative Support staff working directly with individuals, they consistently demonstrate a caring, person-centred approach that promotes independence and respects personal preferences. The positive ethos of the organisation, led by the Registered Service Director, is clearly evident throughout the service.

Supporting Evidence and Supplementary Information

The Care Quality Commission (CQC) assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed autistic people and people with a learning disability respect, equality, dignity, choices, independence, and good access to local communities that most people take for granted. The management team and staff demonstrated exceptional practice across all areas of right support, right care, and right culture. People received highly personalised and empowering care that truly promoted independence, choice, and meaningful outcomes.

People were supported through deeply compassionate, person-centred care that truly valued and enriched their quality of life. Every aspect of support was thoughtfully shaped around their individual needs, wishes, and aspirations. The management team had clear aims in providing person-centred care, promoting extremely positive outcomes, and enhancing people's quality of life. They were continuously looking at ways they could further improve the service, empower people, and improve their health and wellbeing. People were supported by staff who embraced the provider's values and were proud to work in such an inclusive environment.

Robust recruitment processes, bespoke training, and regular supervision ensured staff were skilled, knowledgeable, and competent. Staff followed best practice models and guidance, enabling them to support people with a strong understanding of their needs and with compassion. Obstacles were overcome by collaborative working, with the person always being the centre of any decision-making. Staff were extremely kind, caring, and always provided compassionate care. Observations showed people were truly respected as individuals, and relationships with staff were built on trust and mutual respect.

Risks were managed effectively while promoting people's choices and encouraging new experiences. Incidents were reported, reviewed, and used as learning opportunities, with a focus on reduction.

Activities and outings were described as abundant and meaningful, reflecting a service that actively promoted inclusion and a rich social life. A visiting professional told the CQC, '*The staff always ensure that the activities are safe, inclusive, meaningful, and enjoyable. The smile on the residents' faces and their sense of achievement when they have made something themselves that they can take away with them is unmeasurable*'. This demonstrated a strong culture of enabling people to live full and connected lives, with staff consistently seeking

opportunities to enhance people's experiences. People were supported to access a wide range of activities, including film clubs, arts and crafts sessions, trips to cafés, and discos. These opportunities ensured people experienced enjoyment, social inclusion, and a genuine sense of belonging within their wider community.

Effective governance systems were in place to monitor and assess the quality and safety of the service, ensuring areas for innovation and continuous improvement were identified. The service ensured people could communicate their needs and wishes in personalised ways, with staff attuned to individual communication styles. The service was particularly creative in presenting information in ways people could understand. The management team shared learning and always maintained effective communication with professionals and families.

The CQC found people were overwhelmingly positive about the quality of their care and told the CQC they felt safe and fully involved in planning their care and understood their rights. People and their families consistently described an exceptional and highly reassuring experience of care. This was underpinned by genuine compassion and understanding, and defined by strong responsive care.

A strong theme was genuine choice and individuality, where people were supported to live in ways that truly reflected who they were. Consent and involvement were clearly embedded. Relationships were described as warm, compassionate and genuine, with staff consistently going beyond expectations. Staff were also recognised for their understanding and skill, particularly where previous support had been less effective.

Where people were unable to share their views verbally, staff demonstrated exceptional skill in understanding and responding to their needs through alternative communication methods. During the assessment, the CQC attended a craft afternoon, and an evening disco arranged for people receiving personal care. Although some people used non-verbal communication and had limited verbal ability, the CQC was still able to gain a rich and meaningful understanding of their experiences and preferences. Some people used pictorial tools to communicate their wishes. Through careful observation of interactions, body language, and responses to care, alongside feedback from visiting professionals, the CQC developed a highly positive, detailed and consistent picture of peoples lived experiences.

Staff demonstrated a strong commitment to supporting people to remain socially connected and to lead fulfilling lives beyond their home environment. A relative told the CQC, '*[Person] goes to college two days a week. [Person] goes to their drama group and to a film night in Middlesborough. [Person] went to a creative support disco in Middlesborough… and to Larry's lanes a bowling café*'. Another relative told the CQC, '*They do all sorts with [person], they choose between different things. [Person] goes swimming and bowling; they're always looking for activities for [person]*'.

Participated in Well Led Programme?	**Yes**
PAMMS Assessment – Date (Published) / Rating	**Not yet assessed**

Provider Name	**Lago Homecare Limited**	
Service Name	**Lago Homecare – Yarm Office**	
Category of Care	**Homecare**	
Address	Second Floor Offices, 62-64 High Street, Yarm, Stockton-on-Tees TS15 9AH	
Ward	**n/a**	
CQC link	https://www.cqc.org.uk/location/1-19676027868/reports/AP27106/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	**7th August 2026**	
Date Report Published	**15th September 2026**	
Date Previously Rated Report Published	**n/a**	

Further Information

Lago Home Care is a domiciliary care service providing personal and social care to people living in their own home. The CQC undertook this inspection because this was a new service which had not received a quality rating. At the time of the inspection, there were 18 people receiving a regulated activity. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, it also considers any wider social care provided.

The CQC assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed autistic people and people with a learning disability respect, equality, dignity, choices, independence, and good access to local communities that most people take for granted. At the time of the assessment, the service was not supporting any autistic people or people with a learning disability, but the provider had regard to 'Right support, right care, right culture'.

CQCs view of the service

- People received care and support that was safe, effective and personalised to their assessed needs. There were sufficient numbers of staff to meet people's needs, and people benefited from support delivered by a consistent staff team who knew them well. People and their relatives spoke positively about the quality of care provided, describing staff as caring and knowledgeable. Care plans were regularly reviewed to ensure they remained reflective of people's needs, preferences and desired outcomes.

- The service was well-led by a management team that promoted a clear vision centred on delivering high-quality, person-centred care. Effective governance systems were in place to oversee the quality and safety of the service. Accidents, incidents, and safeguarding

concerns were reviewed to promote safety and ensure timely and appropriate action. People using the service were also given opportunities to provide feedback.

People's experience of the service

- People supported by Lago Homecare and their relatives were positive about their experiences of care and consistently told the CQC that staff provided safe, compassionate and reliable support. Feedback indicated people's needs were met and that staff treated them with kindness, dignity and respect. One relative said, '*I was worried at first as I did not think [name] would like strangers coming into her home. I was pleasantly surprised. She adjusted quite quickly really and now she looks forward to their visits*'.

- People told the CQC that staff were dependable, arrived as expected, and had the skills and knowledge required to support them safely. Staff took time to get to know people, understand their preferences, and deliver care in line with their wishes. People and their relatives said staff encouraged independence wherever possible and respected their choices, helping them to maintain control over their daily lives.

- People and their relatives also spoke positively about management and stated that they felt comfortable raising any concerns or queries. They were confident these would be listened to and addressed appropriately. Overall, people expressed confidence in the service and felt staff genuinely cared about their wellbeing. One relative said, '*Staff come for one hour but are usually finished a little before. This is nice because they take time to sit and chat with [name] while they complete their paperwork*'. This demonstrated that staff valued building positive relationships and providing person-centred support that extended beyond the completion of care tasks.

Provider Name	**Real Life Options (RLO)**	
Service Name	**Real Life Options – 96 Bishopton Road**	
Category of Care	**Residential – Learning Disability**	
Address	96 Bishopton Road, Stockton-on-Tees TS18 4PA	
Ward	**Newtown**	
CQC link	https://www.cqc.org.uk/location/1-126668409/reports/AP29044/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	**17th August – 4th September 2026**	
Date Report Published	**21st September 2026**	
Date Previously Rated Report Published	**13th November 2019**	

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 and open relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.
Engagement and Support from Transformation Managers
RLO demonstrates a strong commitment to engagement and partnership working. The manager consistently attends manager network meetings and sector events, actively contributing to discussions and shared learning opportunities. The provider is keen to engage with wider initiatives and remains proactive in seeking opportunities to support continuous improvement and best practice.
Supporting Evidence and Supplementary Information
The Care Quality Commission (CQC) found people were protected from avoidable harm because staff and managers understood safeguarding procedures and knew how to identify and report concerns. Risks to people's health, safety and wellbeing were assessed and managed appropriately. However, window safety checks were not fully aligned with current standards, and some window restrictors required replacement with tamper-proof versions. The Registered

Manager took immediate action to mitigate any potential risks and arranged for the necessary upgrades.

Some areas of the home had recently been redecorated, although other areas and items of furniture appeared worn and in need of refurbishment. The provider had an ongoing home improvement programme in place and planned to complete further improvements over the coming months. Storage space within the home was limited and, during the CQCs initial visit, several items were being stored in a bathroom area. This was identified as unsuitable and had been addressed by the time of the follow-up visit.

Safe recruitment practices were in place, and sufficient staffing levels were maintained to meet people's needs. Staff spoke positively about the training and support available to them. One staff member commented, '*Training is good. Monthly online training and regular classroom training.*'

Medicines were generally administered safely and in line with people's support plans. However, medicine stock management and completion of medicine administration records were not always effective, with some records incomplete or inaccurate. The provider responded positively to this feedback and was implementing measures to strengthen practice. Despite these issues, people received their medicines as prescribed. Staff adopted a person-centred approach to medicines support and worked with healthcare professionals to successfully reduce one person's reliance on medication.

People's needs were assessed, and care was delivered in accordance with current best practice and guidance. Individuals and their relatives were involved in planning and reviewing care to ensure support remained personalised and responsive to their wishes, preferences, and diverse needs. People were supported to maintain good health and wellbeing, and had access to healthcare services when required. The provider promoted choice and independence, enabling people to have maximum control over their lives. A staff member told the CQC, '*The staff team go out of their way in enabling each person to achieve their goals.*'

The CQC reviewed the provider's application of the Mental Capacity Act 2005 (MCA) and management of Deprivation of Liberty Safeguards (DoLS). Staff and managers demonstrated an understanding of MCA principles, and DoLS authorisations were appropriately requested and monitored. People were not subject to unlawful or unnecessary restrictions, and were supported to exercise choice, control and freedom in their daily lives.

People were supported by caring and compassionate staff who promoted choice in ways individuals could understand. Staff treated people with warmth and respect, recognising their individuality and maintaining their dignity. Independence was actively encouraged, with one staff member explaining they promoted independence by '*focusing on individual strengths of people we support and encouraging them to do tasks on their own*'.

Not all people were able to communicate verbally with the CQC. To gain assurance, inspectors observed interactions in communal areas, visited people's bedrooms where individuals wished to show them around, and sought feedback from relatives. The CQC visited at different times of the day and had some form of interaction with everyone using the service.

All six people living at the home had resided there for a number of years. During the inspection, people appeared calm, relaxed and comfortable in their surroundings. Those able to do so moved independently around the building and interacted positively with both staff and other residents. Bedrooms were personalised to reflect people's interests and personalities, and a range of activities and resources, including jigsaw puzzles, arts and crafts materials, and a pool table, were available. Staff supported people to take part in activities they enjoyed.

People told the CQC they were happy living at the home and liked the staff who supported them. One person described enjoying activities outside the home, including attending football matches and a drama club, as well as watching sports on television in their own room. Interactions between people and staff were relaxed, friendly and good humoured.

The CQC observed people being offered choices at mealtimes and enjoying nutritious home-cooked meals prepared by staff. People were encouraged to contribute to menu planning, shopping, and the preparation of snacks and drinks, promoting involvement and independence.

Staff interacted with people in a respectful and supportive manner. Personal care was provided promptly, discreetly, and in accordance with people's preferences. Staff knew people well and demonstrated a good understanding of their needs, routines and choices.

Inspectors reviewed examples of people setting their own goals and working towards outcomes that were meaningful to them, such as developing daily living skills and saving for significant purchases. In some cases, achieving these goals had also contributed to a reduction in behaviours of distress.

Governance systems were effective in monitoring quality, safety and performance. Staff reported feeling well supported by management and worked collaboratively to drive continuous improvement. Feedback from people, relatives and staff was actively sought and used to inform service development. One staff member said, '*My managers are supportive, listen and respond to concerns appropriately.*'

Relatives spoke positively about the care provided and expressed confidence in the service. Comments included, '*They're really good with [my family member] and keep us up to date with what he's up to and how he's doing*', and, '*We've never had to raise a concern. The staff are fantastic.*'

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**07/03/2024**	**Good**

PRIMARY MEDICAL CARE SERVICES

Provider Name	**Leven Vale DP Ltd**	
Service Name	**Leven Vale Dental Practice**	
Category of Care	**Dentists**	
Address	Low Lane, High Leven, Yarm, Stockton-on-Tees TS15 9JT	
Ward	**Southern Villages**	
CQC link	https://www.cqc.org.uk/location/1-2059765455/reports/AP25519/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**n/a**	**n/a**
Safe	**Regulations met**	**No action**
Effective	**Regulations met**	**No action**
Caring	**Regulations met**	**No action**
Responsive	**Regulations met**	**No action**
Well-Led	**Not all regulations met**	**Requirements notice**
Date of Inspection	**27th May 2026**	
Date Report Published	**9th July 2026**	
Date Previously Rated Report Published	**3rd August 2020**	

Further Information

Leven Vale Dental Practice is in Yarm and provides NHS and private dental care and treatment for adults and children. The practice had four treatment rooms, and there was step-free access to the practice and car parking spaces available outside the practice.

The CQC carried out this unannounced on-site inspection on 27 May 2026 and found the practice had not met all regulations. At the time of the CQCs inspection, there was a total of nine staff, of which there were two dentists (one of which was the owner), four dental nurses (two of which were trainee dental nurses), two dental therapists, and one dental hygienist. The CQC gathered feedback from staff and spoke to a range of staff during its inspection, including three dental nurses and one dentist.

The practice had some systems to identify and manage risks, including infection prevention and control, hazardous substances, clinical waste, stock control and environmental cleaning. However, these were not always working effectively and required improvement. Leadership and oversight of the service was not always effective. Processes for continuous improvement were in place but were not always applied effectively. The provider was not complying with Regulation 17 Good governance. Full details of the regulation the provider was not meeting are within the inspection report. The CQC has asked the provider for an action plan in response to the concerns found at this inspection.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via https://www.cqc.org.uk/location/1-2059765455/reports/AP25519/overall.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	**Tees, Esk and Wear Valleys NHS Foundation Trust**	
Service Name	**Specialist community mental health services for children and young people**	
Category of Care	**Mental Health**	
Address	West Park Hospital, Edward Pease Way, Darlington DL2 2TS	
Ward	**n/a**	
CQC link	https://www.cqc.org.uk/provider/RX3/reports/AP22389/specialist-community-mental-health-services-for-children-and-young-people	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Requires Improvement**
Safe	**Requires Improvement**	**Requires Improvement**
Effective	**Good**	**Not assessed**
Caring	**Good**	**Not assessed**
Responsive	**Good**	**Not assessed**
Well-Led	**Good**	**Not assessed**
Date of Inspection	**14th – 16th April 2026**	
Date Report Published	**7th August 2026**	
Date Previously Rated Report Published	**15th September 2022** (focused inspection)	

Further Information

The CQC carried out this unannounced inspection as the service had previously been rated 'requires improvement' within the last five years (the previous focused inspection in July 2022 covered the key question of 'safe' only (which was rated as 'requires improvement') and identified breaches in Regulation 18 HSCA (RA) Regulations 2014 Staffing and Regulation 9 HSCA (RA) Regulations 2014 Person-centred care).

At this inspection, the rating had changed to 'good' (these areas had improved and were not in breach of regulation). However, the CQC did identify a breach of Regulation 12 Safe care and treatment, in relation to risk assessments and documentation of risk with regards to safety summaries and safety planning (at its previous inspection, this had been highlighted, however had not sufficiently improved).

During this latest inspection, the inspection team visited nine out of 29 teams: Teesside CAMHS Crisis and Intensive Home Treatment, Getting Help Team Tees Valley, Neurodevelopmental Assessment Team Teesside, Getting Help Team Durham Darlington, Getting More Help Hartlepool, Getting More Help Learning Disabilities CAMHS Teesside, CAMHS Eating Disorder Team Harrogate, CAMHS Harrogate Community, and CAMHS North Yorkshire Single Point of Access. The CQC spoke with 19 carers of young people accessing services.

CQC view of the service

- Teams were passionate, caring and committed to providing high quality care to young people and their families. The services used feedback to make improvements to the service to meet the needs of people in their local communities.
- Managers were supportive of staff and valued their teams and the work they were doing. Staff spoke positively of their teams and the support they received from each other.
- Feedback from carers and young people was positive, reflecting observations the CQC undertook of appointments and assessments during the inspection.
- The CQC identified some issues with documentation and recording of risk within the online systems, however, risk was well managed overall within services and young people were receiving safe care and treatment.
- Mental Health Act and Mental Capacity Act Compliance Summary Clinicians spoken with all had a good understanding of the Mental Health Act (MHA) and Mental Capacity Act (MCA) and when necessary, use of legislation was appropriate.
- Staff within children and young people's services all had knowledge and awareness of Gillick competence (a UK legal principle determining that children under 16 can consent to medical treatment without parental knowledge or permission if they possess sufficient understanding, intelligence, and maturity to fully appreciate the proposed care).
- Training in both the MHA and MCA was mandatory for staff and training compliance across the services was above target and most services were at 100% training compliance. MHA and MCA mandatory training included assessing mental capacity, best interests, deprivation of liberty, applying the MCA to young people aged 16 or 17, the MCA as part of human rights, the relationship between the MCA and the MHA, and MHA levels 1 and 2.

People's experience of this service

- In September 2025, the Trust changed their electronic patient experience system. This transition provided an opportunity to undertake a comprehensive review of all patient and carer experience surveys. T survey questions were co-produced with service-users and carers to ensure they were meaningful, accessible, and aligned with what mattered most to people using services. One carer had fed back that they have regular contact with the crisis team for their child and each time, they consistently went above and beyond to ensure their child is listened to and felt supported. Another carer fed back that their appointment was on time, the clinician was informed and wanted to know more about the family's situation and that support was offered and explained with a follow-up appointment arranged. They felt the process was extremely inclusive.

- Patient and carer feedback was generally positive, with praise given to clinicians' person-centred approach and the support offered to families. Carers fed back that they were met with kindness, compassion and patience and that their loved ones looked forward to their appointments. A theme throughout feedback was that young people 'felt seen' and that services offered 'safe spaces' to open up. However, some feedback referred to communication between professionals in different disciplines, which was not always current. Overall, the Trust's survey feedback had good response rates and positive feedback, noting support, clinicians' skills and kind, empathic approaches as common themes. Young people's voices were captured through reviews of compliments and complaints.

- The service regularly reviewed patient and carer feedback in order to identify areas for improvement and had action plans with dates to embed these. The Trust used a variety of methods to collect feedback, including paper surveys which were sent via a freepost address, QR codes which were displayed using posters and business cards and could be displayed on the back of ID badges or handed out to patients or carers during appointments. Weblinks were available. The most popular method for feedback was QR codes.

- The CQC also completed observations of appointments during its onsite inspection. It observed 19 appointments over three days which evidenced kind, compassionate approaches from staff, good therapeutic relationships, and holistic approaches to young people's needs.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via https://www.cqc.org.uk/provider/RX3/reports/AP22389/specialist-community-mental-health-services-for-children-and-young-people.

Provider Name	**Change, Grow, Live**	
Service Name	**Stockton Recovery Service**	
Category of Care	**Community Services – Substance Abuse**	
Address	32 William Street, Stockton-on-Tees TS18 1DN	
Ward	**Stockton Town Centre**	
CQC link	https://www.cqc.org.uk/location/1-4632202186/reports/LAP-02242/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Requires Improvement**
Effective	**Good**	**Good**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**26th & 27th May 2026**	
Date Report Published	**21st September 2026**	
Date Previously Rated Report Published	**18th January 2019**	

Further Information

Stockton Recovery Service delivers specialist community support for adults with drug and alcohol addiction problems. The service runs a range of groups, sessions and meetings to support clients – some of these involve therapy that focuses on thoughts and behaviour, such as self-management and recovery training; others focused on peer support from people with similar experiences.

People who are alcohol dependent can access detoxification either at home or in an inpatient setting depending on need and as part of a wider recovery plan. Healthcare professionals oversee the process to ensure safety and provide ongoing guidance. People may be prescribed medication to help manage withdrawal symptoms and cravings as they reduce their alcohol intake.

The service also offers a range of treatment options for people with drug problems. Support may include self-directed change for those not at risk of withdrawal, peer support groups and recovery meetings, medication-assisted treatment (such as methadone or buprenorphine) for people dependent on opioids, medically supervised detoxification, and facilitated access to residential rehabilitation programmes. Treatment plans are developed collaboratively, with clinical oversight to ensure safe prescribing, stabilisation and, where appropriate, planned reduction or detoxification.

Stockton Recovery Service was registered with the Care Quality Commission (CQC) on 10 January 2018. The regulated activity it was registered to carry out was treatment of disease, disorder or injury. The service had a Registered Manager at the time of the inspection who was also the Service Manager.

There had previously been service hubs in both Stockton and Middlesbrough. However, since the CQCs last inspection in January 2019, the Middlesbrough service had been taken over by another service provider. The CQC inspected the Stockton hub (the location's only hub) which was based on William Street but also had a rear entrance on Skinner Street.

CQCs view of the service

- During the previous inspection, the CQC identified that risk management plans were not fully completed to address all risks identified, and key information was missing to confirm how each risk was being mitigated and managed. This was a breach of Regulation 12 (Safe care and treatment). However, this had now been addressed as risk management plans were effective in mitigating any risks identified. Other issues identified at the previous inspection, such as consistently recording discharge plans, had also been addressed. However, the provider continued to have challenges with evidencing that all staff received an annual appraisal.

- All staff had completed Mental Capacity Act training and staff the CQC spoke with demonstrated a good understanding of its principles, particularly the five statutory principles. Staff were able to identify when a client's capacity to consent to treatment may be in question and took appropriate steps to support clients in making their own decisions.

- Care records reviewed evidenced that capacity assessments were completed and documented appropriately on a decision-specific basis for significant decisions. Where clients lacked capacity, staff involved mental health services and made best-interest decisions that considered the individual's wishes, feelings, culture and personal history.

- Staff also ensured that signed consent-to-treatment forms and confidentiality agreements were in place that clearly documented who personal information could be shared with. These records were accessible to all staff involved in the client's care and treatment.

People's experience of the service

- Staff treated clients with discretion, respect and compassion, and provided practical help, emotional support and advice. The CQC spoke with 12 clients, and their feedback was overwhelmingly positive, with comments highlighting supportive, non-judgemental staff, effective keyworker relationships, help with rebuilding family relationships, and access to valued recovery groups.

- Clients were supported to understand and manage their care and knew how to raise concerns. Information about the complaints process and feedback forms were readily available, and clients received responses to concerns raised.

- The service actively sought and acted on feedback through a 'you said, we listened' approach. Improvements included providing hot drinks in reception, introducing evening recovery groups, and offering free Wi-Fi. Clients were also involved in service development, and lived experience perspectives informed the recruitment process for a Consultant Clinical Psychologist through representation from the local Lived Experience Recovery Organisation (LERO).

- The service offered flexible access to care through face-to-face, telephone, online and outreach appointments. The service opened in the evening one day a week so that clients who were working could attend appointments. Outreach appointments in community settings or at home helped reduce barriers to engagement and ensured care was delivered in a way that met individual needs.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via https://www.cqc.org.uk/location/1-4632202186/reports/LAP-02242/substance-misuse-services.

APPENDIX 2

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

Provider Name	**Oxbridge Care Limited**	
Service Name	**Windsor Court Residential Home**	
Category of Care	**Residential**	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	**Ropner**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**6th & 7th July 2026**	
Date Assessment Published	**28th July 2026**	
Date Previous Assessment Published	**1st July 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were person-centred and used correct names and pronouns. Care plans were seen to be personalised to the resident, with no generic statements. Risk assessments were in place as part of care planning. Care plans and risk assessments were reviewed regularly; the majority were completed timely, with only one plan having a few gaps for the most recent months' review. Overall, monthly reviews were in place for all residents in addition to specific care plan reviews. Daily notes and charts were seen to be completed consistently, with only minimal gaps in reporting noted. Handovers were completed at each shift change.

Residents were observed to be well supported and treated with dignity, respect and kindness. Staff had good awareness of resident needs and preferences. Information made available to residents was offered in alternative formats. Residents and their families were aware of their care plans and confirmed they were consulted on the content of plans. A keyworker system was in place, though involvement of keyworkers in care plans was not always evidenced or not always meaningful, and staff were not fully aware of their role as keyworker in line with the Stockton-on-Tees Borough Council (SBC) contract.

There was a well-planned and varied activities calendar in place, with lots of activities for the residents to take part in. There was evidence of the Activities Co-ordinator taking feedback on all activities and suggestions for future. Activities included those in the home, external visits and

trips, and access to the local communities. Families were encouraged to be involved in activities, which was also observed during the assessment.

All those spoken with during the assessment stated they felt safe being in the home and appreciated the support they received from staff. Delivery of care observed was safe and supportive. Staff all confirmed they received regular training on safeguarding, Mental Capacity Act, and Deprivation of Liberty, and knew of the correct reporting procedures both internally and externally.

Both internal and external environments were safe and secure. Around the home, access was restricted through key codes, and all high-risk rooms were locked when not in use. The home had completed the Dementia Friends accreditation, and the home utilised dementia-friendly signage and orientation points. Environmental risk assessments were in place and reviewed annually. Appropriate testing and in-date service certification was viewed, and the home completed regular equipment audits. A new fire alarm system had recently been fitted around the home in addition to all new fire doors for bedrooms. A recent fire audit and risk assessment had been completed.

Infection prevent control (IPC) practices were in place, with ample supplies of personal protective equipment (PPE) which was utilised by staff correctly. The home had an allocated IPC champion and engaged with the IPC training network. The current food hygiene rating was '5', and on observation, there were good levels of hand and food hygiene practices. Food was covered in transit and PPE worn.

Medication was observed to be handled safely, with good standards of recording. Medication rounds were completed in a person-centred manner, with good communication witnessed and good levels of hand hygiene. All medication administration record (MAR) charts had an appropriate front cover in place with resident details. On review of MAR charts, there were no missed medication records, crossing out or writing over, or incorrect use of codes. Medications taken as and when required and variable doses were appropriately recorded with protocols in place. Discontinued meds were clearly recorded. The medication room was locked when not in use, and trolleys were secured to walls. Both the trolley and the room were clean, tidy, and well organised. Controlled drugs were appropriately stored and audited. Room and fridge temperatures were taken daily. All medications had clean, clear labelling, with dates of opening and expiry as needed. Staff competencies were completed six-monthly (in line with the SBC contractual requirements). Monthly manager audits were completed.

Staff files were completed to a good standard and were evidenced as having been recently audited. All staff had Disclosure and Barring Service (DBS) checks to the right level. Sponsorship licenses and visas were in place. Right-to-work and identification checks were evidenced. Inductions for staff were completed on the commencement of work, and were completed in full and signed off by management. The care certificate was completed as part of the induction (in line with SBC contractual requirements). Staff received regular supervisions (which were bi-monthly – in line with SBC contractual requirements) and an annual appraisal.

Appropriate recordings of safeguarding and incidents were taken, which included lessons learnt reviews. Feedback from residents, families and staff was taken regularly in addition to annual surveys. Outcomes and actions taken were shared accordingly.

A range of audits took place daily, weekly and monthly, which included maintenance, domestic and kitchen. The manager had good oversight of these audits. Manager audits were completed monthly. All audits were in date, with no gaps. Audits evidenced follow-ups on areas of improvement.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
A small action plan will be developed by the provider, which will be agreed and monitored by the Quality Assurance & Compliance (QuAC) Officer.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good level of engagement with the Local Authority. The manager is responsive to both the QuAC Officer and other Local Authority teams. Monthly reporting is submitted timely.		
Engagement and Support from Transformation Managers		
The care home, staff and residents engage to a high level with a number of opportunities and initiatives run by the Transformation Team, including participation in the Well Led Programme, high attendance at Provider Forums, previous leadership peer support networks, Activity Co-ordinator Network, and activities and events hosted in the community. We will begin to explore what further projects could further enhance the experiences of everyone at the home.		
Current CQC Assessment - Date / Overall Rating	**05/10/2018**	**Good**

Provider Name	**Elysium Care Limited**	
Service Name	**Stockton Lodge Care Home**	
Category of Care	**Residential / Residential Dementia**	
Address	Harrowgate Lane, Stockton-on-Tees TS19 8HD	
Ward	**Hardwick & Salters Lane**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**20th – 22nd July 2026**	
Date Assessment Published	**20th August 2026**	
Date Previous Assessment Published	**10th October 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans and assessments were seen to be reviewed at least monthly, or more frequently if it was required due to a change in need or update. The home used an electronic care planning system which was easy to use and navigate. The system had a front page for each resident which was seen to contain appropriate person-centred information. Deprivation of Liberty Safeguards (DoLS) care plans were in place for residents and provided appropriate details. The DoLS status was recorded on the front sheet for all residents. Life histories and 'About Me' documents were seen to be completed, and likes and dislikes forms were also completed and incorporated into care plans. Also, daily notes were inputted into the electronic care system, and any family or professional visits were seen to be recorded in daily notes.

The home had a key worker system in place which met the Stockton-on-Tees Borough Council (SBC) contractual requirements. Each resident was generally allocated a Senior Carer, who oversaw the care plans and risk assessments, and a carer. Seniors were responsible for developing and reviewing the resident care plans. Key worker posters were seen to be on display in residents' bedrooms which included photographs of the staff members along with a description of the role.

The home had an Activity Co-ordinator. There was a clear activities board displayed in the home, with a range of activities planned for each morning, afternoon, and at weekends. At the time of the visit, an external activity was booked for the afternoon; a singer which residents were engaged with. The lounge of the home was a central point where lots of the residents came together and engaged in the activities. The lounge was seen to be full most of the time throughout the assessment.

Residents were observed to be offered choice of where they would like to eat. Residents were observed to eat in the main dining room, the quiet dining room, the lounges, and bedrooms. Staff spoke to residents daily with the menu, and supported residents to make their meal choices. In addition to the daily menu, the tea trolley was observed to be available during the

morning, afternoon, and was also available for supper, which contained drinks and snacks. A food hygiene inspection was last carried out on 1 May 2025 with a rating of '5'.

Staff files were reviewed of different lengths of service and roles. All staff files had evidence of application forms, interview notes, two verified references, and an enhanced, in date Disclosure and Barring Service (DBS) check. Most files had gaps in employment history checked, apart from one file, which had employment history recorded but no evidence of exploring gaps in employment history. All copies of documentation had been signed and verified as seeing the original document.

All staff undertook an induction at the start of employment. Staff supervision and a training matrix was in place. Supervisions were undertaken on a bi-monthly basis in line with the SBC contractual requirements. Staff were seen to receive an annual appraisal.

There was a clear safeguarding display in the entrance of the home. The Safeguarding Policy was on display and there was information on the notice board which included definitions, types of abuse, signs to look out for, and how to report concerns, including contact details. The home had a Safeguarding Champion in place, and this information was displayed in the home.

All residents spoken to stated that they felt safe and happy at Stockton Lodge. Observations of staff interactions with residents demonstrated they were treated fairly and in a non-discriminatory manner. Interactions were warm, friendly and genuine. Staff promoted and maintained residents' dignity. Residents were well presented, maintaining their general wellbeing. Staff appeared to know their residents well and staff from across all departments were seen to interact with the residents. Staff were seen to address residents in line with their preferences and would speak to the resident to obtain consent prior to providing care and support.

The home environment was safe for residents to be able to be as independent as possible. Entry to the home was restricted with key-coded access, and the kitchen, laundry, cleaning and storage cupboards were seen to be locked or key-coded. Corridors and rooms were seen to be clear and free from hazards.

Externally, the home's ground, car park and gardens were well maintained. Internally, the home was also well presented, clean and tidy, with no malodour. The home felt homely and welcoming. Two of the corridors were decorated to support the needs of residents with dementia. Doors were decorated using different colours and designs to help with orientation. Bathrooms were clean and free from clutter and hazards. Handwashing and Personal Protective Equipment (PPE) were available throughout the home and was well stocked.

The home had completed the Dementia Care Home Guide and had achieved the Dementia Accreditation. The home environment was dementia-friendly, with dementia signage around the home in contrasting colours and orientation points.

The home had an Infection Prevention Control (IPC) Champion in place and annual IPC audits were undertaken with the IPC nurse. The home completed their own internal infection control audits. Control of Substances Hazardous to Health (COSHH) Data Sheet and COSHH Risk Assessments were in place, with evidence of annual review. Cleaning records for both communal and individual bedrooms were reviewed and completed in full.

The manager used a range of information to be able to continually improve the home; for example, learning from complaints, compliments, resident meetings, staff meetings, audits, learning from incidents, and safeguarding monitoring. Resident and families and staff surveys took place annually. On the whole, feedback from residents was positive, and some comments from relative feedback included, '*Staff are brilliant with [resident]. They deserve a medal*'. Overall, staff feedback was positive, with some staff commenting on how they enjoyed their role and the manager was good, approachable and supportive.

A range of audits took place in the home. The manager had an audit file in place which included an audit matrix and schedule which advised the audits required frequency and person responsible.

There was a well organised Maintenance Certification file in place with a certificate matrix. Most service certification was seen to be in date. A range of maintenance checks were seen to be in place and maintenance books in place were seen to be completed consistently and up-to-date.

Medications were seen to be stored and administered safely. Medication rooms were clean, tidy and free from clutter. Medications were stored in locked medication trolleys. Fridge and room temperatures were seen to be taken and recorded daily; there were no gaps seen. All medications were seen to have clean and clear labelling, with date of opening recorded. There were no gaps in administration seen on the Medication Administration Record (MAR) charts that were sampled. A medication round was observed and staff handled medicines safely, securely and appropriately. The medication round was carried out in a person-centred manner with appropriate hand hygiene undertaken in between each resident. The Medication Policy was in place and in date. Staff received competency assessments every six months in line with contractual requirements.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete a small action plan to address the individual question that were rated as 'Requires Improvement'. This will be monitored 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 manager engages well with the QuAC Officer, responding promptly to requests and submitting provider submission in a timely manner. The manager is responsive to ideas and suggestions to further improve the service.

Engagement and Support from Transformation Managers

The home engages positively with activities, and the manager attends selected Provider Forums. Engagement with the wider range of opportunities offered through the Transformation Team, including training, development programmes and research initiatives, has been limited. Increased participation in these opportunities could support in building a deeper level of engagement, and we look forward to working with the home to strengthen this going forward.

Current CQC Assessment - Date / Overall Rating	**23/02/2026**	**Good**

Provider Name	**Akari Care Limited**	
Service Name	**Piper Court**	
Category of Care	**Nursing / Residential**	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	**Hardwick & Salters Lane**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**17th & 18th August 2026**	
Date Assessment Published	**24th August 2026**	
Date Previous Assessment Published	**4th September 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

There was clear evidence that work had taken place to re-write care plans since the previous assessment to include more clear, person-centred detail. Care plans had a front-page snapshot of resident's care needs. Life history and family background was given, and this was considered throughout the plans in place also. Care plans had a clear structure that was easy to follow but was not task-oriented. Likes, dislikes, preferences, and their capabilities were clear.

Information in the home was made available to residents in alternative formats. Residents said that staff were very helpful and would give them any information they needed. The home had competed the Dementia Friendly accreditation and accommodations were made around the home to meet the needs of those living with dementia.

Residents spoke very highly of the home and said staff were 'lovely, very helpful, you can tell them anything, and they have been a shoulder to cry on'. Residents and families said that the home was incredibly supportive, and there was no discrimination or being made to feel a burden. Interactions around the home showcased strong and familiar relationships between staff and residents. Staff were well-versed in resident's needs, behaviours, abilities, and communication styles. The comfort level of residents towards staff was clear.

The home now had two Activity Co-ordinators in place, and the activities timetable was ample and varied. Lots of activities were observed during the assessment, big and small. Activities were largely in the home at present; staff were exploring ideas outside of the home. Participation was encouraged respectfully and activities in the lounges were well attended.

Family and friends were observed visiting throughout the assessment, and residents said that family could come whenever they liked. Residents were encouraged to engage with the local community – a local primary school visited frequently and took part in activities, games, and arts

and crafts. Pictures were seen of the social club evening held monthly in the home, which brought together residents, families and staff.

All care plans clearly identified where a resident had or had not been able to be involved, which met the Stockton-on-Tees Borough Council (SBC) contractual requirements. Families were familiar with care planning and monthly reviews. The home had recently begun to include goal-setting into care planning much more effectively. Many residents had jobs as part of their goals and were proud to talk about this.

Residents were not aware who their keyworker was, though knew they had a poster in their room naming 'their staff'. Families knew there was a keyworker system in place and who this was. Keyworkers were clearly recorded on care plans. Keyworker involvement in care planning was implemented in line with the SBC contractual requirements.

Monthly reviews had good detail and were completed consistently. Risk assessments were included as part of the care planning and reviewed monthly. Daily notes were completed frequently. There were no gaps in daily notes, however, many notes did not contain any summary or were completed inconsistently between staff. Some charts also contained conflicting or inconsistent reporting.

Hydration and snack stations were in place as well as a tea trolley and a resident run tuck shop. Residents confirmed they had access to food and drink whenever they wanted and that there was also access to alternatives if they asked. The home had a food hygiene rating of '5'. Good standards of food hygiene practices were observed. The menu was varied and balance, and portion sizes were suitable.

The home had allocated Infection Prevent and Control (IPC) champions, in line with SBC contractual requirements. IPC audits and walkarounds took place frequently. Cleaning logs were all completed with no gaps. The home environment was clean, tidy and fresh smelling. Bathrooms and kitchenettes were clean, free from clutter, and well organised. Waste was appropriately managed and disposed. There were ample supplies of hand gel, handwash, paper towels, and personal protective equipment, and this was seen to be used correctly.

The environment was safe when moving around the home. Fire escapes were all free from blockages, corridors had no trip hazards, and all high-risk rooms were key coded and locked when not in use. There was fire and emergency equipment and lighting around the home. A range of service certification was in place and in date, maintenance audits were completed monthly, and equipment testing was all in date.

Medication rounds were person-centred, and staff were friendly, polite and encouraging. Staff checked all medications against the medication administration record (MAR) before administering. Good levels of hand hygiene were observed. Medication rooms and trolleys were clean, well-organised, and locked when not in use. Controlled drugs were stored appropriately and audited regularly. Room and fridge temperatures were taken daily.

All medications had clean, clear labelling, with dates of open and expiry as appropriate. MAR charts and medications stored all matched. Labels matched the MAR charts except one, which was missing further notes. MAR charts all had front covers in place, and those viewed had no gaps in administration and correct administration codes were used. Protocols were in place for medications taken as and when required or covert. A medication policy was in place and in date. Regular medication audits took place. Staff were all appropriately trained and received six-monthly competencies in line with SBC contractual requirements.

Staff files were completed to a good standard. Appropriate pre-employment checks were undertaken. Enhanced Disclosure and Barring Service certificates for all staff were in place prior to starting. Nurse pins and appropriate certifications were seen. All staff had completed

induction booklets, which were in line with the Care Certificate. Staff received bi-monthly supervisions and an annual appraisal, in line with SBC contractual requirements. Paperwork was not in place for the visiting chiropodist used in the last year; the newly appointed visiting chiropodist had appropriate paperwork on file, as did other visiting professionals.

Different insights and feedback methods were utilised by the home and used to form lessons learnt. A safeguarding file was in place which reported lessons learnt, and an accidents and incidents had monthly trends analysis. A range of surveys were taken across the year. Resident / relative and staff meetings were scheduled for the year in advance. Feedback and lessons learnt was discussed as part of meetings. A 'you said, we did' board was displayed.

A range of audits took place in the home. Cleaning, maintenance, and kitchen audits and logbooks were completed and had management oversight from the Interim Manager and Regional Manager. Manager audits took place every month and covered a variety of topics. All audits were in date with no gaps. Monthly audits from higher management also took place consistently, including regional, quality, and catering teams.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An action plan is being created by the provider to address the few areas noted as 'Requires Improvement,' which will be monitored through visits by the Quality Assurance and Compliance (QuAC) Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

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

Engagement and Support from Transformation Managers

Piper Court engage well with the initiatives and opportunities offered from the Transformation Team, including dementia friends, Veteran Friendly Framework, Activity Co-ordinator Network and Care Home Provider Forums. There are other opportunities that we will explore with the home, including the Well Led Programme and research projects, as well as other training and development sessions.

Current CQC Assessment - Date / Overall Rating	**04/06/2025**	**Good**

Provider Name	**Bondcare Willington Limited**	
Service Name	**Allington House**	
Category of Care	**Residential / Residential Dementia**	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3ET	
Ward	**Billingham North**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**10th – 12th August 2026**	
Date Assessment Published	**3rd September 2026**	
Date Previous Assessment Published	**29th October 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

The assessment identified that the home provided a person-centred service supported by robust care planning, effective governance arrangements, and positive resident outcomes. The electronic care planning system (PCS) contained comprehensive, personalised care records that were regularly reviewed and updated in response to changes in residents' needs. Daily care delivery and monitoring were recorded in real-time, providing assurance that risks relating to nutrition, hydration, skin integrity, mobility, and wellbeing were effectively managed.

Residents were observed to be treated with dignity, respect and compassion, with staff demonstrating a strong understanding of person-centred care principles. Evidence was seen of resident and family involvement in care planning, supported by an established key worker system. A varied programme of meaningful activities was in place, with residents encouraged to participate in both group and individual activities tailored to their preferences and interests.

Residents were supported to make choices regarding meals, drinks, daily routines, and medication. Nutritional and hydration needs were well managed, with good food hygiene standards observed throughout the service. The home maintained a food hygiene rating of '5'.

Healthcare needs were effectively monitored, with residents supported to access external health and social care professionals as required. The National Early Warning Score (NEWS) system was embedded into practice, with 100% compliance demonstrated.

Medication management arrangements were safe and well organised, with comprehensive auditing processes in place and a recent Medicines Optimisation Team audit achieving a compliance score of 90%.

Staff demonstrated a good understanding of safeguarding responsibilities, whistleblowing procedures, and risk management. Recruitment records generally met requirements, although a

minor issue relating to evidence of verbal reference verification was identified and addressed during the assessment. Staff reported feeling supported by management and described supervision and appraisal processes positively. However, records showed that bi-monthly supervision had not been consistently maintained between January and July, resulting in some staff not receiving supervision in line with contractual requirements. This was acknowledged by the management team.

The home environment was clean, well maintained, secure, and dementia-friendly. Appropriate infection prevention and control measures, fire safety arrangements, equipment servicing, and health and safety systems were in place. The service continued to develop its dementia-friendly environment and had received recognition for its commitment to dementia care, gaining the dementia-friendly accreditation for the home.

Governance arrangements were comprehensive, with regular audits completed across key areas including medication, care planning, nutrition, falls, infection prevention and control, and Deprivation of Liberty Safeguards (DoLS).

Incidents and safeguarding concerns were reviewed through root cause analysis, with actions monitored through the Service Improvement Plan. Resident, relative, and staff feedback was actively sought and used to drive service improvements.

Overall, the assessment found the home to be providing safe, effective, caring, responsive, and well-led care. Minor areas for improvement were identified in relation to supervision compliance and recruitment file organisation; however, these did not have a significant impact on resident outcomes and were being addressed by the management team.

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 and open relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.
Engagement and Support from Transformation Managers
Allington House engages highly with the Transformation Team. Senior managers, as well as other staff, have completed the Well Led Programme, and staff engage regularly with Provider Forums, Activity Co-ordinator Network, activities, events, training, and research opportunities that are offered and promoted. We will continue to make sure the engagement remains high and relevant to the service and the residents.

Current CQC Assessment - Date / Overall Rating	**12/09/2019**	**Good**

Provider Name	**SSL Healthcare Ltd**	
Service Name	**The White House Care Home**	
Category of Care	**Residential**	
Address	76a Darlington Road, Hartburn, Stockton-on-Tees TS18 5ET	
Ward	**Hartburn**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Excellent**	**Excellent**
Involvement & Information	**Excellent**	**Good**
Personalised Care / Support	**Good**	**Excellent**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Excellent**	**Excellent**
Quality of Management	**Good**	**Good**
Date of Inspection	**17th & 18th August 2026**	
Date Assessment Published	**10th September 2026**	
Date Previous Assessment Published	**3rd November 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were comprehensive and included appropriate information that was personal to each resident. Photographs were included and the correct name and pronoun was used throughout each care plan. A thorough 'About Me' and life histories was included, and residents likes, dislikes, preferences and allergies were documented. Deprivation of Liberty Safeguards (DoLS) were seen to be in place for those residents deemed as lacking capacity and provided appropriate details. Care plans were seen to be signed by the resident or family member to confirm they had been involved in their care plans. Care plans and risk assessments were seen to be reviewed consistently every month.

The White House had a key worker system in place which met the Stockton-on-Tees Borough Council (SBC) contractual requirements. This was documented in care plans. It was observed that each resident's bedroom had a poster with the name and photograph of their care worker for them to recognise. From the residents that were spoken to, they could share who their key worker was. Key workers completed monthly progress summaries, and these were shared with family members monthly to keep them up-to-date with changes in care plans. Family members could also provide feedback or request any changes.

Through observation, staff treated residents with dignity, respect and kindness. Staff were aware of residents' preferences; they appeared to be happy, smiling, well cared for, and content from observation or engagement. Residents' general appearance and wellbeing was good. Staff asked for consent and doors were knocked on before entering residents' rooms, treating residents with dignity and respect.

Residents spoken to said that they felt safe and well cared for, and comments included, '*I'm well treated*', '*feels like home*', and '*great staff; they work very hard and I'm spoilt rotten*'. Care delivery was observed to be safe, patient and respectful, and staff did not rush residents.

The home sought out feedback from residents and families by creating Resident Surveys and Relative Surveys to inform quality improvements and evaluate the service. In March 2026, feedback from relatives was complimentary about the quality of the care and treatment that was provided at The White House. The positive feedback linked to respect and dignity, food, and positive staff attitude.

The White House had two Activity Co-ordinators and there was a weekly Activities Board which detailed a variety of planned activities and outings. At the end of August 2026, an outdoor Sports Day was planned and exciting day trips to Mount Grace Priory had been held recently to follow residents' interests and religious beliefs.

At the time of the assessment, an activity called 'Wake Up, Shake Up' was observed and this was a fantastic one-hour exercise session that supported residents' movement and physical reablement. Residents were very engaged in this activity, smiling, clapping, singing, and joining in with the exercises that were being demonstrated by the Activity Co-ordinator. Other activities that were observed throughout the assessment included Scrabble, boules and Giant Snakes and Ladders. It was observed that staff encouraged residents to join in activities, but if a resident chose not to engage in the activity, this choice was respected by staff.

Residents were offered choice at mealtimes or alternative options were given. For example, the lunch time option was pie or curry, but the chef spoke to one resident and cooked her a jacket potato instead. The morning refreshment trolley had plenty of options to drink (e.g. tea, coffee, milkshake or juice) and the snack was a slice of birthday cake or biscuit. A different resident was given an alternative option to meet their dietary requirements 'free from' (gluten free) option for their morning snack. Some residents preferred to have a glass of wine with their meal, and this was arranged. Portion sizes were good too. The kitchen staff also confirmed that items off the menu were arranged (e.g. takeaways, fish and chips).

Staff were observed to be wearing the appropriate Personal Protective Equipment (PPE) in line with food hygiene guidance. The most recent food hygiene inspection was carried out on 26 February 2025, and the home received a rating of '5'.

Staff files were reviewed covering different roles and lengths of employment. All staff files were seen to include application forms, interview notes, two verified references, and health declarations. Employment history and gaps were seen to be explored and recorded. Appropriate Right to Work checks and Sponsor certification were seen to be on file (where required). All staff files were seen to have an up-to-date enhanced Disclosure and Barring Service (DBS) certificate. All copies of documentation had been signed and verified as seeing the original document.

Staff files were seen to include an induction that was signed. There was evidence that staff had completed the Skills for Care certificate. There was evidence that staff received regular supervisions on a bi-monthly basis in line with the SBC contractual requirements. Staff were seen to receive an annual appraisal, and training records were held in individual staff files. Staff were confident with describing whistleblowing and knew what to do if they suspected abuse and who to contact outside of the provider.

On arrival to the assessment, the home was found to be safe and secure. The home was clean, tidy, and the decoration was welcoming and homely. All bathrooms were visibly clean and organised. There were pedal bins in place, and these were not overflowing. PPE stations were well stocked with gloves, aprons, and hand gels. There were handwashing posters displayed and guides to Donning and Doffing of PPE. Cleaning schedules were in place and completed. All corridors and fire escapes were free from obstruction. Based on observation, equipment was in good condition, and stored appropriately and safely. Throughout the home, there was safeguarding information displayed. The home had achieved the dementia accreditation and there was dementia-friendly signage on the bathroom and toilet doors.

A Control of Substances Hazardous to Health (COSHH) file was in place and was reviewed monthly. The COSHH file contained the relevant documentation and COSHH Risk Assessment. Monthly infection control audits were in place and the annual Infection Prevention Control (IPC) 2026/27 audit had been completed and returned to the IPC Nurse. The manager was the Infection Control Champion.

A range of audits were reviewed and these were completed consistently each month. There were a range of generic risk assessments that took place in the home. The risk assessments were reviewed monthly. There was a well organised Service Certification file in place and service documentation was in date.

The medication room was checked. This room stored the medication trolley which was locked away when not in use. The room and fridge temperatures were seen to be recorded daily, with guidance on what action to take should temperature go out of range. All medication viewed had clear and clean labelling. All medications that were reviewed were seen to be dated when opened. A medication round was observed and this was carried out in a safe and person-centred manner, with good hand-hygiene observed.

All medications were seen to be recorded on the Medication Administration Record (MAR) charts that were sampled. The MAR charts were seen to be completed and there were no gaps seen. Discontinued medications were clearly recorded and any associated documentation stored in the file. There was evidence seen of regular Controlled Drugs checks. There was a medication policy in place. Staff medication competency assessments were carried out every six months, in line with contractual requirements. Finally, residents were supported to receive annual health checks and medication reviews.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No action plan was required following the assessment.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The manager engaged well with the Quality Assurance & Compliance (QuAC) Officer, responding promptly to requests and submitting provider submission in a timely manner. The manager is responsive to ideas and suggestions to further improve the service.

Engagement and Support from Transformation Managers

The White House Care Home engage fully and to a high level. This includes a large number of staff having completed the Well Led Programme, attendance at Activity Co-ordinator Networks, Provider Forums, Research Networks and workshops, training, and other networking activities and events. The home is also engaging with the Veteran Friendly Framework and continue to support other homes and managers as part of the peer support offer.

Current CQC Assessment - Date / Overall Rating	**18/12/2019**	**Outstanding**

Provider Name	**Indigo Care Services Limited** (also known as Orchard Care Homes)	
Service Name	**Green Lodge**	
Category of Care	**Residential**	
Address	The Green, Billingham, Stockton-on-Tees TS23 1EW	
Ward	**Billingham South**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**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	**14th & 15th September 2026**	
Date Assessment Published	**29th September 2026**	
Date Previous Assessment Published	**13th October 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans overall were person-centred and personalised to the resident. There was clear evidence of care plans, including resident preferences in how they wish to be cared for and reference to what they may have preferred when they still lived at home. Risk assessments were in place for all residents appropriate to their needs. Care plans and risk assessments were reviewed, at minimum, monthly. Charts and daily notes were completed frequently. Staff were not always utilising free-type space, though notes were factual and respectful, and included evidence of communication with, or visits by, other professionals. Care plans were not signed due to being electronic; however, there was evidence in care plans, keyworker involvement, and resident of the day meetings that discussions had taken place with the resident and families.

Through observation, staff interacted with residents with respect, kindness and compassion. It was observed that staff treated their residents with dignity. Doors were knocked on before entering and staff spoke to residents to gain consent. Staff had good rapports and relationships with residents with how they communicated to each other in a friendly manner. Residents looked well cared for and their general wellbeing was being maintained. Residents confirmed that they were treated with dignity and respect and they had enough privacy.

The home had begun to tailor toward being dementia-friendly after completing the Dementia Friends accreditation. Most communal spaces and bathrooms had dementia-friendly signage and accommodations. Adaptive equipment was given when needed, such as at mealtimes. Pictorial paperwork was seen, such as menus and activity timetables.

Residents spoken to enjoyed the activities that were planned at the home, including entertainers, singers, quizzes, bingo, and visits to the local social club. All residents observed were engaged, happy, and laughing with each other. There was a pictorial ‘Activities Board’ displayed towards the entrance of the home which detailed a variety of the activities and photographs of the residents taking part. Activities scheduled were varied and were evidenced to being tailored to resident requests and feedback.

A good keyworker structure was in place; keyworkers were clearly named on care plans and displayed in resident bedrooms. A keyworker checklist had been implemented to encourage involvement of keyworkers in care planning and engagement between residents, families, and keyworkers. The checklists evidenced keyworkers speaking to residents and families, and encouraged at least one 'meaningful moment together' per month.

During mealtimes, staff practiced good hand-hygiene, were bare below the elbow, and wore appropriate personal protective equipment (PPE). Food was covered in transit, was presented well, and a balanced varied diet was being offered. There were plenty of well-balanced and easily accessible snacks and drinks around the home. Residents commented on being able to ask for any other food they may like at any time. Kitchen audits were taken daily and were evidenced with no gaps. The food hygiene rating was ‘five’.

Medication rounds observed were completed to a high standard, with lots of person-centred interactions and good hand-hygiene practices. Medication rooms were clean and tidy. Medication trolleys were locked when not in use. Controlled drugs had appropriate storage and were audited regularly. Medications had date-of-opening and date-of-expiry. Room and fridge temperatures were taken daily and displayed in the room along with directions for what to do if outside of range. Medication Administration Record (MAR) charts viewed used correct codes and had no gaps in administration. Protocols were in place for medications taken as when required. Residents with covert plans were clearly noted, with directions from GP. Medications in the trolley matched those on MAR charts; some discrepancies were found where medications had been changed by the pharmacy. A medication policy was in place and in date. All staff administering medications had six-monthly competencies (meeting Stockton-on-Tees Borough Council (SBC) contractual requirements).

All residents that were spoken to confirmed that they felt safe and enjoyed living at Green Lodge. The home environment was visibly clean and safe. High-risk rooms and areas were locked using a key code access. Corridors were free from trip hazards. General home risk assessments were in place and were reviewed annually. Regular fire alarm testing and drill records were seen. Equipment and servicing certifications were in date at the time of assessments, with regular maintenance audits having no gaps. The home had an Infection Prevent and Control (IPC) Champion (in line with SBC contractual requirements) and followed a good standard of IPC practices. Bathrooms and toilets were clean, touch points were wipe clean, colour-coded waste bags were in place, and PPE supplies were good.

Safer recruitment practices were followed by the home. Staff files all contained appropriate identification and right to work checks. References were verified and Disclosure and Barring Service (DBS) checks took place prior to new staff starting. All staff completed an induction which also included completing the Care Certificate. Bi-monthly supervisions and annual appraisals took place for all staff (in line with SBC contractual requirements).

A range of feedback methods were used by the home, including regular meetings, surveys, and through monthly keyworker interactions. The home evidenced their actions via a ‘You Said, We Did’ board. Surveys were completed annually for staff and residents and their families – this was collated by head office, with feedback shared widely. Trend analysis and lessons learnt was completed from feedback received in meetings, supervisions, and from professional visitors and families.

A range of audits took place daily, weekly, monthly, quarterly, six-monthly, and annually. Audits were conducted by maintenance, domestics, kitchen staff, managers, regional managers, and other head office staff. The audits system used was robust; it alerted staff daily to tasks and alerted management when these were overdue. Improvements identified were automatically generated as an action and added to the home development plan. The manager had a good oversight of audits and completed an audit of audits on a six-monthly cycle to track both the completion of regular auditing, in addition to completion of the actions identified. There were no

gaps or outstanding audits at the time of assessment, and the home development plan, when viewed, evidenced good progress for any areas of improvements identified.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
No areas of improvement were identified in this assessment.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good level of engagement with the Local Authority; management communicate well with the QuAC team, deliver regular updates, when needed, is responsive to emails, and is always timely with monthly submissions.		
Engagement and Support from Transformation Managers		
The home demonstrates positive engagement through the Activity Coordinator, who actively participates in forums, networking opportunities, and shared learning events. Management engagement is currently more limited; however, there may be opportunities to strengthen involvement in wider sector meetings and collaborative forums to further support service development and the sharing of best practice.		
Current CQC Assessment - Date / Overall Rating	**30/09/2020**	**Good**

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REPORT TO ADULT SOCIAL CARE & HEALTH SELECT COMMITTEE

17TH NOVEMBER 2026

REPORT OF DIRECTOR OF PUBLIC HEALTH

Director of Public Health Annual Report 2026

Summary

The DPH is required to produce an independent annual report, which can serve to highlight a particular local issue, outline existing work and make recommendations for further action. The report aims to support and complement existing activity across the Council. The report is shared with ASCH Committee for information and comment and will also be shared at the November meeting of the Health and Wellbeing Board.

Recommendations

The following recommendations are made in the report:

1. Strengthen strategic leadership in relation to healthy weight and specifically the food environment
2. Implement the Healthy Weight Declaration
3. Increase focus on food environments and harmful industries
4. Strengthen community-centred approaches and peer support
5. Focus on prevention and early intervention

Detail

1. The report focuses on further proposed action for the Council and partners, working alongside communities, to give local people the best chance of living with a healthy weight, with particular focus on the food environment. Significant local work is underway which can be built on.
2. Particular focus should be on the socio-economic drivers of weight and inequality in outcomes, as this will yield a greater shift in population outcomes than an over-focus on individual behaviours – the recommendations reflect this focus.
3. The report will be web-based, so formatting will be done at that stage, including embedding photographs of local work, in line with internet accessibility requirements. Hard copies will be made available on request.

Community Impaction and Equality and Poverty Impact Assessment (optional)

1. An EPIA will be completed for plans emerging from the recommendations. The report and recommendations are rooted in research evidence and local intelligence and community insight, to help address inequality in experience and outcomes.

Corporate Parenting Implications (Optional)

1. Current and planned activity set out in the report aims to support healthy weight across the population, and enable targeted support for those communities at risk of poorer health outcomes. This includes children in care and care experienced young people, addressed through working with families, across the multi-agency workforce who support individuals, and with businesses and other partners.

Financial Implications (Optional)

1. No specific financial implications.

Legal Implications (Optional)

1. No specific legal implications.

Risk Assessment (Optional)

1. Risk assessment not required at this stage – this will be carried out in relation to specific operational activity as required.

Wards Affected and Consultation with ward/Councillors (refer to Concordat for Communication and Consultation with Members) (Optional)

1. The approach set out in the report is relevant to the whole borough. Implementation of specific operational actions may impact wards in different ways. Where this is the case, ward Councillors and communities will be involved in the work.

Background Papers

1. N/A

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Action on Healthier Weight in Stockton-on-Tees

Director of Public Health Annual Report 2026

Contents

Action on Healthier Weight in Stockton-on-Tees 1
- Foreword 2
- Executive Summary 3
- Introduction 4
- What local people say 5
- The challenge 6
  - Public health impact 6
  - The picture in Stockton on Tees 6
  - What works? 8
  - National action 9
- Progress so far 9
  - Good Food Local 9
  - Healthy Weight Declaration 10
  - Children and young people 10
  - Health impact assessment 11
  - Public Health Small Grants Scheme 11
  - Active Stockton 11
  - Tees Active 12
- Recommendations 12
  1. Strengthen strategic leadership 13
  2. Implement the Healthy Weight Declaration 13
  3. Increase focus on food environments and industries harmful to health 14
  4. Strengthen community-centred approaches and peer support 14
  5. Focus on prevention and early intervention 15
- Appendix 1. Factors influencing obesity & overweight 16
- Appendix 2. Further data on overweight and obesity 17
- Appendix 3. Further information on Good Food Local 18
- Appendix 4. Progress against 2025 DPH Report actions 19

Foreword

Many parents and carers will know the influence of 'pester power' – when their children spot the brightest packaging on the shop shelf, containing food that is often full of sugar, salt or fat. In reality though, we often face a similar situation as adults, where food that is low in nutrition and high in unhealthy ingredients, can be relatively affordable, very easily available and attractively promoted. Unfortunately, we know that healthy food at affordable prices is often less available in areas where people are already struggling with the cost of living and with poorer health. Together with things such as accessible places to be active and support with cooking skills, good food forms an important part of local people being able to live with a healthy weight. As a Council and with partners, it is our responsibility to help create places that give people the best chance of being healthy – and as far as possible, to 'design in' things that promote good health and wellbeing rather than just mitigate the impact of poor health. To do this meaningfully, we need to work alongside communities, particularly those who experience disproportionately worse health outcomes.

Living with a healthy weight is important to people in the borough. It affects their mental wellbeing and physical health and this report focuses on further work we can do working with partners and communities, to address the social, economic and environmental factors that drive levels of healthy weight or obesity. We know from research evidence, that focusing on these factors (rather than over-focusing on individual behaviours), is what will help to change outcomes at population level in our borough. I hope you find this report helpful. The recommendations follow on from those in last year's report, which focused on community-centred healthy places (an update on this is given in *Appendix 4* below).

Sarah Bowman-Abouna

Director of Public Health, Stockton-on-Tees Borough Council

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Executive Summary

This year's report focuses on the further action we can take as a Council and partners, working alongside communities, to give local people the best chance of living with a healthy weight.

- Healthy weight is important to local people and has a significant effect on both physical and mental health
- Over-focusing on individual behaviours will not drive a population-level shift in health outcomes
- To achieve this shift, a focus is needed on creating places that enable people to be healthy – including the social, economic and environmental factors that drive healthy weight and obesity
- It is particularly important to work alongside local communities, to shape an approach that makes the most of strengths in local communities and ensure that places and support are appropriate to the needs of different communities across our borough
- The local Health and Wellbeing Board has identified healthy weight as a priority and is coordinating the approach to this across partner organisations that make up the health and wellbeing system, including working with local communities
- There is a lot of good work underway, across partners and within the community, which we can build on
- There are also opportunities to take this further, through leadership, policy and practice, to help shape healthy places and support communities
- The report sets out recommendations on the following:
    - Strengthen strategic leadership
    - Implement the Healthy Weight Declaration
    - Increase focus on food environments and harmful industries
    - Strengthen community-centred approaches and peer support
    - Focus on prevention and early intervention

- The recommendations follow on from those from last year's report, which focused on community-centred healthy places

Introduction

This year's report looks at healthy weight and good food for communities across the borough.

Living with a healthy weight has been recognised as an important local issue by people in the borough and by statutory and partner organisations. Most people in Stockton-on-Tees would like to eat more healthily and to be more active, but the places we work, live and play can sometimes make this challenging. Different communities across the borough will experience these challenges in different ways, leading to unequal and unfair differences in health and wellbeing.

We know from research over many years, that a healthy weight is important for both mental and physical health and wellbeing - however there are numerous factors that influence whether local people are able to live with a healthy weight (*Appendix 1*). This report focuses on what we can do, working across the Council, with communities, and with our partners such as the NHS and local Voluntary and Community Sector, to make it easier to live with a healthy weight. Our local Stockton-on-Tees Health and Wellbeing Board brings key partner organisations together and has recognised this as a priority for local people. The Board is looking at what more we can do, working together, to improve the opportunity for local people to have a healthier weight, including adopting the Healthy Weight Declaration, with a particular focus on healthy eating and the food environment. This focus recognises the significant progress so far on local participation in physical activity and draws attention to the local challenges and resulting opportunities we have to improve the healthy food environment and address inequalities, (*Figure 1*) working with residents and partners.

Figure 1



(Based on evidence including WHO 2020, Global Burden of Disease 2020 & Cochrane reviews).

The following report sets out some recommended actions to allow people of all ages to live at healthier weights, recognising the importance of creating supportive environments from childhood onwards, enabling people to develop and maintain healthier weight throughout life and into older age. These actions build on some of the existing strengths in the borough and recognise both where we have made progress and where we know there is more to do.

What local people say

Feeling well and achieving a healthy weight are important issues for people in Stockton-on-Tees. Surveys of people in Stockton-on-Tees have found that 70% of people would like to eat more healthily, but that they find it challenging to do so.

Feedback gathered through several consultations in 2022 identified key themes relating to healthy weight for residents. Respondents felt that there is a strong push towards eating food high in salt, sugar and fat, with it being cheaper, more appealing, more available and more convenient when compared to healthier options.

"Some weeks I'm fine, others I'm stuck — I never know." – Stockton-on-Tees resident

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Insights from Growing Well Growing Healthy participants (a local programme supporting children and families to achieve and maintain a healthy weight) also indicate that unhealthy eating is heavily shaped by the food environment. Children and families are more likely to eat healthily when healthy options are affordable, convenient, accessible, promoted and normalised, while barriers arise when unhealthy options are cheaper, easier, larger, more heavily marketed and more readily available. Lasting improvement therefore requires changes to the wider food system and the impact this has on local people's access to healthy food.

Feedback from Community Health and Wellbeing Champions in Stockton-on-Tees found that although local people are aware of actions they could take to improve their health, many people experience practical, physical and environmental barriers to putting this into practice. We know that different communities across the borough will experience these barriers in different ways, depending on their circumstances. Accessible, adaptable and non-judgemental options are essential, as well as creating the environment that gives people the best chance of a healthy life.

Example: 2022 Stockton-on-Tees Resident Short Survey

Of the 122 resident responses, only a quarter said they find it easy or very easy to maintain a weight they are happy with. 70% would like to eat more healthily, and a similar percentage would like to be more active.

"Everyone else knows what they're doing – I'd feel stupid" – Stockton-on-Tees resident

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Hundreds of Stockton-on-Tees residents have shared their views on physical activity in the Borough through surveys in 2022. This engagement found that people experience several barriers to keeping active, including financial insecurity; chronic health conditions and associated pain; mental health challenges and low confidence; lack of safety and inclusion in local spaces; and inaccessible or unaffordable transport.

> *"It's food or football – we choose food" (Stockton-on-Tees resident)*

Despite these challenges, our understanding of local needs also shows that there is huge potential to create the conditions for active and healthy lives in Stockton-on-Tees when communities and local system partners work together and focus on collaboration and community-led action.

The challenge

Public health impact

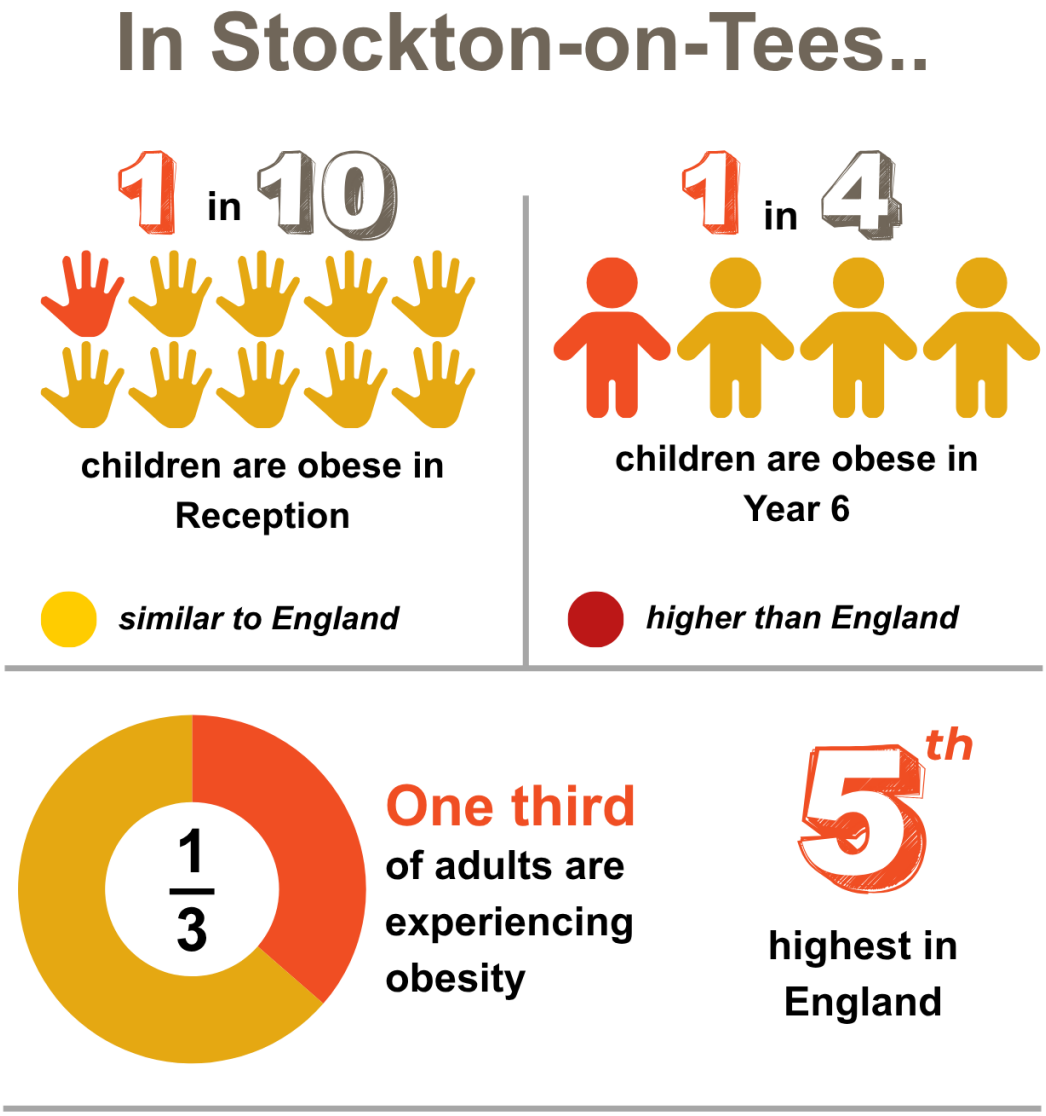
In Stockton-on-Tees, more people are overweight or experiencing obesity than in other parts of the country, with adult obesity rates among the highest in England. There are major inequalities across the borough in relation to healthy weight and good food. People who live in areas of high deprivation are less likely to have access to good food and are more likely to be overweight or obese. These inequalities are evident from a young age, with children starting school in some of our more deprived areas in Stockton-on-Tees already more than twice as likely to be experiencing obesity as children in some of our most affluent areas.

Supporting people to live at a healthier weight has many benefits for individuals and their communities. Living with obesity can mean experiencing stigma and living at a healthier weight can reduce the risk of people developing long-term conditions (like diabetes, heart disease, and some cancers) and improve mental health and wellbeing. These are important drivers of the inequality in life expectancy between the most and least deprived communities in Stockton-on-Tees. For example, Stockton-on-Tees experiences higher rates of deaths and emergency hospital admissions from heart disease compared to the national average and people living in more deprived areas of the borough are disproportionately affected.

The picture in Stockton on Tees

Interactive data on healthy weight and good food can be found in the Stockton-on-Tees joint strategic needs assessment (JSNA), which summarises the health and care needs of the local population (and further data in *Appendix 2*).

Figure 2. The image below shows that in Stockton-on-Tees: 1 out of 10 children in reception are experiencing obesity (10.4%); 1 out of 4 children in Year 6 are experiencing obesity (25.7%); 1 in 3 adults are experiencing obesity (36.4%); and the Borough has the 5th highest obesity prevalence in England

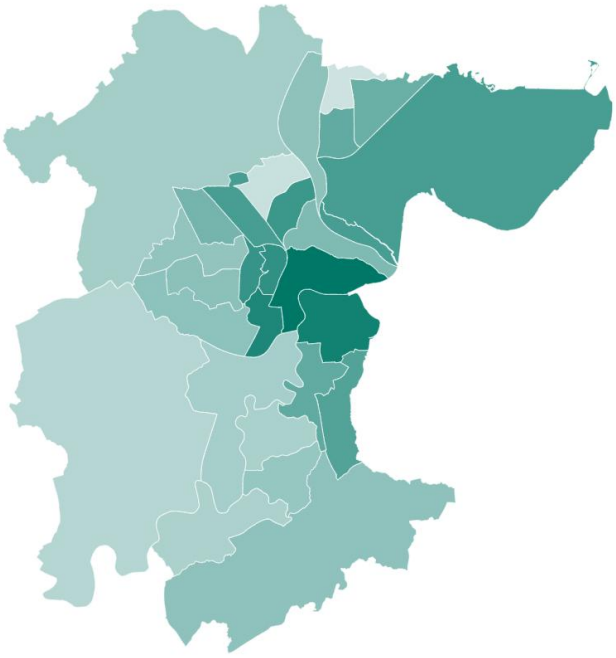


There are stark inequalities in obesity prevalence in different parts of the Borough and between different communities. Certain groups are less likely to be a healthy weight, including:

- People living in areas of high deprivation
- People in lower socio-economic groups
- People living with disabilities
- Children of Asian or black ethnicity, and adults of black ethnicity
- People experiencing mental health conditions

The map below shows that the prevalence of obesity in for children in reception ranges from 15.4% in Stockton Town Centre (the Borough's most deprived ward) to 6.3% in the more affluent Billingham North ward.

Figure 3. Map of Stockton-on-Tees, which shows areas with higher prevalence of obesity for children in reception in dark green and areas with lower prevalence of obesity for children in reception in light green.



What works?

There is strong evidence to suggest that prevention (supporting a healthy weight and improving access to healthy food), particularly in the early years, is critical in reducing obesity prevalence throughout life. The first five years of life are a critical period, with early experiences and family support shaping children's health, development, wellbeing and future life chances. Pregnancy, infancy and the early years provide a key opportunity to support families in establishing the foundations for healthy growth, development and school readiness, including healthy eating, physical activity and positive routines. For example, breastfeeding is associated with a lower risk of overweight and obesity in later childhood and, alongside its wider health benefits, is an important component of a whole-system approach to obesity prevention and reducing health inequalities.

Weight should not be viewed in isolation; it is connected to, and affected by, many different aspects of people's lives. In addition to deprivation, weight is strongly associated with other determinants of health, including poverty, food insecurity, and the built and natural environment (*Appendix 1*). This means it is important to focus on the wider factors that drive healthy weight or obesity across the population, rather than a very narrow focus on individual behaviours. In fact, often individuals have very limited real choice over many of the factors driving weight, such as access to healthy and affordable food.

Helping people to eat healthier food and maintain active lifestyles therefore requires coordinated and collaborative action, tailored to the needs of our various local communities. This is sometimes described as a "whole systems approach". National guidance on the Whole Systems Approach to Obesity says that this way of working "enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is

operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change."

This way of working is in keeping with the Stockton-on-Tees Joint Health and Wellbeing Strategy, which sets out a coordinated, Borough-wide approach to building strong foundations for health and wellbeing and is overseen by the Health and Wellbeing Board. The Council is well-placed to lead a whole systems approach to addressing obesity through influence over planning, transport, housing, education, and leisure services. This is underpinned by strong partnerships, including with the Mayoral Strategic Authority, the voluntary, community, and social enterprise (VCSE) sector, and the skills and resources of local communities. In line with the Joint Health and Wellbeing Strategy, this report is focused on prevention and early intervention in order to help people achieve a healthier weight. While there is a role for services (such as the NHS Digital Weight Management Programme) and medicines to treat people who are living with obesity, the recommendations in this report are focused on making changes at population level and creating places where it's easier for people to start and stay at healthier weights. This 'universal' approach provides an important foundation for proportionate, targeted activity for the groups most in need.

National action

Local leadership to improve the food environment and help people to achieve healthier weight is essential and is the focus of this report. We acknowledge, however, that there is also scope to address obesity through regulatory and fiscal interventions at the national level. The Government has published a 10 Year Health Plan for England, which describes several commitments in this area, including to:

- restrict junk food advertising targeted at children
- ban the sale of high-caffeine energy drinks to under 16 year olds
- update school food standards legislation
- uplift the rate at which the Soft Drinks Industry Levy is paid
- update the Nutrient Profile Model to categorise which foods are more or less healthy
- introduce mandatory healthy food sales reporting for all large companies in the food sector
- expand access to weight loss services and treatments

The Government also published a Food Strategy for England, which sets out plans to "create a healthier, more affordable, sustainable, resilient food system".

Progress so far

Work is already underway to tackle the underlying causes of obesity and poor diet in Stockton-on-Tees.

Good Food Local

In June 2026, Sustain published its first report on the approaches Councils in the North East are taking to food partnerships, household food insecurity, food related ill-health and the wider food system. This builds on a decade of work mapping and reporting on Council-level commitments in London, providing an opportunity to apply this approach in our region. The Good Food Local mapping in the North East found that Stockton-on-Tees has achieved sustained progress across three years of using this tool and benefited from regional collaboration and learning. One notable area of progress

has been in the Sustainable Food Economy theme, where Stockton-on-Tees has progressed from *Foundation* to *Leadership* level over three years. This achievement has been driven in part by the work of the Council's Town Centres Team, which has worked closely with market providers to encourage a wider range of healthy and diverse food options, while also reducing barriers and making it easier for local businesses to establish market stalls. This has helped to support a more vibrant, accessible, and sustainable local food economy. Overall, Stockton-on-Tees is showing 'Leadership' or demonstrating 'Good Progress' in several categories of the Good Food Local tool, including food governance and strategy; food poverty alliances; and school meals (*Appendix 3*).

One of the areas where further local work is needed, is on **healthier food environments**. The recommendations from Sustain and learning from other areas, have informed the focus and recommendations of this report.

Healthy Weight Declaration

Work is currently underway to implement the Healthy Weight Declaration in Stockton-on-Tees. Developed by Food Active, the Declaration is a strategic commitment that supports organisations to tackle unhealthy weight through a whole-systems approach. Although implementation is still in its early stages, significant progress has already been made, including establishing a Food Equity and Healthier Weight Steering Group, to drive the work forward. A cross-cutting Food Strategy is being planned, bringing together partners and priorities across the wider food system to improve health outcomes for residents.

Children and young people

Childhood obesity is both a symptom and driver of wider inequalities. In Stockton-on-Tees, the Best Start in Life Plan 2026 to 2031 sets out our ambition to ensure every child has the best start from pregnancy to age five. Recognising the importance of early intervention in reducing inequalities and improving outcomes, healthy weight and good food are embedded in one of the priorities: 'Foundations for a Healthy Childhood'. This focuses on supporting breastfeeding, healthy weaning, access to Healthy Start and free school meals, as well as active play and reduced sedentary behaviour to help children eat well, stay active and develop healthy habits from the earliest years.

The Healthy Start Scheme supports eligible families with the cost of healthy food and vitamins during pregnancy and the early years. Increasing uptake is a Best Start in Life priority, with partners across the system working together to identify eligible families and maximise access to this support.

The Healthy Child Programme (the '0-19 Service') is a key mechanism for obesity prevention in the early years. Through universal and targeted support from pregnancy to age five, health visitors help families establish healthy behaviours, monitor children's growth and development, and access additional support where needed. A newly introduced review at age 3.5-4 years provides a further opportunity to promote school readiness and identify emerging needs.

Breastfeeding supports healthy growth and development and is associated with a lower risk of obesity in later life. Local support is provided through maternity services, the 0-19 Service and Family Hubs. The Breastfeeding Friendly Scheme has been established in over 70 organisations and businesses in Stockton-on-Tees, helping to create a community where breastfeeding is visible, accepted and supported.

The National Child Measurement Programme (NCMP) helps identify children who may benefit from additional support to reach a healthy weight, with those identified as overweight or obese offered targeted intervention through the Growing Well Growing Healthy Service (GWGH). NCMP data also

informs a neighbourhood approach, enabling resources and interventions to be targeted where need is greatest and helping to reduce health inequalities. GWGH is a healthy weight programme which provides targeted support for children and families. The programme combines individual and family support as well as key priorities to promote healthy eating and support behaviour change. Building on, and maximising, links with local communities, a recent review has prompted a redesign of the service towards a more preventative and targeted geographic offer, with greater integration into the wider healthier weight and good food system.

Good oral health and healthy weight are closely linked, with both influenced by diet, particularly the consumption of sugary foods and drinks. Establishing healthy eating and oral health habits in the early years can help prevent both obesity and dental decay, reducing inequalities and supporting children's health, wellbeing and school readiness. In Stockton-on-Tees, we've made incredible progress with oral health through supervised toothbrushing programmes and targeted oral health initiatives helping to give children the best start in life and support lifelong healthy behaviours.

Health impact assessment

Stockton-on-Tees has also introduced Health Impact Assessments (HIAs) for planning applications and developed a toolkit to support development of HIAs. These HIAs should assess the potential effects of proposed plans, policies and programmes and their development will provide timely recommendations during the decision-making process to create healthy environments, minimise poor health outcomes, and reduce health inequalities.

Public Health Small Grants Scheme

The Public Health Small Grants Scheme is one initiative that is helping local Voluntary, Community and Social Enterprise (VCSE) organisations to support their communities and improve health and wellbeing. The Scheme sits as part of a range of grant-funded activities enabled through the Council, that support health and wellbeing and help address inequalities. Over the past three years, the Scheme has supported 37 VCSE organisations including activities designed to increase physical activity, promote healthy eating, and reduce social isolation by helping residents build meaningful social connections. These interventions address key factors associated with achieving and maintaining a healthier weight.

A notable feature of the programme has been the ability of some grant recipients such as Stockton Food Power Network to establish their own small grant schemes, building resilience, sustainability and community ownership. This has enabled them to support other smaller community organisations, supporting projects that improve access to healthier food options within local communities. Through this approach, the programme has extended its reach to groups that may previously have faced barriers to accessing funding through more competitive application processes. The programme has demonstrated the value of empowering trusted local organisations to respond to community needs and deliver targeted wellbeing initiatives.

Active Stockton

"Active Stockton – Communities on the Move" is the name of the Sport England Place Partnership in Stockton-on-Tees, part of Sport England's Place Expansion programme. With £1.3million awarded for the next phase of work, Active Stockton is encouraging greater collaboration and partnership working in Stockton-on-Tees, to increase opportunities to be active and address barriers that prevent people

from moving. This shared effort across local partners aims to create long-term change by working differently – starting with communities, building trust, and joining up across organisations.

Funding will be focused on five priorities over the next two years:

- Growing the network of connected partner organisations to create a strong system
- Creating a more inclusive, active culture
- Creating safe spaces and doorstep opportunities to help people be active
- Targeted support for children and young people to increase their activity
- Supporting people living with pain and health conditions to be more active

While not focused on healthier eating and the food environment, specifically, this work contributes to the longer-term aim of Stockton-on-Tees becoming an inclusive, safe and collaborative place where communities feel they belong, have a voice, and naturally lead active, healthy lives. By complementing it with efforts to make healthier food choices accessible to everyone – in line with recommendations below – we will start to see better outcomes for residents.

Tees Active

Tees Active supports residents across Stockton-on-Tees by providing accessible, affordable and inclusive opportunities to become more active. Working in partnership with the Council and healthcare professionals, Tees Active delivers programmes that help people overcome barriers to participation and develop healthier, more sustainable habits.

One example is the Adult Weight Management Programme, a structured 12-week intervention available through referral from a GP or healthcare professional. Participants receive access to Tees Active gyms, swimming pools and fitness classes, helping them gradually increase their activity levels in a supportive environment. The programme focuses not only on weight loss but on creating long-term behavioural change, building confidence and encouraging healthier lifestyle habits that can be maintained beyond the programme.

In addition, the Active Health Programme provides tailored support for individuals living with existing health conditions. Through specialist guidance and adapted physical activity opportunities, participants are supported to safely increase their activity levels, improve management of their health conditions and reduce the risks associated with inactivity and excess weight.

Through these programmes, Tees Active contributes to supporting healthier communities, reducing health inequalities and improving health and wellbeing outcomes across Stockton-on-Tees.

Recommendations

Stockton benefits from several existing strengths, as described above. These provide opportunities to strengthen prevention and reduce inequalities in healthy weight. However, more needs to be done to transform Stockton-on-Tees into a healthy place that supports people to eat well and achieve a healthy weight. This requires:

- Strong political and system leadership.
- Multi-agency partnerships and governance.
- A long-term strategic approach.
- Investment in workforce development.
- Early years intervention.

- Combining individual and family support with wider environmental and policy action.
- A clear focus on reducing inequalities

The following actions are recommended, fitting with the commitments and principles in the local Health and Wellbeing Strategy:

1. Strengthen strategic leadership

The Health and Wellbeing Board's ambition is to help create healthy communities and design health into our places, turning a focus on mitigating poor health to a drive for health creation. In Stockton-on-Tees, strengthening strategic leadership will involve a whole-system healthy weight approach led by the Health and Wellbeing Board and the newly established Food Equity and Healthier Weight Steering Group. This recognises that healthy weight considerations must be embedded across council policy and decision-making, with the involvement of partners and communities.

This will ensure that work to improve the food environment is aligned with other local priorities, including the anti-poverty agenda and ambitions surrounding inclusive growth. As such, work on healthy weight should **prioritise reducing inequalities**, targeting action towards communities experiencing the greatest burden of obesity and the greatest barriers to achieving and maintaining a healthy weight.

2. Implement the Healthy Weight Declaration

The Healthy Weight Declaration will provide a framework for strengthening and coordinating existing activity across Stockton-on-Tees, ensuring that healthier weight and food equity considerations are embedded across Council policies, services and partnerships. Building on the strong foundations already in place, delivery will focus on both short- and longer-term priorities aligned to the Declaration's 16 commitments.

In the short term, priority actions will include the development of a consolidated Healthier Weight Action Plan, continued support for partnership networks, improving access to health literacy training, and strengthening links between planning, public health and wider council services.

Over the longer term, work will focus on creating healthier food environments through planning and procurement, supporting a sustainable local food economy, improving access to drinking water, integrating healthier weight considerations into climate and resilience planning, and embedding health-promoting approaches across council services and public spaces.

Delivery and monitoring of the Declaration will be overseen by the newly established Food Equity and Healthier Weight Steering Group, which will provide strategic leadership, drive cross-departmental collaboration, and monitor progress against agreed commitments and actions. The Steering Group will also ensure that implementation reflects a whole-systems approach, recognising the interconnected factors that influence healthy weight, including food access, food insecurity, planning, transport, physical activity and the wider determinants of health.

Implementation of the Declaration will also build upon the learning, partnerships and momentum developed through Stockton-on-Tees' participation in the Good Food Local North East pilot. Through this work, the Council has strengthened relationships with partners across the food system, enhanced its understanding of local food system challenges and opportunities, and identified areas for future improvement. The Healthy Weight Declaration will provide an opportunity to build on these achievements, aligning healthy weight ambitions with wider work to create a fairer, healthier and more sustainable food system for all residents.

3. Increase focus on food environments and industries harmful to health

We know that getting people to a healthier weight is not just about giving them the information but about making tangible changes to the environments in which they live. We must focus on both reducing the availability of less healthy food and on increasing the availability of healthier food options. This sits alongside and supports a focus on the economy and inclusive growth, as part of our efforts to enable people to be healthy work and contribute to society, community and the economy.

Councils can work to strengthen protections from unhealthy food advertising, learning from the success of advertising laws in reducing tobacco harms. We all need access to affordable, nutritious food and yet those options can be hard to find amongst aggressively marketed unhealthy food on our shop shelves and in our towns. We want people to be able to make decisions that are right for them, free from commercial influence. Implementation of the Healthy Weight Declaration – as described above – will include development of a Food Strategy and action on food advertising, planning, reducing food insecurity, and improving access to affordable, healthy food across the borough.

In Stockton-on-Tees we will work closely across planning and public health teams in development of the emerging Stockton-on-Tees Local Plan. Local planning policies can help create places th at enable people to make choices that are right for their health. There are several opportunities through which the Local Plan can influence the food environment, including addressing the prevalence and location of hot food takeaways, good home design, neighbourhood design and promoting opportunities for food growing and physical activity.

4. Strengthen community-centred approaches and peer support

Work with communities also has a central role to play, as communities themselves are best placed to identify and mobilise assets and opportunities that are accessible and acceptable to members of their communities. Last year's Director of Public Health Annual Report proposed using a community-centred public health approach to develop healthy places and healthy communities, in a way that proactively promotes and builds in good health and wellbeing. Several actions were proposed, fitting with the commitments and principles in the Stockton-on-Tees Health and Wellbeing Strategy. We know from speaking to residents that VCSEs are trusted community anchors, embedded in their communities and seen as ‘go-to’ organisations.

Building on the success and impact of the Public Health Small Grants scheme described earlier in this report, the funding scheme will continue in 2026/27 to sustain and further strengthen positive outcomes for residents.

The current development of the local Neighbourhood Health Plan presents a significant opportunity to embed healthy weight, physical activity and food-related prevention within a broader whole-system approach to reducing health inequalities. Integrated Neighbourhood Teams, Community Connectors, social prescribing and community assets could provide important mechanisms for engaging residents, improving access to support and addressing obesity-related risk factors as part of wider cardiovascular disease prevention, population health management and neighbourhood-based approaches to improving wellbeing.

Stockton Food Poverty Network (SFPN) engages members, many from organisations who are embedded in communities and understand their needs. Every two months, updates on actions from members and community pantry visit numbers are recorded. This data, combined with foodbank usage data, helps us understand changes in demand for local food support. The SFPN Project Coordinator produces an interactive Google map of food poverty projects in the area, which is circulated widely through VCSE, Council and health services. Additionally, the Council has also established a working group to develop its next anti-poverty strategy, with significant input from

people with lived experience. This group is looking at the wider determinants of food poverty and will produce an action plan to address this.

Community Health and Wellbeing Champions are a wide network of individuals who live and/or work in Stockton-on-Tees. The aim of this network is to establish meaningful two-way communication with residents and communities, focusing on the eleven most deprived wards to improve health and wellbeing. Key public health messaging is promoted to residents and Public Health receive valuable feedback and insights through the network. This helps to identify local barriers, misinformation and gaps in need as well as examples of good practice and community assets delivering crucial interventions in the Borough.

5. Focus on prevention and early intervention

One of the priorities in the Stockton-on-Tees Council Plan is the 'best start in life', which recognises that early experiences and family support shaping children's health, development, wellbeing and future life chances. Improving outcomes for children and young people is implicit in each of the recommendations above but identifying some specific activities for this group is also important.

There is substantial variation in childhood obesity and wider determinants of health across the six towns in Stockton-on-Tees. Stockton contains the highest concentration of neighbourhoods experiencing multiple indicators of disadvantage, followed by Thornaby and Billingham. A review of the Growing Well Growing Healthy service has identified opportunities to adopt a neighbourhood approach to delivery, targeting enhanced support towards areas with the highest levels of childhood obesity and wider determinants of poor health, including deprivation. A universal offer will continue to be available across Stockton-on-Tees, with additional targeted interventions focused on neighbourhoods experiencing the greatest need. An estimated 11,628 children aged 0-15 live within the highest-priority areas. Focusing on priority neighbourhoods within these towns is likely to achieve the greatest impact on reducing childhood obesity and improving child health outcomes.

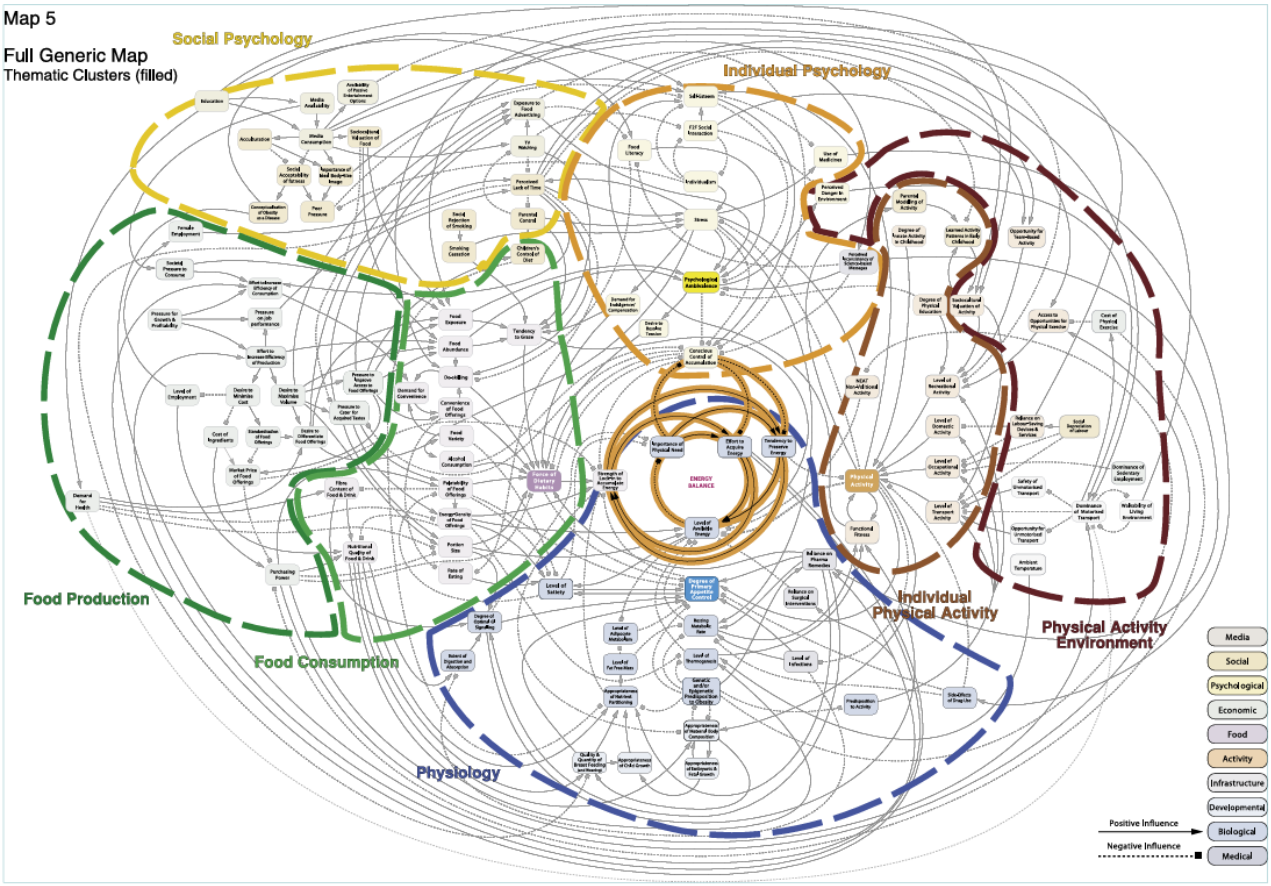
This approach aligns with the NHS 10 Year Health Plan and Neighbourhood Health Framework, which promote a shift from treatment to prevention, from hospital to community-based support, and from a one-size-fits-all approach to one informed by local population need and inequality. By using local data to target resources and support where they can have the greatest impact, the GWGH service will help reduce health inequalities, prevent obesity earlier and improve outcomes for children and families.

The Healthy Schools and Healthy Settings Programmes provide a universal framework for schools and early years settings to promote healthy eating, physical activity and oral health through a whole-setting place-based approach. The programme supports schools to create environments that make healthy choices easier and helps address the wider factors that influence healthy weight. Future plans include enhancing the offer through health and wellbeing survey data, enabling schools to better identify needs, target support and inform local action. We will also build on existing partnership working with schools to ensure opportunities relating to improved nutrition and physical activity are available at all education settings, from early years through to further education.

Appendix 1. Factors influencing obesity & overweight

The intention of the diagram below is to show the complexity of the interlinked factors influencing obesity, rather than each detail. While published in 2007, the picture remains relevant today.

Full obesity system map with thematic links (from *Foresight. Tacking Obesities: Future Choices – Project Report. 2nd Ed. Government office for Science, 2007*)



Appendix 2. Further data on overweight and obesity

The Department of Health and Social Care publishes data on obesity, physical activity and nutrition on 'Fingertips'.

Table 1. Prevalence for children in reception, age 4 to 5 years (2024-25)

	Stockton	North East	England
Healthy weight	76.1%	72.5%	75.4%
Overweight	12.8%	14.3%	13.0%
Obesity (including severe obesity)	10.6%	12.4%	10.5%

Table 2. Prevalence for children in year 6, age 10 to 11 years (2024-25)

	Stockton	North East	England
Healthy weight	59.3%	59.7%	62.2%
Overweight	14.6%	14.2%	13.9%
Obesity (including severe obesity)	25.0%	25.0%	22.2%
Children moving from healthy weight in reception to overweight or obese in year 6	21.7%	23.2%	21.5%

Table 3. Prevalence of overweight (including obesity) in adults (2024-25)

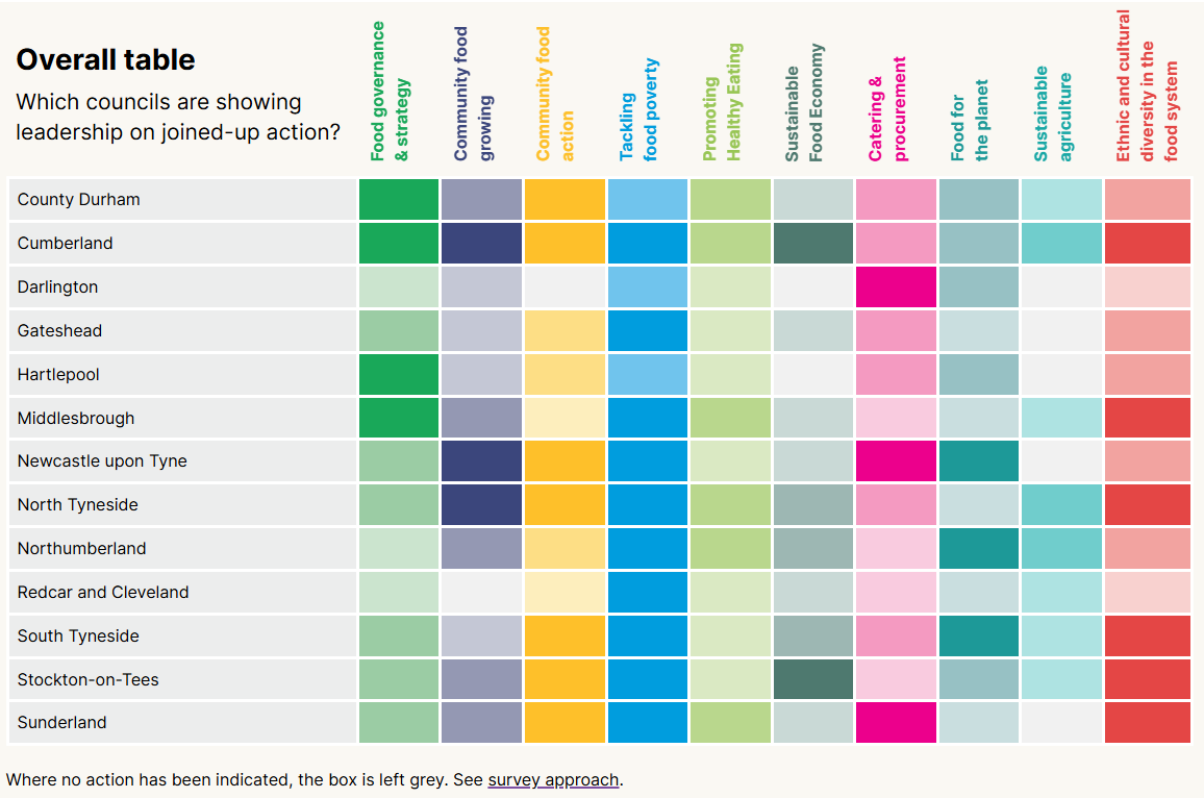
Area	Value
England	64.6%
North East region	70.3%
Sunderland	77.0%
South Tyneside	74.4%
Stockton-on-Tees	73.5%
Northumberland	73.3%
Hartlepool	72.8%
Gateshead	70.5%
Middlesbrough	69.7%
County Durham	69.3%
Redcar and Cleveland	67.4%
Darlington	67.0%
Newcastle upon Tyne	64.8%
North Tyneside	61.1%

Appendix 3. Further information on Good Food Local

The Good Food Local North East report from 2026 tracks council action on food systems change. It finds that the North East continues to face significant food and health inequalities.

Table 4. Summary of councils' progress in different aspects of food system change.

Note: the stronger the colour, the greater the strength of action in this area. Where no action has been indicated, the box is left grey.



Across the 3-year programme so far, Stockton-on-Tees has made particularly strong progress in the areas of:

- Community food action
- Food poverty alliances
- Cash first responses to food insecurity
- Food access for older and disabled people
- Holiday activities and food
- Sustainable food economy
- Ethnic and cultural diversity

Appendix 4. Progress against 2025 DPH Report actions

The table below shows progress against the actions identified in the 2025 Director of Public Health Report, focusing on community-centred healthy places:

2025 DPH Report Action	**Progress – examples**
1. Move towards a 'health creation' approach, identifying proactive approaches to building or designing in good health and wellbeing wherever possible, in policy, practice and commissioning	- Embedding health and wellbeing in the development of the new Local Plan - Health impact assessment tool live for new development applications - Work under Thriving Communities to embed community assets-based working across teams e.g. through a toolkit - Work underway to further develop and embed Making Every Contact Count across services - Service change to respond to the differing needs of communities across the borough, within resource constraint e.g. children and families healthy weight support (through 0-19 service) - Good Food Local North East benchmarking and assessment, identifying strengths and areas for development, with good food as a protective factor for good health - Joint work across the Council, Combined Authority and ICB on initiatives to promote good, stable work and enable people back into work from absence due to ill health (in-line with the *Get Britain Working* White Paper)
2. Use the community-centred public health approach to inform thinking and next steps on working with communities, neighbourhoods and places, including ensuring common principles are shared across partners to help take this forward with communities	- Work with communities being brought further into our local approach to neighbourhood health and the local neighbourhood health plan, as this develops – including mapping community connectors / social prescribers to support integrated neighbourhood teams - Community case-finding approach starting to be developed to support neighbourhood health, including maximising links across inclusive growth and neighbourhood health - Discussion at Team Stockton regarding neighbourhood health, with neighbourhood profiles being developed involving partners and with community insights as a key theme
3. Review our position against the recommendations in the Local Government Association's (LGA's) guide Empowering healthy places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods. To support, consider completing the Public Health England diagnostic checklist together with partners to determine how well we are	- Work against the LGA guide recommendations is progressing, which will be continued e.g. - Neighbourhood profiles being developed, including quantitative and qualitative / community intelligence - Public health influence and investment shaping work across a range of Council areas looking at socio-economic determinants of health - Opportunity to further communicate and embed Health & Wellbeing Strategy priorities across the Council

collectively enabling communities to take part in place-based approaches to reducing health inequalities	- Health & Wellbeing Board development undertaken with refreshed focus and programme of deep dives on key themes - Opportunity to embed health impact assessment approach more widely across Council services - Significant joint working across planning and public health teams - Public health building approach to further embed Making Every Contact Count across the Council and partners - Health and wellbeing being embedded in some key policies and strategies – to continue - PHE diagnostic checklist not yet completed – opportunity to revisit this suggestion
4. Run LGA facilitated Health in All Policies sessions for Council officers, Members and potentially wider system partners, to inform adopting this approach	- LGA offer being revisited, to align with the new national public health peer review process – potential to implement this is being looked at - Making Every Contact Count approach is being refreshed and rolled out further by public health, across the Council e.g. working with social care colleagues, as well as promoting further with partners and communities - work progressing to embed health, wellbeing and addressing inequalities in policies, including community safety strategy, Local Plan and Best Start Strategy
5. Build in improving health and addressing inequality as a core primary objective of the new Local Plan	- Work underway to embed improving health and wellbeing as a core principle and objective throughout the Local Plan e.g. green space, transport, environment and sustainability, communities and inequalities and access to healthcare provision - Health and wellbeing intelligence and community insight is shaping the Local Plan - Learning from other areas shaping proposals on policies that could support the new Local Plan once developed
6. Identify key actions and issues arising from health impact assessment tool for developers and evaluate its implementation to inform future practice	- HIA tool now implemented, with initial learning fed in to Local Plan discussions and informing joint discussions and further work between public health and planning teams - Evaluation to be done when tool has been in place for 12 months
7. Health and Wellbeing Board to undertake a deep dive specifically on the food environment, in the context of the factors that shape places, to understand how levers can be maximised	- Board deep dive completed on healthy weight, including food environment, with support from Sustain colleagues, with actions agreed - Further Board deep dive being run in October 2026 focused on development of a Food Equity Strategy, as a key pillar of the Healthy Weight Declaration and following this being identified as a key area of development through the Good Food Local North East benchmarking
8. Build on existing insights work with communities such as Sport England and the learning from this approach	- Active Stockton (Sport England) work continues to progress, including building on community relationships and insights – community connectors identified to shape and help implement the work - Community insights from Active Stockton work being fed into wider collation of community insights through the Council's Thriving Communities Board

9. Feed community insights into an organisation and system-wide bank of information, to be used for a range of purposes. Proactively identify key pieces of work to use the insights such as Trailblazer, Pride in Place and Neighbourhood Health Implementation Programme	- SBC Community Engagement / Fairer Stockton team is developing a system for collating community insights across the Council
10. Respond to issues communities raise through simple, quick actions and potentially small pots of seed-funding, supporting and empowering community groups to take action	- Range of work underway through Council's Thriving Communities Board – continuing this will be important in developing trust and conversation with communities to shape the approach to addressing key issues - Active Stockton approach developed rooted in community insights - Grant-funded activity supporting community-based work e.g. Public Health Small Grants Scheme
11. The Council as a convenor (where appropriate) and enabler, to build or support development of a community partnership or forum, led by the community, with the purpose of connecting community connectors as a network, supporting community capacity building	- Council supporting Pride in Place Board, which is community-lead - Further potential to develop community-lead models through other work such as Active Stockton - Neighbourhood health approach includes work to understand and connect in to community capacity
12. Develop a network of community connectors further by enabling conversations at places where people meet, led by those within the community	- Some work underway to develop and support networks of community connectors e.g. Active Stockton, community health and wellbeing champions - Further work needed to look at how these can be built on organically (community lead) and sustained

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 25 March 2026.

Present: Cllr Lisa Evans (Chair), Karen Hawkins (Vice-Chair), Cllr Pauline Beall, Cllr Clare Besford, Cllr Lynn Hall, Cllr Jack Miller, Sarah Bowman-Abouna, Carolyn Nice, Fiona Adamson, Lucy Owens and other Board members.

Officers: Michael Henderson, John Devine, Sid Wong,

Also in attendance:

Apologies:

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the Meetings held on 28 January 2026

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

3 Urgent Item – Meningitis Preparedness

The Chair explained that she had agreed to an update on Meningitis Preparedness being presented to provide reassurances to the Board. This was in the light of recent outbreaks of the disease in Canterbury and Reading

The Board was advised that Stockton-on-Tees Borough Council works closely with the UK Health Security Agency (UKHSA) on all communicable disease matters, including meningitis. Robust outbreak control arrangements were in place, including established regional and local protocols covering case identification, testing, contact tracing, communications and, where necessary, the provision of prophylactic treatment.

Members heard that individual cases of meningitis were managed routinely and that no outbreaks were currently reported within Stockton-on-Tees or the wider Northeast region. Vaccination uptake remained an important preventative measure and opportunities to promote awareness and vaccination would continue.

The update was noted

RESOLVED that the update be noted.

4 Pharmaceutical Needs Assessment (PNA) Update

The Board considered a report outlining changes to pharmaceutical provision since publication of the Pharmaceutical Needs Assessment in October 2025.

Members were advised of:

• The consolidation of two pharmacy premises on Yarm Lane onto a single site at Varo Terrace.

• The temporary relocation of Whitworth Chemists within Leven Park, Yarm.

• The opening of Elm Tree Pharmacy in December 2025, improving local access to pharmaceutical services.

• Ongoing uncertainty regarding the reopening of the former Boots pharmacy premises in Billingham pending a change of ownership.

It was noted that the identified changes did not create any significant gaps in pharmaceutical provision and that two supplementary statements had been prepared in accordance with statutory requirements.

RESOLVED that:

1. The two supplementary statements to the Pharmaceutical Needs Assessment 2025 be approved for publication.

2. The updated pharmaceutical services map be noted.

5 Neighbourhood Health Plan

The Board received a presentation on development of the Neighbourhood Health Plan and the implications of recently published national neighbourhood health guidance.

Members were reminded that Stockton-on-Tees had been selected as one of 43 national pilot areas under the Neighbourhood Health Improvement Programme. Work undertaken to date had focused on strengthening integrated working, improving community engagement and developing neighbourhood-based approaches to prevention and early intervention.

The presentation highlighted:

• Publication of new national neighbourhood health guidance and the emerging expectation that Health and Wellbeing Boards would provide strategic oversight of neighbourhood health plans.

• The continued role of the Better Care Fund as the primary planning mechanism for 2026/27.

• The importance of population health management, prevention, reducing inequalities and shifting care closer to home.

• Development of integrated neighbourhood teams and stronger partnership working across health, social care, voluntary and community sectors.

• The need for neighbourhood plans to be outcome-focused, evidence-based and jointly owned by partners.

• Ongoing work to develop monitoring and evaluation arrangements, including discussions with academic partners regarding evaluation methodology.

Discussion included:

• Strong support for the neighbourhood health approach and its alignment with the Health and Wellbeing Strategy.

• Recognition that Stockton-on-Tees was starting from a position of strong partnership relationships and existing examples of good neighbourhood working.

• Positive early feedback from residents involved in the pilot programme, particularly regarding proactive and person-centred support.

• Examples of improved partnership working at operational level, with organisations working collaboratively to address residents' needs without creating unnecessary barriers or duplication.

• The importance of maintaining continuity of leadership and partner engagement throughout forthcoming organisational changes across the health system.

• The need to ensure consistent attendance and representation from all key partners, including University Hospitals Tees.

• Acknowledgement that future progress would rely on making better use of existing assets, staff, services and community resources, rather than depending solely upon additional funding.

• Recognition that neighbourhood models may need to vary across different communities in response to differing local needs.

Members welcomed the progress made to date and the positive culture of collaboration developing across organisations.

RESOLVED that:

1. The update be noted.
2. Further work be undertaken to consider future governance arrangements and the role of the Health and Wellbeing Board in overseeing neighbourhood health planning.
3. Progress on scaling and developing neighbourhood approaches be reported to a future meeting of the Board.

8

Health and Wellbeing Board – Forward Plan Stockton-on-Tees Integrated Front Door and Families First Partnership – Children's Social Care Reforms

The Board received a report on developments relating to the Integrated Front Door and Families First Partnership arrangements in response to national children's social care reforms.

Members noted the progress being made and the opportunities presented through closer partnership working and earlier intervention for children and families.

RESOLVED that the update be noted.

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 29 July 2026.

Present: Cllr Lisa Evans (Chair), Fiona Adamson, Tracey Carter, Katie McLeod (Sub for Karen Hawkins), Cllr Pauline Beall, Cllr Clare Besford, Cllr Lynn Hall, Cllr Jack Miller, Majella McCarthy, Sarah Bowman-Abouna, Carolyn Nice, Sam Palombella, Peter Smith

Officers: Michael Henderson, John Devine, Sid Wong, Stacie Thursby Gemma McDonald, Andrea Green, Yvonne Cheung,

Also in attendance: Debbie Fixer, Robin Bedford, Stephen Errington

Apologies: Karen Hawkins, Matt Storey, Matt Neligan,

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the Meetings held on 25 March 2026

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

3. Attendance Statistics

The Board received attendance statistics which would be included within future Health and Wellbeing Board agenda packs.

It was explained that the information would assist in monitoring partner attendance and identifying where alternative or substitute representatives may be required.

RESOLVED that the attendance statistics be noted.

4. Better Care Fund Plan Update

The Board received an update on the Stockton-on-Tees Better Care Fund (BCF) Plan for 2026/27.

Members were advised that the Plan had been developed collaboratively by the Integrated Care Board, Council and system partners and had been submitted to NHS England following the required local approvals. The Plan had subsequently received full assurance from NHS England without any recommendations or amendments being required.

The Board welcomed the outcome and placed on record its thanks to officers and partners involved in developing the Plan, noting that securing approval at the first stage without recommendations represented a positive outcome.

It was noted that work would now commence on reviewing and refreshing arrangements for the following year.

RESOLVED that the submission and subsequent assurance of the Stockton-on-Tees Better Care Fund Plan 2026/27 be noted.

5. **Active Stockton – Communities on the Move**

The Board received a presentation on Active Stockton – Communities on the Move, Stockton-on-Tees' Sport England Place Partnership.

Members heard that £1.3 million had been awarded for the next two-year phase of the programme. The approach sought to achieve long-term reductions in physical inactivity and inequalities by working differently with communities rather than simply funding additional sporting activities.

The Board was advised that extensive community engagement during the development phase had identified a range of barriers to physical activity, including poverty and affordability, confidence and mental health, social isolation, safety and accessibility. Members heard that trusted voluntary and community organisations had been particularly important in reaching residents who might not engage through traditional consultation methods.

Five priority areas had consequently been identified:

- growing the network of connected partner organisations;
- developing a more inclusive active culture;
- creating safe spaces and doorstep opportunities;
- targeted support for children and young people; and
- supporting people living with pain and health conditions to become more active.

Community Connectors, based within trusted voluntary and community organisations, would be central to the approach.

The Board heard examples of activity being developed under the priorities, including accessible virtual tours of leisure facilities, community activity in green spaces, a children's bicycle referral and recycling scheme, work with schools and teenage girls, and initiatives supporting people experiencing cancer, long-term health conditions and pain.

Members particularly welcomed the emphasis on community-led activity and recognised that physical activity should not be viewed solely in terms of organised sport or attendance at leisure facilities. Everyday activity, volunteering and opportunities which encouraged people to move and connect socially were equally important.

A community representative described how trusted organisations embedded within neighbourhoods could identify and respond to barriers which might otherwise remain hidden. A recent example involving a young person who had never owned football boots demonstrated how relatively small interventions could open up wider opportunities for participation and engagement.

Discussion emphasised the importance of trust**.** Members recognised that communities differed significantly and that residents who had previously had negative experiences of statutory services might be reluctant to engage through formal meetings, surveys or consultation exercises. Trusted grassroots organisations therefore had an important role in reaching those residents and ensuring their experiences influenced service development.

The Board discussed how learning from Active Stockton could support wider priorities, including Neighbourhood Health, Pride in Place, employability and work and health

programmes, and future place-shaping and Local Plan work. In particular, consideration could be given to how the design of neighbourhoods, public spaces and new developments could enable informal physical activity and create places in which residents felt safe and comfortable.

Members also highlighted the need to connect the programme with other community initiatives to avoid duplication and maximise the impact of available resources.

In response to questions regarding measures of success, it was explained that evaluation would include short, medium and long-term outcomes. This would include population-level physical activity data alongside assessment of wider system change, including collaboration, leadership and the extent to which new ways of working became embedded. It was recognised that some of the most significant outcomes might take a number of years to become evident.

The Board welcomed the strong links between Active Stockton and emerging Neighbourhood Health arrangements, particularly opportunities to connect residents identified through health services with appropriate community-based activity and preventative support.

RESOLVED that:

1. the Sport England funding award and five priority areas for Active Stockton be noted;

2. Board members support the work of Active Stockton over the short, medium and long term and identify opportunities to link the programme with their organisations' wider priorities; and

3. opportunities be identified to share and embed learning from Active Stockton, particularly in relation to community-led working and collaboration.

6. **Neighbourhood Health Plan Update**

The Board received an update following its recent deep-dive session on the development of a Neighbourhood Health Plan for Stockton-on-Tees.

Members were reminded that the concept of a "neighbourhood" could mean different things to different communities. It had been agreed that the work would initially be structured around the six recognised areas of Billingham, Ingleby Barwick, Norton, Stockton, Thornaby and Yarm/Eaglescliffe**.**

It was agreed that rich intelligence profiles would be developed for each area, bringing together information beyond traditional health data to provide a broader understanding of what it was like to live within each community, including local assets, opportunities and challenges.

The work would continue to be underpinned by principles including putting communities at the centre of decision-making, addressing inequalities, joined-up working, evidence and intelligence, prevention and building upon existing community assets.

Members heard that learning from the Integrated Neighbourhood Team pilot was now moving into a scaling-up phase. Particular areas of focus included cardiovascular disease and work relating to the small proportion of residents who made particularly intensive use of services across a number of organisations.

The latter approach would seek both to provide more coordinated support to individuals who might otherwise repeatedly move between services and to understand

the circumstances which had led them to require intensive support. This would help identify opportunities for earlier intervention and prevention.

The Board noted the intention to bring **a** draft Neighbourhood Health Plan to its November meeting**,** with a high-level plan finalised in December and more detailed implementation planning developed thereafter.

Discussion took place regarding the title of the Plan. Members considered that "Neighbourhood Health Plan" risked suggesting that the work was principally concerned with healthcare when the intended approach was considerably broader.

It was considered important that the eventual terminology was meaningful to residents rather than simply to professional organisations. Members therefore supported using existing conversations with communities and people with lived experience to understand how the work could best be described in clear, accessible language.

The importance of avoiding unnecessary professional terminology and acronyms when communicating with residents was also emphasised.

Members raised concerns about reliance on digital consultation and stressed the continuing importance of accessible paper-based opportunities for residents who were unable or unwilling to engage online.

RESOLVED that the update be noted and the next steps arising from the Health and Wellbeing Board Neighbourhood Health deep-dive session be approved.

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

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

Date (4.30pm unless stated)	**Topic**	**Attendance**
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 / Rob Miller Rob Miller Darren Boyd Carol Malham / Angela Connor Jane Edmends / Joy Swithenbank
17 November	SBC Director of Public Health: Annual Report 2025-2026 CQC / PAMMS Quarterly Update: Q2 2026-2027 Health and Wellbeing Board: Previous Minutes (March & July 2026)	Sarah Bowman-Abouna Darren Boyd
17 November (informal)	Review of Protection of Property • Summary of Evidence / Draft Recommendations	Carol Malham / Angela Connor
15 December		
19 January 2027	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2025-2026 (TBC) Review of Protection of Property • (Draft) Final Report Principal Social Worker (PSW): Annual Report 2025-2026	Adrian Green Carol Malham / Angela Connor Angela Connor / Andrea McCarthy
16 February	CQC / PAMMS Quarterly Update: Q3 2026-2027 Stockton-on-Tees Independent Complaints Advocacy: Annual Report (TBC) Regional Health Scrutiny Update	Darren Boyd
23 March	Overview and Performance Report: SBC Adults, Health & Wellbeing (Adult Social Care / Strategy & Transformation) Monitoring: Progress Update – Reablement Service Monitoring: Progress Update – Stockton-on-Tees Adult Carers Support Service	Cllr Pauline Beall / Angela Connor Rob Papworth Graham Lyons

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

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)

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health (DPH) – Annual Report
- SBC Principal Social Worker (PSW) – 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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