

Date:

Wednesday 28 October 2026 at 2.00 pm

Venue:

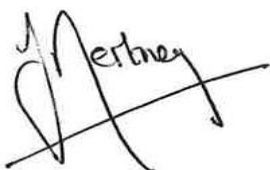
Conference Room 2, Dunedin House, Columbia Drive, Thornaby, TS17 6BJ

Cllr Lisa Evans (Chair)

Cllr Clare Besford, Cllr Pauline Beall, Cllr Lynn Hall, Majella McCarthy, Cllr Jack Miller, Carolyn Nice, Sarah Bowman-Abouna, Fiona Adamson, Peter Smith, Jamie Todd, Tracey Carter, Karen Hawkins, Matt Storey, Sam Palombella and Matt Neligan

Agenda

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for absence**
3. **Attendance** (Pages 11 - 12)
4. **Declarations of interest**
5. **Minutes** (Pages 13 - 18)
To approve the minutes of the last meeting held on 29 July 2026
6. **Care and Health Winter Planning Update Summary** (Pages 19 - 40)



Jonathan Nertney
Head of Democratic Services
Tuesday 20 October 2026

Members of the Public - Rights to Attend Meeting

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

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

Contact: Michael Henderson on email Michael.henderson@stockton.gov.uk

Key – Declarable interests are :-

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

Members – Declaration of Interest Guidance

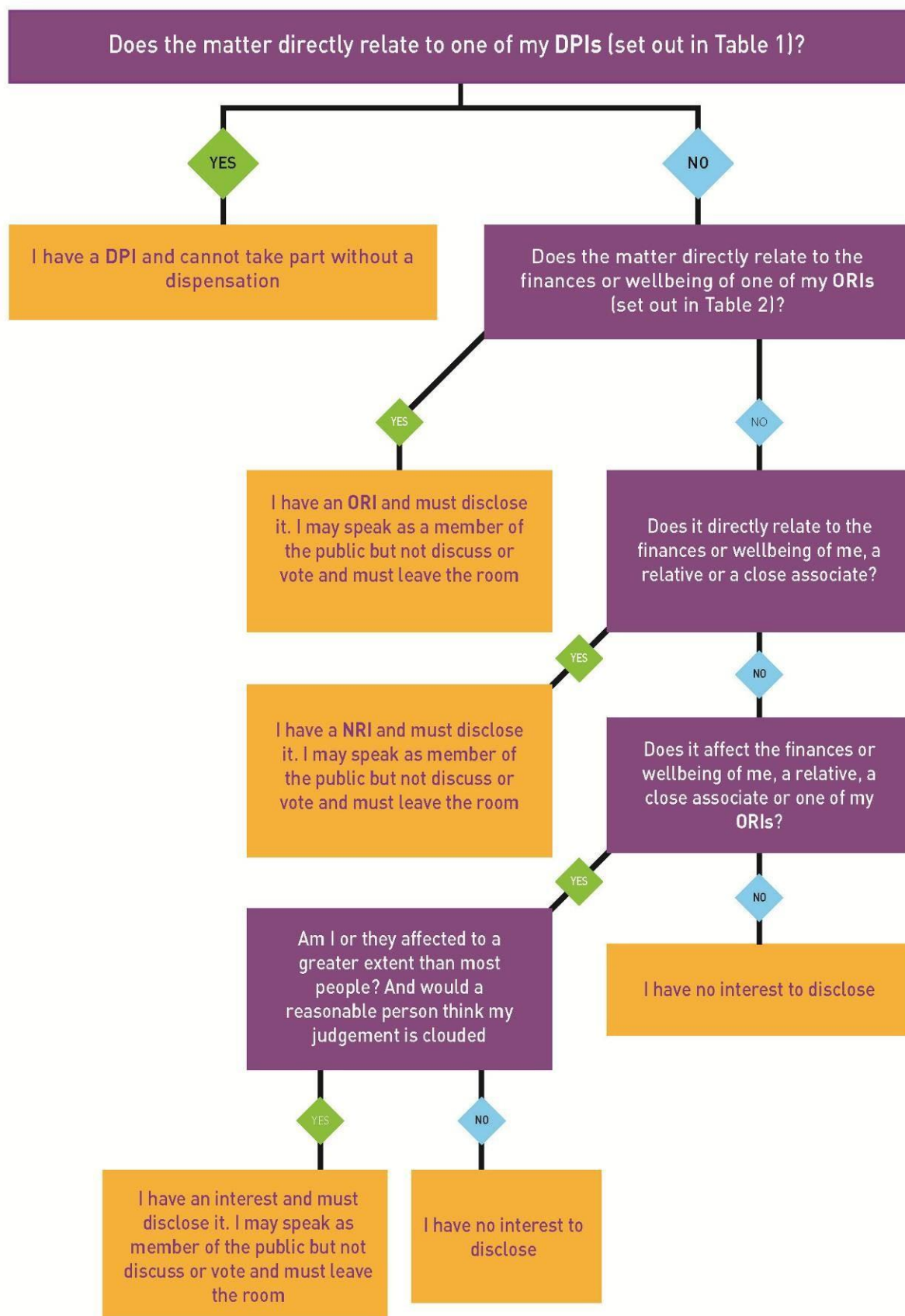


Table 1 - Disclosable Pecuniary Interests

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

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

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

Table 2 – Other Registrable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

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

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

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

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Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the 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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Health and Wellbeing Board Attendance (Including Deep Dive Sessions)

Members Name/(Named Substitute)	June 26	July 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26
Fiona Adamson (Vicky Holt)	P	P	Ab	P			
Cllr Pauline Beall (Cllr Norma Stephenson)	P	P	P	P			
Cllr Clare Besford (Cllr Norma Stephenson)	P	P	P	Ab			
Sarh Bowman-Abouna (Sid Wong)	P	P	SA	P			
Tracey Carter (Chris Renahan)	SA	P	P	Ab			
Cllr Lisa Evans (Cllr Paul Rowling)	P	P	Ab	SA			
Cllr Lynn Hall (Cllr John Coulson) (Cllr Shakeel Hussain)	P	P	P	P			
Karen Hawkins (Katie McCleod)	P	SA	P	P			
Majella McCarthy (Jane Smith)	P	P	P	Ab			
Cllr Jack Miller (Cllr John Coulson) (Cllr Shakeel Hussain)	SA	P	SA	Ab			
Matt Neglin (Esther Mireku)	SA	P	Ab	P			
Carolyn Nice (Angela Connor)	SA	P	P	P			
Sam Palombella (To be advised)	NM	P	P	P			
Peter Smith (Natasha Douglas)	Ab	P	P	P			
Matt Storey (Lisa Oldroyd)	Ab	Ab	Ab	Ab			
Jamie Todd (Shaun Mayo)	P	Ab	SA	Ab			

P – Present

Ab – Absent

SA – Named Sub attended

NM – Not a member at this time

HWB Public Meeting

HWB Deep Dive Private Meeting

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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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

28TH OCTOBER 2026

REPORT OF DIRECTOR OF ADULTS, HEALTH & WELLBEING

CARE AND HEALTH WINTER PLANNING UPDATE SUMMARY

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

RECOMMENDATION

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

DETAIL

Winter Planning

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

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

Winter preparedness and response

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

2026/27 COMMISSIONING RESPONSE

Whole-system winter plan

Winter Comms

Right place, first time

01 ENHANCE THE RESPIRATORY PATHWAY

2.8% | 92,000

COPD prevalence | patients

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

7/7 SYSTEM COORDINATION

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

02 MAXIMISE PREVENTION & CARE AT HOME

HOME FIRST

Alternatives to hospital

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

£0.5 m WINTER BUDGET

£347.2k allocated
£152.8k contingency

03 IMPROVE FLOW & DISCHARGE

SAME DAY

When clinically appropriate

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

7 Oct ASSURANCE

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



Source: NENC ICB Winter Commissioning Plan 2026/27

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

Integration

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

Infectious Disease Surveillance

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

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

COVID-19, Flu, MenB and vaccinations

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

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

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

Health Protection work with key settings

33. People most at risk in Winter and more vulnerable from cold weather include:

- people aged 65 and older
- babies and children under the age of 5
- people on a low income (so cannot afford heating)
- people who have a long-term health condition

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

Local health protection response

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

Adult social care support

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

Demand and capacity management

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

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

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

Ensure a home first approach

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

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

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

Homelessness Services

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

Supporting our communities

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

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

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

Information and advice

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

Food support

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

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

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

Community Transport

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

Community Spaces (previously known as Warm Spaces)

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

Crisis Resilience Funding

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

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

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

- **Community Grant Programme**

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

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

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

Next Steps

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

Contributions for this update were provided by:

Stockton-on-Tees Public Health

Stockton-on-Tees Adult Social Care

Stockton-on-Tees Fairer Stockton and Community Engagement

Stockton-on-Tees Housing

Stockton-on-Tees Regulated Services and Transformation Neighbourhoods

NENC Integrated Care Board

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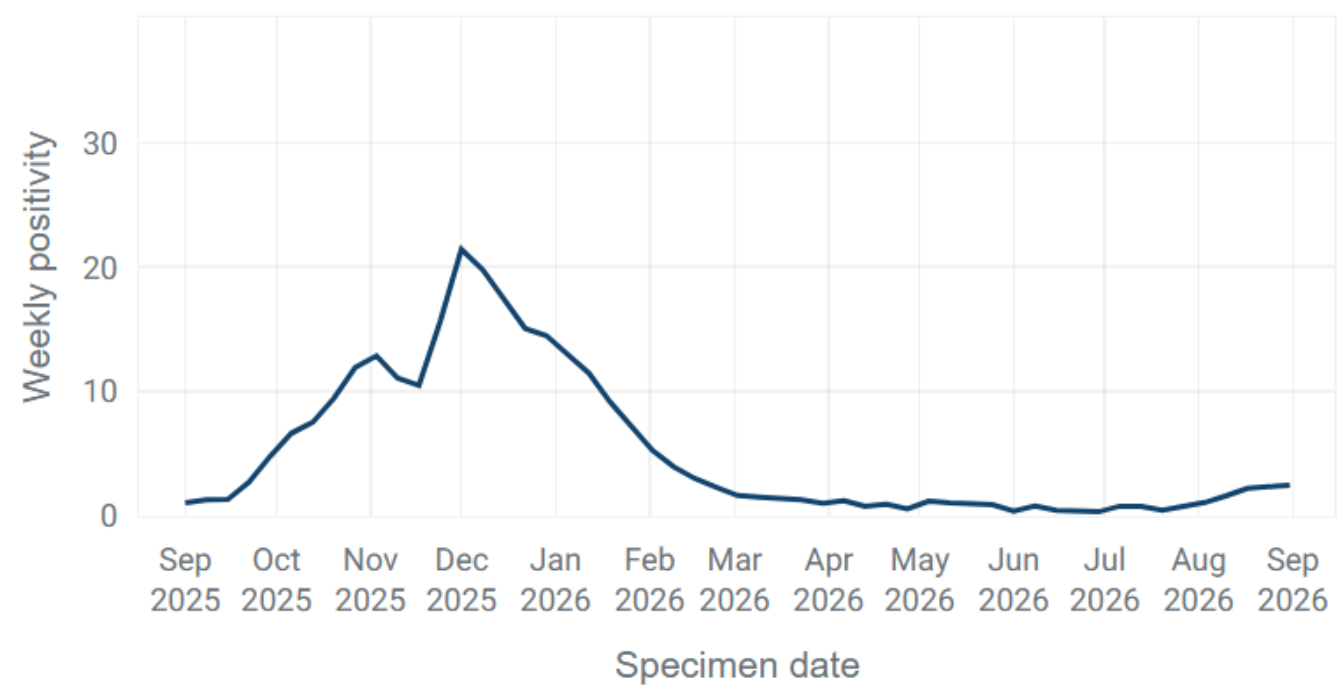
References

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

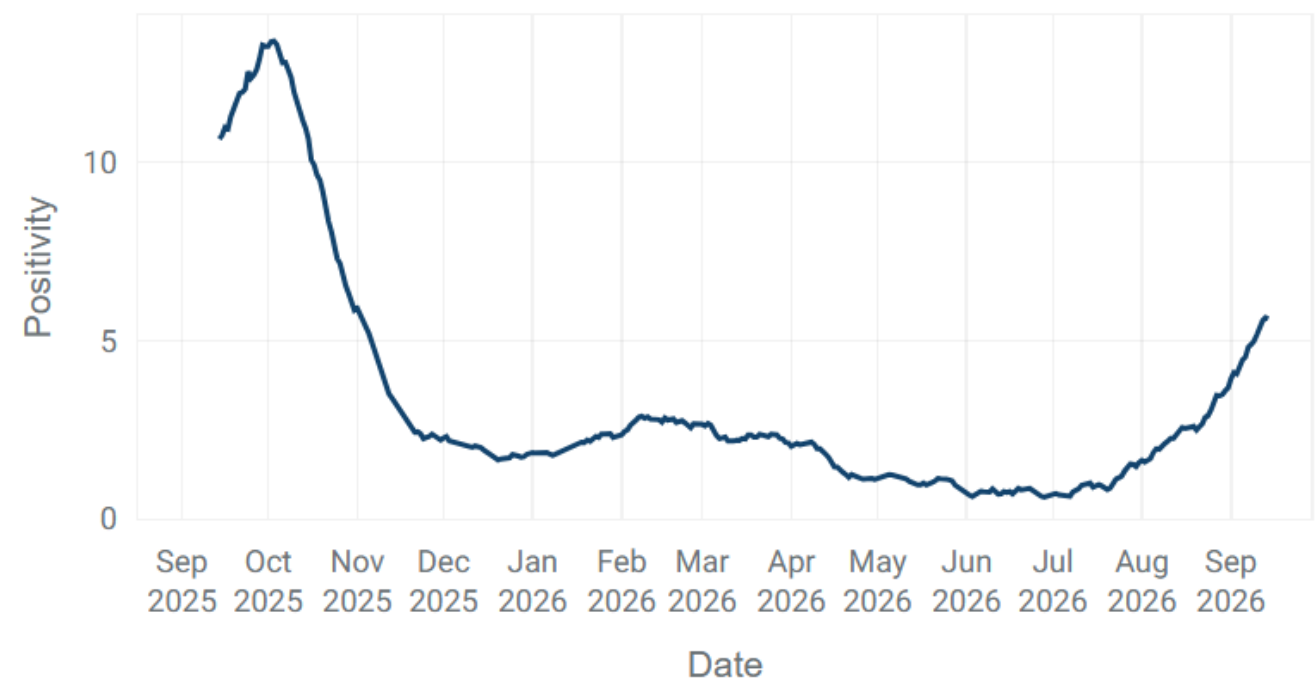
APPENDICES

APPENDIX 1 Communicable disease update

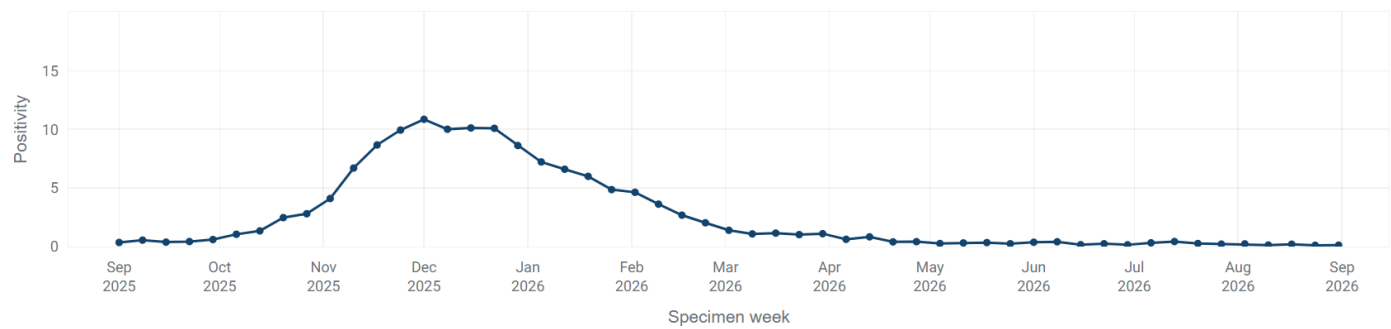
Positivity of Influenza in the North East and England (up to 6th September 2026).



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



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



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

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

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

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

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

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

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

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

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

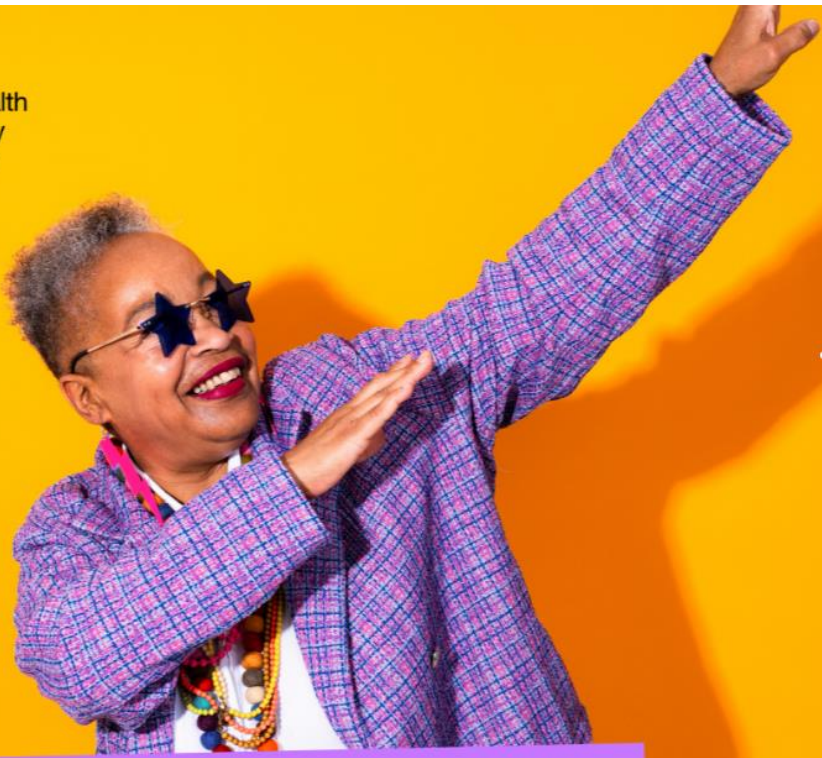
APPENDIX 3: Flu and COVID-19 vaccination eligible groups Winter 2026/27



Who is eligible for the flu vaccine this year?

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

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



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

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

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

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

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

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

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

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

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

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